

Send the form to:  
SEB, Pension & Försäkring, Intern Service, SE-106 40 Stockholm

Agreement number

**NB!** Only one contract number per form.

Insured		
Name		Personal identity number
Delivery address (street, PO box, etc.)	Telephone (including area code)	Mobile number
Postal address (postcode, town)	E-mail address	

Employee
Date of employment

Employer	
Employer's name	Contact person at employer and telephone number (including area code), E-mail

Your claim concerns
<input type="checkbox"/> Anticipated sickness absence period >14 days <input type="checkbox"/> Several short sickness absences. How many in the last 12 months? <input type="checkbox"/> Other reason - Risk of sick leave

Information concerning illness/accident	
Reason for sickness absence	
<input type="checkbox"/> Accidents <input type="checkbox"/> Illness <input type="checkbox"/> Occupational injury <input type="checkbox"/> Other reason	
State which illness, condition, symptom, diagnosis (if found)	When where the first symptoms noticed?
Have you previously had a similar illness/condition?   When? (year/month)	For how long? (from - to, state all relevant time periods)
<input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you been or are you on sick leave?   When? (year/month)	For how long? (from - to, state all relevant time periods)
<input type="checkbox"/> No <input type="checkbox"/> Yes	
If an accident or occupational injury; give a brief account of the incident.	When did the accident occur?

Periods of sickness absence
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Have you consulted a doctor/health care provider?*	Name and address of doctor/health care provider	Date of your first visit
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you been admitted to hospital?	Which one?	from - to
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Has the treatment been concluded?	Which doctor/Health care provider is treating you now? name and address	
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you been awarded sickness benefits?	When was this awarded?	For which illness/accident?
<input type="checkbox"/> No <input type="checkbox"/> Yes		

Signature of the insured person		
I hereby state that the information I have submitted in this form are complete and correct. I have also read the information concerning the Personal Data Act.		
Date	Signature	Printed name

\*For example; doctor, psychologist, psychotherapist, physiotherapist, naprapath, chiropractor.



# Information about processing of personal data etc. in accordance with the General Data Protection Regulation ((EU) 2016/679) in SEB Pension och Försäkring AB

Controller:

SEB Pension och Försäkring AB - Pension & Försäkring  
Corporate ID no. 516401-8243  
106 40 Stockholm

Telephone +46 (0)77-11 11 800

For Pension & Försäkring's privacy policy, with complete information about Pension & Försäkring's processing of personal data, please see [seb.se/personuppgifter-pf](http://seb.se/personuppgifter-pf). Alternatively, you may request to receive the information by post from Pension & Försäkring.

Below follows a summary of how Pension & Försäkring is handling your personal data and your rights.

## Collection of personal data

Personal data is provided and obtained before and in connection with the initiation of a customer relationship and entering of an agreement and/or authorisation of an assignment, or otherwise in connection with a customer relationship. When contacting Pension & Försäkring by phone these conversations might be recorded.

## Purposes

Pension & Försäkring processes personal data for the purposes deemed necessary as follows:

- Entering into, administration and fulfilment of agreements, including advice
- for fulfilment of obligations according to law, other regulations or decisions by public authorities
- for market and customer analyses as well as systems development and marketing

Note that sensitive personal data, primarily health data, may be processed in some cases.

Personal data may for the specified purposes, and with secrecy regulations taken into account, sometimes be disclosed to other legal entities within the SEB Group or to companies which the SEB Group collaborates with, both inside and outside the EU/EEA.

## Your rights

You have the right to receive information about personal data concerning you that are being processed by Pension & Försäkring, meaning that you are entitled to a register extract.

You may also contact Pension & Försäkring, if you wish to:

- a) request rectification of inaccurate or incomplete personal data,
- b) request erasure or restriction of processing of personal data,
- c) object to the processing of personal data, or
- d) retrieve the personal data that you have provided to Pension & Försäkring yourself, where the processing is based on a contract or consent, and, where technically feasible, have the data transmitted directly to another controller (data portability).

Your request and/or objection as per the above will be assessed by Pension & Försäkring on a case-by-case basis.

If you wish to obtain information, or have a request as set out above, please send or hand in a request to SEB, Dataskydd, 106 40 Stockholm, Sweden, or contact Pension & Försäkring at the phone number above. In the same manner you may notify Pension & Försäkring that you do not wish to receive direct marketing.

## Data protection officer

Pension & Försäkring has designated a data protection officer, whose task is to monitor Pension & Försäkring's compliance with the regulations concerning protection of personal data. The data protection officer shall fulfil his or her duties independently in relation to Pension & Försäkring. You may contact the data protection officer at SEB, Dataskyddsombud, 106 40 Stockholm, Sweden.

## Registration of claims

The insurance company uses the insurance industry's joint claims registry ("GSR"). This registry contains certain data regarding the claim, as well as data regarding the party seeking compensation, and is used only in connection with claims adjustment. This means that the insurance company may find out if you have previously reported any claim to another insurance company. The purpose of the GSR is to provide a basis for insurance companies to identify questionable occurrences. In this way, the companies can stop disbursement of compensation which is based on inaccurate information, as well as erroneous disbursements from multiple insurance companies for the same loss. The data may also be used in anonymised form for statistical purposes.

The controller of personal data for the GSR is Skadeanmälningsregister (GSR) AB, Box 24171, 104 51 Stockholm. See [www.gsr.se](http://www.gsr.se) for more information regarding the processing of data which takes place in the registry.