

Always attach copies of all doctor's certificates that attest your inability to work

Send the form to:

SEB, Pension & Försäkring, Scanning Sjukfall, Box 50778, SE-202 71 Malmö

Policy number

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The purpose of the report on illness or injury is to simplify and speed up the processing of the case. Therefore, please complete the form carefully. Use block capitals if possible. Do not complete the form in pencil.
NB: Do not forget to sign the form.

Insured person			
Name		Personal identity number	
Delivery address (street, PO box etc.)		Telephone (including area code)	Mobile phone
Postal address (postcode, town)		Email address	

Payment details	
Sort code and account number (the numbers must follow on directly from one another without hyphens)	Bank (name and town)

Association/club doctor/contract period	
Employer/association	
Club doctor	
Contract period (from - to)	

Response concerning disability insurance	
Do you have any other sickness insurance policies with other insurance companies, including group insurance?	<input type="checkbox"/> Yes. Specify with which insurance company.
	<input type="checkbox"/> No
	Gross payment per month in SEK

Continued on next page

Insured person

Name	Personal identity number
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Complete in the event of sickness and premium waiver insurance

Diagnosis/illness/injury	<input type="checkbox"/> Right <input type="checkbox"/> Left					
When did the symptoms begin?						
First date of illness and first doctor's visit	Specify first date of illness			Specify date of your first doctor's visit		
	Year	month	day	Year	month	day
Give the doctor's name, address and telephone number (incl. area code)						
Have you visited any other healthcare professionals, such as a physiotherapist, naprapath, chiropractor, psychologist or psychotherapist?	If yes: for which complaint?					
	<input type="checkbox"/> No <input type="checkbox"/> Yes					
	Name and address of treating healthcare professional					
Are you currently signed off sick?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I have been well since			Which social insurance office do you belong to?		
In the case of an accident, state how the accident occurred (location, sequence of events and other circumstances)						
Have you previously had a similar illness/injury/complaint or symptoms?	<input type="checkbox"/> No <input type="checkbox"/> Yes					
	If yes: for what complaints?					
Were you signed off sick?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes: Specify when you were signed off sick year/month.					
Which doctor did you visit then?	Doctor's name, medical institution, address, department					

Signature of the insured person

I declare that the information I have provided is complete and true. I am aware that providing incorrect or incomplete information can invalidate the insurance policy.

The information provided here will be archived by Pension & Försäkring, regardless of whether or not payments or a premium waiver were granted.

Date	Signature	Printed name
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How to complete the illness/injury form

When you submit your report to us, it is important that you answer the questions as carefully as possible.

If you do not answer a question or do not answer it fully, we will return the form to you for completion and a new signature. The information you provide forms the basis for our assessment of your entitlement to payments and/or a premium waiver. The period of limitation for the entitlement to payments and/or a premium waiver is three years.

Insured person

This information concerns the insured person.

If the full account number is not provided, the payment will be made in the form of a postal cheque.

In the case of occupational pension insurance, the premium is paid back to the company.

In the case of endowment insurance, the premium is paid back to the owner.

Association/club doctor/contract period

Specify association/club doctor/contract period here.

Response concerning sickness insurance

Specify here whether you are covered by other insurance.

Personal data

This form is processed electronically. Therefore, it is important that your personal identity number is also entered on page 2.

Complete in the event of sickness and premium waiver insurance

The first day of sick leave is the first day when you did not work full time because of illness/injury.

State the main reason why you were signed off sick/unable to work.

Then answer the questions in as much detail as possible.

Signature

By signing the form, you confirm that the information you have provided is correct and complete.

DO NOT FORGET TO ENCLOSE COPIES OF YOUR DOCTOR'S CERTIFICATE

If you have been granted sickness benefit/activity compensation by the Swedish Social Insurance Agency (Försäkringskassan), please send a copy of the decision, the memo and the annexes.

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. 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 for more information regarding the processing of data which takes place in the registry.