

# Report on illness/injury

## Sickness and premium waiver insurance

### Lump sum on the basis of sickness pension

Send the form to:

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

Policy number

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.

**Note: 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)	E-mail address	

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

Profession/job	
Profession or job	
Describe your work	
Employment status	<input type="checkbox"/> Self-employed <input type="checkbox"/> Employee <input type="checkbox"/> Not in work
Your employer's or your own company's name and address	

Response concerning sickness insurance	
Income	Gross income per year
Do you have any other sickness insurance policies with other insurance companies, including group insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Which insurance company? _____ Gross payment per month in SEK
Have you applied for an occupational injury annuity?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been granted an occupational injury annuity?	<input type="checkbox"/> No <input type="checkbox"/> Yes, by the Swedish Social Insurance Agency <input type="checkbox"/> Yes, by an insurance company. State which company. _____
Form of employment	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Employee of your own limited company <input type="checkbox"/> Private sector employee <input type="checkbox"/> Unemployed <input type="checkbox"/> Local
Which category of collective agreement do you belong in?	<input type="checkbox"/> ITP <input type="checkbox"/> AGS <input type="checkbox"/> Another. State which. _____ <input type="checkbox"/> None

Response concerning private unit-linked insurance with premium waiver	
A.	<input type="checkbox"/> Repayment of premiums not wanted. Additional fund units will be purchased to the value of the premium waiver amount.
B.	<input type="checkbox"/> Repayment of premiums wanted. Tax will be deducted at source.

## Insured person

Name	Personal identity number
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## Response concerning sickness and premium waiver insurance and lump sum on the basis of sickness pension

Diagnosis/illness/injury		
When did the complaint begin?		
How did the complaint begin?		
When did you stop working? (first day of sick leave)	Give the date (year, month, day)	Give the date of your first doctor's visit (year, month, day)
Give the doctor's name, address and telephone number (including area code)		
Have you visited any other healthcare professionals, such as a physiotherapist, naprapath, chiropractor, psychologist or psychotherapist?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	If yes, for which complaint?	
	If yes, when?	
	Give the name and address	
Are you currently signed off sick?	Date (year, month, day)	
	<input type="checkbox"/> No, I have been well since _____	
	<input type="checkbox"/> If yes, are you in need of:	
	<input type="checkbox"/> - medical treatment? State which: _____	
	<input type="checkbox"/> - work-related measures? (These can be linked to your work/workplace or contact with the company health service) State which: _____	
Can you return to your current job?	<input type="checkbox"/> Yes. When do you expect to be able to return? _____	
	<input type="checkbox"/> No.	
	<input type="checkbox"/> Don't know.	
	<input type="checkbox"/> I have been granted extended or continued sick leave or sickness benefit. The decision, memo and annexes are enclosed.	
Have you previously had a similar illness/injury/complaint or symptoms?	<input type="checkbox"/> No <input type="checkbox"/> Yes. State which and when: _____	
	Were you signed off sick? <input type="checkbox"/> No <input type="checkbox"/> Yes. Give the year/month: _____	
Which doctor did you visit then? Give the doctor's name, medical institution, address, department		
In the case of an accident, state how the accident occurred (the location, sequence of events and other circumstances)		

## 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 the insurance company, regardless of whether or not payments or a premium waiver were granted.**

Date	Signature	Name in block capitals
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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.

## The insured person

This information concerns the insured person.

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.

## Payment details

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

## Profession/job

Here you must state your profession/job and your form of employment, together with your employer's name and address.

## Response concerning sickness insurance

State your annual gross income.

Many people have collective insurance through their work. Examples include:

ITP - for salaried employees who belong to SAF-PTK

AGS - for workers who belong to SAF-LO

PFA-98 - for local authority and county council employees

PA-03 - for state employees

Depending on the category of agreement you belong to, you will receive different benefits via your employer. If you are uncertain about the category of agreement you belong to, you should contact your HR administrator.

## Responses concerning private unit-linked insurance with premium waiver

This information only concerns people who have private unit-linked insurance with a premium waiver.

If you do not answer the question, fund units to the value of the premium waiver amount will be bought. After the purchase has been made, the money cannot be repaid.

- A. This alternative means that the premium you have paid remains in the insurance policy. For the period when a premium waiver is granted, additional fund units will be purchased to the value of the premium waiver amount.
- B. This alternative means that we will reimburse the premiums you have paid for the period when a premium waiver is granted to the value of the agreed premium waiver amount. When pension insurance premiums are reimbursed, tax will be deducted at source under the terms of current tax regulations.

## Personal data

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

## Responses concerning sickness and premium waiver insurance and lump sum on the basis of sickness pension

The first day of sick leave is the day on which you did not work full-time because of illness.

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

Then answer the questions in as much detail as possible.

## Signature

When you sign the form, you are confirming 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.

If you have questions, please contact our Customer Service (Private).

Telephone number: +46(0) 77 11 11 800

Telephone hours: Monday - Friday 08.00 - 18.00

# Information pursuant to the General Data Protection Regulation ((EU) 2016/679) regarding the processing of personal data, etc. by any of the insurance companies in the SEB Group

The controller for the processing of personal data is the insurance company within SEB from which the insurance is purchased. These companies may be the following:

SEB Pension och Försäkring AB  
Company reg. no. 516401-8243  
Gamla Livförsäkringsaktiebolaget SEB Trygg Liv (publ)  
Company reg. no. 516401-6536

Address for both companies:  
106 40 Stockholm  
Telephone: +46 (0) 77 11 11 800

In the text below, each company is referred to as the Insurance Company.

The Insurance Company's privacy policy, including complete information regarding the processing of personal data by the Insurance Company, can be found at [seb.se/personuppgifter-pf](http://seb.se/personuppgifter-pf) and [seb.se/personuppgifter-gl](http://seb.se/personuppgifter-gl). You can also contact the Insurance Company's customer center in order to receive information by post.

Set forth below is a summary of how the Insurance Company handles your personal data and your rights.

## Collection of personal data

Personal data are provided and collected before, and in conjunction with, the commencement of a customer relationship and the signing of an agreement and/or an order for services, or otherwise in conjunction with a customer relationship. Telephone conversations with the Insurance Company may be recorded.

## Purposes

The Insurance Company processes personal data for the purposes considered necessary as set forth below:

- the execution, administration and performance of contracts entered into, including providing advice;
- to fulfill obligations imposed by law, other statutory instruments, or decisions of public authorities;
- for market and customer analyses as well as systems development and marketing.

Please note that sensitive personal data, primarily information concerning health, may be processed in certain cases.

Personal data may, for the purposes listed above and in compliance with the rules governing confidentiality, sometimes be disclosed to other companies with which the SEB Group cooperates, either within the SEB Group or to companies within the EU/EEA or outside of the EU/EEA (third countries).

## Your rights

You have the right to receive information regarding which personal data about you is being processed by the Insurance Company and are thereby entitled to receive an extract from our registers.

You can also contact the Insurance Company if you wish to:

- a) request a correction of incorrect or incomplete data;
- b) request erasure of or limitation on the processing of personal data;
- c) object to the processing; or
- d) receive the personal data which you yourself have provided to the Insurance Company and which the Insurance Company is processing on the basis of a contract or consent and, where technically feasible, have this data transferred directly to another controller (data portability).

Your request and/or objection as set forth above will be considered by the Insurance Company in each individual case.

If you wish to receive information, or have a request as set forth above, you can submit or send the request to SEB, Data Protection, 106 40 Stockholm, or contact the Insurance Company at the telephone number listed above. You can also use this address to request not to receive direct advertising from the Insurance Company.

## Data Protection Officer

The Insurance Company has appointed a data protection officer charged with monitoring compliance by the Insurance Company with the rules governing the protection of personal data. The data protection officer is obligated to perform his/her duties independently of Pension & Försäkring. You can contact the data protection officer at SEB, Data Protection Officer, 106 40 Stockholm.

## 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.