

**1. Personal details**

Name		Civic registration no.
Delivery address	Postal code and town	Daytime telephone number (incl. area code)
E-mail		Mobile telephone number

**2. Compensation from**

I am applying for compensation from	(year-month-day)
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3.  I have taken note of the information **Important information for you who are unemployed**

**4. Are you entitled to, you will receive or have you applied for other compensation other than the unemployment insurance fund (a-kassa)?**

*Please attach a copy of any decision!*

(e.g. The Job Security Foundation (Trygghetsstiftelsen), The Transition Fund (Omställningsfonden) or TRR (Trygghetsrådet), Saco income insurance or other income insurance)

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Which?
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**5. Most recent employment**

	Employed/enrolled until
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**6. Account number for payment**

Clearing number*	Account number	Name of bank
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\*If you are unsure, contact your bank

**7. Declaration, consent and signature**

I declare that the information provided is accurate and I undertake to notify Folksam of any changes in my circumstances. I consent to the unemployment insurance fund of which I am a member sending to SULFs member unit any decision letter, payment notice and other documents required for claim adjustment of the income insurance.

Date	Signature
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**Important information**

Once you have answered the questions, send your application together with a copy of the decision letter and payment notice from the unemployment insurance fund to: Folksam, 10660 Stockholm.

**Do you have any questions concerning income insurance?**

Please contact Folksam's Customer Service, tel: 08-700 40 25.