

Agreement on Social Security between
the Republic of the Philippines and the Kingdom of Sweden

1. The applicant

Forename(s) and Surname		Personal ID no. (12 digits)
Address	Postcode, Town/City	

2. The application refers to

I am applying for <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> Full sickness/activity compensation	As of year, month
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3. Describe why you are unable to work

<input type="checkbox"/> I am providing information in an appendix	<input type="checkbox"/> I wish to give this information verbally to the Swedish Social Insurance Agency (Försäkringskassan)	Give a brief description of why you are unable to work. We need this information to prepare your case.
<input type="checkbox"/> I have attached a physician's (medical) certificate		
<input type="checkbox"/> The physician's (medical) certificate has already been submitted to the Swedish Social Insurance Agency (Försäkringskassan)		We need a physician's (medical) certificate to consider your application.
<input type="checkbox"/> I have requested a physician's (medical) certificate from _____ (Name of physician)		

4. Particulars of work and unemployment

<input type="checkbox"/> I am an employee <input type="checkbox"/> I am a contractor <input type="checkbox"/> I have my own company	Are you unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please state the name of your employer, contractor or your company.	
Income from work (fill in only one of the alternatives)	Hours of work (fill in only one of the alternatives)
kronor (SEK) or peso (PHP) per day week month	days per week on average days per year hours per week on average hours per year
What work duties do you have?	
Are you a member of an unemployment insurance fund? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you in the last four months received an allowance from your unemployment insurance fund? <input type="checkbox"/> No <input type="checkbox"/> Yes

5. Have you worked in a country other than Sweden?

<input type="checkbox"/> No			
<input type="checkbox"/> Yes I have worked in	Country	As of (DD/MM/YY)	Until (DD/MM/YY)
	Country	As of (DD/MM/YY)	Until (DD/MM/YY)

6. Information about living conditions

Have you lived in Sweden constantly (as a registered resident) since the year in which you turned 16 years old?		
<input type="checkbox"/> Yes <input type="checkbox"/> No. Please specify where you have lived (in Sweden and in other countries).		
Country	As of (DD/MM/YY)	Until (DD/MM/YY)
Country	As of (DD/MM/YY)	Until (DD/MM/YY)
Country	As of (DD/MM/YY)	Until (DD/MM/YY)
Country	As of (DD/MM/YY)	Until (DD/MM/YY)

7. Do you receive compensation, or have you applied for compensation, from a country other than Sweden?

<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> Sickness benefit	As of (DD/MM/YY) from Country
	<input type="checkbox"/> Pension	As of (DD/MM/YY) from Country
	<input type="checkbox"/> Perpetual annuity or Occupational injury	As of (DD/MM/YY) from Country
<input type="checkbox"/> I have applied for perpetual annuity or pension	date of application (DD/MM/YY) from	Country
Name and address of the paying authority		

8. Account details

Account number. The IBAN number must be stated if payment is to be made to a bank in Europe.	
Name of the foreign bank	
The foreign bank's BIC code (SWIFT address)	
The address of the foreign bank	The postcode of the foreign bank
City	Country

9. Additional information

	<input type="checkbox"/> I have provided information in an appendix.
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10. Signature

I solemnly declare that the information given in this form is correct and complete should this information change, I am obliged to inform the Swedish Social Insurance Agency (Försäkringskassan). I am aware that it is a punishable offense to provide false information, omit information or to not notify the Swedish Social Insurance Agency (Försäkringskassan) if any of the information I have provided should change.	Telephone, daytime, including area code
	Telephone, evening, including area code
Date (DD/MM/YY)	Signature

The information provided above is held in the database of the Swedish Social Insurance Agency. Read more about it in the brochure "The Swedish Social Insurance Agency's Personal Data Register".