

## Personal details

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

## Compensation from

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

**Are you entitled to, you will receive or have you applied for other compensation other than the unemployment insurance fund (a-kassa)?** (e.g. The Job Security Foundation (Trygghetsstiftelsen), The Transition Fund (Omställningsfonden) or TRR (Trygghetsrådet), Saco income insurance or other income insurance) **Please attach a copy of any decision!**

☐ No ☐ Yes Which?

## Most recent employment

	Employed/enrolled until
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## Account number for payment

Clearing number*	Account number	Name of bank
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## General Data Protection Regulation (GDPR)

Folksam Mutual General Insurance is the personal data controller according to GDPR. In order to be able to settle claims for insurance policies, Folksam Mutual General Insurance must collect personal information. The information provided may be registered and archived at the company. The information will be processed in accordance with the provisions of GDPR.

## Consent regarding data

I consent to personal ID numbers and information on the entitlement to unemployment benefits being collected from the unemployment insurance fund for claims settlement and to personal data being collected from my trade union. (Necessary information for compensation to be paid in accordance with the applicable Policy Terms and Conditions for Income Insurance.) I consent to my personal data being processed according to GDPR.

## Declaration and signature

I declare that the information provided is accurate and I undertake to notify Folksam Mutual General Insurance of any changes in my circumstances.	Receipt stamp
Place and date	
Signature	

## Folksam notes

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## Important information

Once you have filled in the columns, send your application together with a copy of the decision letter and the first payment notice from the unemployment insurance fund (where the qualifying days are shown) to: Folksam Inkomstförsäkring, 106 66 Stockholm or [inkomst@folksam.se](mailto:inkomst@folksam.se)

Do you have questions regarding the income insurance? Contact Folksam, phone 08-700 40 25.