Report on illness/injury

Disability and premium waiver insurance
Lump sum on the basis of disability pension

Send the form to:
SEB, Pension & Försäkring, Intern Service, SE-106 40 Stockholm

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	☐ Self-employed ☐ Employee ☐ Not in work
Your employer's or your own company's name and address	

Response concerning disability insurance

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

Response concerning private unit-linked insurance with premium waiver

A. ☐ Repayment of premiums not wanted. Additional fund units will be purchased to the value of the premium waiver amount.

B. ☐ Repayment of premiums wanted. Tax will be deducted at source.

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Insured person

Name	Personal identity number

Response concerning disability and premium waiver insurance and lump sum on the basis of disability 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?	☐ No ☐ Yes If yes, for which complaint? If yes, when? Give the name and address	
Are you currently signed off sick?	Date (year, month, day) ☐ No, I have been well since ☐ If yes, are you in need of: ☐ - medical treatment? State which: ☐ - work-related measures? (These can be linked to your work/workplace or contact with the company health service) State which: ☐ - other support? State which:	
Can you return to your current job?	☐ Yes. When do you expect to be able to return? ☐ No. ☐ Don't know. ☐ 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?	☐ No ☐ Yes. State which and when: Were you signed off sick? ☐ No ☐ 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

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 disability 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 disability and premium waiver insurance and lump sum on the basis of disability 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

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Information under the terms of the Personal Data Act (PUL) concerning the insurance company´s processing of personal data etc.

The personal data controller for the purpose of processing personal data is the insurance company within the SEB with which the insurance policy has been taken out. This company is either SEB Pension och Försäkring AB, 516401-8243 or Gamla Livförsäkringsaktiebolaget SEB Trygg Liv (publ), 516401-6536. These companies are referred to below as the insurance company.

Personal details that are submitted in an application, registration of interest, or that are registered in general in connection with preparations for, or the administration of, this assignment (e.g. business scoring), are dealt with by the insurance company for the administration and completion of agreements that have been made, as well as for action taken that has been requested before or after the agreement has been entered into. The processing of information is also carried out in order to enable the insurance company to fulfil its obligations in accordance with the law.

Personal data may also be used as the basis for the insurance company´s market and customer analyses, business and method development and risk management and statistics. Unless a block on direct mailing has been requested, the insurance company may also use the data for marketing purposes.

In order to ensure good customer care and the effective maintenance of registers, the insurance company may supplement personal data by collecting data from private and public registers, such as address updates from the Swedish Population Address Register (SPAR).

In the case of insurance-related activities, such as reinvesting fund units belonging to the insurance policy, which are carried out on the telephone, personal data may also be processed as a result of recording telephone calls.

While observing the regulations on confidentiality, personal data may sometimes be passed for specified purposes to other companies within the SEB Group or to companies with which the SEB Group collaborates, such as the Swedish Credit Information Centre (UC), the Swedish Bank Giro Centre and Skadeanmälningsregister (GSR) AB, the register for insurance claims. In certain cases the insurance company is also obliged by law to submit information to agencies such as the Swedish Financial Supervisory Authority, the Swedish Tax Agency and the Swedish Social Insurance Agency.

If you would like to find out which of your personal data is held by the insurance company, please submit or send a written request, which must be signed by you, to the insurance company /Customer Service, Box 854, 851 24 Sundsvall, Sweden.

You can also send a request to be removed from the insurance company´s direct mailing lists or a request to have inaccurate or incomplete personal data corrected to the same address.

Information concerning the Personal Data Act (1998:204)
In order to reduce the costs incurred by the insurance company for payments based on incorrect information, the company also makes use of the insurance claim register (GSR) for the insurance industry. The register contains certain information about the claim and about who has requested payment. It is only used during the process of settling claims. This enables the company to find out if someone has already made a claim to another insurance company.

The personal data controller for GSR is GSR AB. If you want to find out which of your personal data is held by GSR, send a signed request to GSR AB, Box 24171, 104 51 Stockholm, Sweden.

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