

Supplementary information to your Health Declaration

Personal Identity Number (yyyymmdd-nnnn)	Name
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In conjunction with your choice of occupational pension plan, you have stated that during the last three years you have been treated or checked for problems/symptoms, illness, injury or disabilities, alternative that during the last three years you have been absent due to illness during more than 30 days in a row.

Supplementary information

In order to be able to administer your choice of occupational pension plan, we require supplementary information from you. Could you, therefore, be so kind as to reply to the following questions:

A. What illness, injury or disability does this refer to?

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B. When have you been sick?

From and beginning (Year-Month-Date)	Up to and including (Year-Month-Date)	Until further notice
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C. State the name and address of the doctor or the department and hospital by whom, or where, you were treated. If you take any prescription based medicine, please state the name of the medicine.

Name
Address
Prescription based medicine

The information you provide in this Health Declaration will provide the basis for the insurance agreement. Your insurance can become invalid if you provide incorrect or incomplete details in your Health Declaration. In filling in this Health Declaration, you hereby consent to the details you have provided about your state of health being provided to the reinsurance company contracted by us.

Signature – This form is treated as an original document and must, therefore, be sent via post.

Date (Year-Month-Date)	Signature	Telephone (also area code) during the day:
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Forms which are received by Avtalat more than 6 months after being signed are not valid. Avtalat handles personal data according to the General Data Protection Regulation (GDPR) and the Swedish Data Protection Regulation. More information is provided at www.avtalat.se/in-english.

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If you have any questions, contact us on 0770-16 10 00 (from Sweden) or +46 10 38 34 010 (from abroad).