

Supplementary information to your health declaration

When you made choices for your occupational pension, you stated that during the past three years you had been examined or treated for an illness, injury, or disability, or that you had been on sick leave for more than 30 consecutive days.

Personal identity number (YYYYMMDD-XXXX):

Name:

Additional information

Before we can process your choice, you need to answer the following questions:

1. What is your illness, injury or disability?

2. In the last three years, have you been on sick leave for more than 30 days in a row? If yes, enter how long you have been on sick leave.

From (YYYY-MM-DD):

To (YYYY-MM-DD):

Still on sick leave

☐

3. Which doctor, department or hospital have you attended? Please also provide the address.

Name:

Address:

4. Are you taking any prescription medication? Please state the name of the medication.

Prescription medication:

The insurance agreement will be based on the information you provide in this health declaration. Your insurance may be not be valid if you provide incorrect or incomplete information in this health declaration.

When you fill in and sign this health declaration, you agree that we may submit information about your health to the reinsurance company we use. You also agree that the reinsurance company may process and retain your data. They may also contact you if they need additional information.

Signature

Please print the form and then sign it in the box below. Post the form to Avtalat, 103 76 Stockholm.

The form is treated as an original document so you need to send it to us by post. Your form will not be valid if we receive it more than 3 months after you signed it. We process personal data in line with applicable data protection legislation. Read more at avtalat.se.

Date (YYYY-MM-DD):

Signature:

Daytime phone number:

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