Canada/Sweden Agreement

Applying for a Swedish disability benefit

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: “X”) the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Commissioner for Oaths; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal Social Security Agreement; Police Officer; Professional Engineer; Social Worker; Teacher, University Professor.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

Försäkringskassan
0771-524 524
www.forsakringskassan.se

Application

Activity compensation for impaired working ability, for persons living abroad.

Personal ID no.

Send this form to
Försäkringskassans inläsningscentral
839 88 Östersund

1. Applicant

Name and surname	Personal ID no. (12 digits)
Postal address	Postal code and city

2. Information about unemployment compensation

Are you a member of an unemployment insurance fund? ☐ No ☐ Yes	Have you in the last four months received an allowance from your unemployment insurance fund? ☐ No ☐ Yes
Name and address of the unemployment insurance fund	

3. Gainful employment in a country other than Sweden

Have you worked in another country?	☐ No	☐ Yes, in	country	
Do you receive a sickness benefit from another country?	☐ No	☐ Yes, from	country	
Are you receiving, or have you applied for a pension from another country?	☐ No	☐ Yes, from	country	annual amount
Do you receive perpetual annuity or a pension based on an occupational injury sustained in another country?	☐ No	☐ Yes	country	annual amount
Enter the name and address of the paying authority				

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4. Previous working conditions

Which type of work did you do in the years prior to your ability to work becoming impaired? Describe the extent of your work. If you were employed, you should also provide the name and address of your employer. If you were self-employed, state the name and address of the company.

5. Work and income (If you have more than one employer, you can also use “Other information”)

Name and address of your employer, client or your own company.				Is your work or assignment permanent? ☐ Yes ☐ No
Income from employment (only choose one alternative	SEK per day	week	month	**Working hours** (only fill in average hours per week one alternative)	days per week on average	days per year
					hours per week average	hours per year
What are your working duties?						

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6. The reason why your ability to work is impaired

For what reason are you unable to work full time?

year, month

At what point was your working ability significantly impaired?

7. Remaining working ability

Which working duties are you still able to perform? Are there other duties that you could handle?

8. Treating physician or caregiver

Which treating physician(s) or caregiver(s) have you consulted for the illness or injury that affects your working ability?

☐ I have attached a doctor's certificate ☐ I have requested a doctor's certificate name of physician

9. Secondary employment and assignments

Do you have any secondary employment or assignments? as of annual income

☐ No ☐ Yes

Describe in as much detail as possible the type of tasks involved in your secondary employment or assignment.

How often, and for how long, do you carry out these tasks?

10. Hobbies

Describe your hobbies

Do you receive income from any of your hobbies? ☐ No ☐ Yes annual amount

11. Rehabilitation

Describe in as much detail as possible the rehabilitation that you have completed, both medical and occupational

Do you feel that occupational rehabilitation would be good for you? ☐ No ☐ Yes

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12. Post-compulsory education, or equivalent

Do you have any further education, after compulsory school or equivalent? ☐ No ☐ Yes	which type(s)?

13. Family situation

Describe your family in terms of size, number of children, child minding etc. If you are married or living with someone, you should also state the occupation of your spouse.

14. Work in the home

Describe the work you previously did at home, such as housework, gardening, and caring for a relative.
Describe the work you are currently doing at home.

15. Living conditions

Describe your home; is it a house/apartment? Give the number of rooms, public transport facilities, etc.

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16. Help at the home

Do you hire home help? ☐ No ☐ Yes	For what kind of work?
	cost per month

17. Activities

State preferences regarding activities.

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18. Foreign bank account

Account number. If the deposit is for a bank in Europe, fill in the IBAN	
Name of foreign bank	
BIC of the foreign bank (swift address)	
Postal address of foreign bank	Postal code
City	Country

19. Occupational injury

Have you reported an occupational injury to Försäkringskassan? ☐ No ☐ Yes	in which year
What injury or illness did the report relate to?	

20. Would you prefer it if someone else handled your contact with Försäkringskassan on your behalf?

Only fill out this section if you want to authorise someone else to represent you. Otherwise, skip to the next section of the form.

I hereby authorise the below person to represent me in my contact with Försäkringskassan, with regard to my application for activity compensation. This authorisation shall remain in force until I revoke it.		
Name of the person I authorise to represent me		Personal ID no. (optional)
Postal address	Postal code and city	
Telephone, daytime, including area code	Telephone, evening, including area code	

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21. Other information

	☐ I have provided information in an appendix.

22. Signature

I solemnly declare that the information provided in this form is correct and complete. Should this information change, I am obliged to inform Försäkringskassan. I am aware that it is a punishable offense to provide false information, omit information or to not notify Försäkringskassan if any of the information I have provided should change.		
Date	Signature	Telephone, including area

23. Fill in this section if you, the signatory, is the custodian or trustee of the applicant

I am ☐ custodian ☐ trustee	Print name

This information will be processed in the Försäkringskassan computer system. Read more in the brochure “Försäkringskassans personregister” [Försäkringskassan's register].

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Documents and/or information required to support your application [FK 5077] for a Swedish disability benefit

Complete the attached form:

- ***Canadian Residence*** **[SC ISP5013]**

Originals or certified copies to be submitted:

- Your birth certificate
- Proof of your dates of entry into Canada and departure from Canada (such as: immigration document, passport, visa, ship or airline tickets, etc.)

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.

CANADIAN RESIDENCE

Canadian Social Insurance Number: _____

◯ Mr. ◯ Mrs.

◯ Ms. ◯ Miss

_____ Given Name and Initial

_____ Family Name

The following information is required to support your application for benefits under a social security agreement. If required, please provide additional information on a separate sheet of paper.

1. If you were born outside of Canada, please provide us with the following information:

   Date of arrival in Canada (YYYY-MM-DD): _____

   Place of arrival in Canada: _____

2. List all the places where you have lived in Canada after the age of 18 and provide proof of all your entries and departures (Permanent Resident card, Record of Landing (IMM 1000), complete passport, airline tickets, etc.):

From YYYY-MM-DD	**To** YYYY-MM-DD	**City**	**Province/Territory**

3. List all absences from Canada, which were longer than six months, during your Canadian residence listed in number 2 above:

Departure YYYY-MM-DD	**Return** YYYY-MM-DD	**Destination**	**Reason**

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.

4. Please give us the names, addresses and telephone numbers of at least two people, not related to you by blood or marriage, who can confirm your Canadian residence:

Name	Address	City	Telephone Number

DECLARATION OF APPLICANT

I declare that this information is true and complete.

NOTE: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Signature

X _____

Date (YYYY-MM-DD)

_____

Telephone number

_____