


KAMMARKOLLEGIET

Application for compensation

Health insurance and parental insurance for doctoral students with a scholarship

For faster processing, it is important that the form is accurately filled in and personally signed. You can fill in this form electronically, but it must be submitted with a signature, which means that the form must be printed out, signed, and then sent to Kammarkollegiet's postal address, 651 80 Karlstad or by e-mail to forsakring@kammarkollegiet.se

Personal details

Given name and surname		Swedish Personal ID number (YYMMDD-NNNN)	
Postal delivery address		Postal code and city	
Telephone number		E-mail address	

Details of the account for disbursement of the insurance claim – Account in Sweden

Fill in the bank account number to which the payment is requested to be made. If you do not fill in something here, the compensation will be disbursed via a payment advice (disbursement form).

Clearing number		Account number	
State bank name and city		Account holder	

Details of the bank account for disbursement of the insurance claim – Account outside Sweden

Fill in the bank account number to which the payment is requested to be made. If you do not fill in something here, the compensation will be disbursed via a payment advice (disbursement form).

IBAN number/Bank account number		SWIFT (BIC)	
Bank code (e.g. BLZ, SORT CODE)		The name and address of the bank	

Certification from the institution of higher education

University/other higher education institution	
It is hereby certified that the application relates to a doctoral student admitted to and is pursuing studies leading to a doctoral degree at the university/higher education institution and who funds their studies with a scholarship	
Signature	Department
Printed name	Position
Telephone number	E-mail address

Application for sickness benefits /parental benefits/temporary parental benefits

The application for compensation relates to			
Sickness benefit	Parental benefits	Temporary parental benefits	
I am applying for the full amount (100%)	until	year 20	month day - -
I am applying for three-quarters (75%)	until	year 20	month day - -
I am applying for one-half (50%)	until	year 20	month day - -
I am applying for one-quarter (25%)	until	year 20	month day - -
I am applying for one-eighth (1/8)	until	year 20	month day - -
Date of return to doctoral studies	year 20	month -	day -

Reason for the absence

Sickleave from	year 20	month -	day -	Parental leave from	year 20	month -	day -	Compensation for care of a sick child	year 20	month -	day -
Reason (diagnosis/symptoms)	Childs name and Swedish Personal ID-number				The name and Swedish Personal ID number of the child and reason (diagnosis/symptoms)						
Has a claim for compensation been filed with the Swedish Social Insurance Agency?				Yes				No			
Has a claim for compensation been filed with another insurer?				Yes				No			
				If Yes, which insurer?							

Information about your scholarships

Admitted to doctoral studies for the period	year 20	month -	year until 20	month -	Scholarship granted for the period	year 20	month -	year until 20	month -	
Scholarship granted by										
Annual	Annual income must be substantiated by copy of scholarship decisions or certificates of scholarship from the Scholarship Donor.						Extent in procent %			
Scholarship provider					Name of					

Signature of injured party

All the information in this application is provided in good faith.

City and date	Signature
	Printed name

See the attached information appendix on our collection and processing of personal data in claim for compensation cases



KAMMARKOLLEGIET

Information Appendix

If you would like more detailing information about the contents of the Terms and Conditions of Insurance, we suggest you read the information available on our website kammarkollegiet.se

The Kammarkollegiet's collecting and processing of personal data in claim for compensation cases

In connection with the processing of your claim for compensation your personal data will be collected and processed.

When we assume the risks of other public authorities in financial terms and their liability for claims, we need to process personal data as part of our work with the settlement of claim for compensation for an injury/loss. The data is processed because it is necessary to perform tasks of a public interest or as an element of our exercise of public authority.

Since we are a central government public authority and are subject to the principle of public access to information, public records/official documents containing personal data may be disclosed if they are not subject to restrictions due to confidentiality.

You have the right to receive information about what personal data we process relating to you and to obtain a transcript of the data containing information about the processing, referred to as a "register extract."

The personal data we process must be correct and accurate. If we process your personal data incorrectly, you have the right to request to have the data be corrected and incomplete data supplemented. You also have the right to request the deletion of personal data and/or a restriction on the processing. A public authority's ability to accommodate such a request is limited due to that public authorities are obligated to comply with regulations and provisions concerning public records/official documents and archiving.

For more information about how we process personal data, please visit our website kammarkollegiet.se

If you as a data subject desire to exercise your rights or if you have any questions relating to our collecting and processing of your personal data, please contact the public authority's Data Protection Officer.

Contact information for the Data Protection Officer:

Kammarkollegiet
GDPR
Box 2218
103 15 Stockholm

GDPR@kammarkollegiet.se

Telephone: 08-700 08 00