



### How to fill out the form electronically

You can fill out this form electronically. Because we need your signature, however, you will then have to print the form out and post it to the Legal, Financial and Administrative Services Agency (Kammarkollegiet). Make sure that you have filled out the form correctly and signed it so that we can make a decision as quickly as possible. Please print it out on white paper.

### Application for government compensation for individuals who have undergone a legal gender recognition procedure

As of 1 May 2018, Sweden has a new law concerning government compensation for individuals who have undergone a legal gender recognition procedure pursuant to section 1, Gender Recognition Act (Swedish Code of Statutes 1972:119), and who have been affected by the the repeated requirement for sterilization or sterility in order to have their gender recognized. Pursuant to the new law, the government is to compensate individuals who filed applications for legal gender recognition from 1 July 1972 to 30 June 2013 that were subsequently approved.

Name		Personal identity number
Address		Postal code and city
Email		Phone
Previous name (not required)		Previous personal identity number (not required)
Year of application for legal gender recognition (not required):	Year of decision for legal gender recognition (not required):	

### Compensation paid to:

Bank	Clearing no.	Account number
------	--------------	----------------

If you have access to the decision or notification by the Tax Agency for a new personal identity number or the decision by the National Board of Health and Welfare for legal gender recognition, feel free to attach them to your application. We will be able to process your application faster if you do. We may also need access to the date that you filed your application with the Board of Health and Welfare's Legal Council, the date that the decision was made, your previous name and your previous personal identity number. We can help you obtain the documents or information if you no longer have them.

### Attachments:

<input type="checkbox"/> Decision or notification by the Tax Agency concerning a new personal identity number (not required)
<input type="checkbox"/> Decision by the Board of Health and Welfare concerning legal gender recognition (not required)

### The application shall be sent to:

**Kammarkollegiet**  
**651 80 Karlstad**



KAMMARKOLLEGIET

Application for government  
compensation

Message to Kammarkollegiet

**Signature and consent**

I hereby apply for government compensation and authorize/agree that Kammarkollegiet may obtain the information it needs from the Tax Agency, National Archives and National Board of Health and Welfare to consider my right to compensation. The authorization shall remain in force until Kammarkollegiet has fully processed my application.

City and date

Signature

Printed name