



KAMMARKOLLEGIET

Application for compensation

Health and parental insurance for doctoral students with stipends

How to fill out the digital form

You can fill out this form digitally. However, we need your signature and you must therefore print the form and send it to Kammarkollegiet in the post. To expedite our decision it is important that the form is correctly filled out and signed. Note that the form must be printed on white paper.

University	Institute or equivalent
Application for compensation concerns	<input type="checkbox"/> Sick leave <input type="checkbox"/> Parental benefits <input type="checkbox"/> Temporary parental benefits

What amount of sickness benefits/parental benefits are you applying for and from what date?

Specify what amount of your regular doctoral studies you have been absent from due to sick leave/parental leave.				
<input type="checkbox"/> I am applying for the full period (100%)	from	year	month	day
		20	-	-
<input type="checkbox"/> I am applying for three quarters (75%)	from	year	month	day
		20	-	-
<input type="checkbox"/> I am applying for half (50%)	from	year	month	day
		20	-	-
<input type="checkbox"/> I am applying for one quarter (25%)	from	year	month	day
		20	-	-
<input type="checkbox"/> I am applying for one eighth (1/8)	from	year	month	day
		20	-	-
Date of return to doctoral studies				
20 - -				

The insured

Last name and common name	Personal identification number (yyyy-mm-dd-xxxx) - - -
Postal address	Post code and city
E-mail address	Telephone

Note that the form continues on the next page.

You are welcome to visit the Kammarkollegiet website, where you can read more about our insurances and the terms that apply to you as a policy-holder.

www.kammarkollegiet.se/forsakringar

Accepted to

Accepted to doctoral studies for the period (yy-mm) 20 - to 20 -	Stipends granted for the period (yy-mm) 20 - to 20 -
Stipends issued by	

Payment method

Bank	Clearing no.	Account no.	City
IBAN	SWIFT	Bank	Country

Income from stipend

Annual income	Scope in per cent %
Annual income must be confirmed with a copy of the stipend decision or certificate of stipend from the issuer.	
Stipend issuer	Contact person

Reason for absence

Sickness from 20 - -	Parental leave from 20 - -	Temporary parental leave from 20 - -
Reason (diagnosis/symptom)	Child's name and personal id no.	Child's name, personal id no. and reason (diagnosis/symptom)

Report and visit to the doctor

Reported to the Social Insurance Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Reported to other insurer <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which Social Insurance Agency?	If yes, which insurer?

Note that you must sign the form on the next page.

Visited doctor <input type="checkbox"/> Yes <input type="checkbox"/> No	Visited hospital/district health centre <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which doctor?	If yes, which hospital/district health centre?

Other information

University's confirmation

I hereby confirm that the application concerns a doctoral student accepted to and conducting doctoral studies at the university and financing their studies with a stipend.	
Signature	Department
Name in block letters	Position
Telephone	E-mail

The policy-holder's signature

I hereby confirm that the information in this application is true. I also consent to Kammarkollegiet being provided with relevant medical records and information from the Swedish Social Insurance Agency.	
Place and date	Informant's signature
	Informant's name in block letters