

Application for compensation for loss of earning capacity

Send the form to:
 Skandia c/o AP Pension
 Østbanegade 135
 2100 København Ø
 Phone +45 7012 1213

The application form is to be used for application for payment for waiver of premium and compensation for loss of earning capacity.

1. Personal details

Name:	CPR number:
Address:	Postcode & City:
Phone number:	Email:
Employer:	

Information

All questions must be answered. You can use a blank page if there is not enough space in the boxes. For some questions, we ask you to attach documentation. We can only assess the claim when we have received the documentation.

2. Illness

2.1 Which illnesses are you suffering from/what accident has occurred?	
2.2 Have you previously had the same or a similar illness/symptoms? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, when and which?
2.3 Will you be or have you been treated for your illness? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, state the hospital, department, specialist, doctor and when the treatment will take/took place?
2.4 The name and address of your general practitioner:	

3. Off work sick

<p>3.1</p> <p>Are you off work sick? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>If yes, what is the date of the first day of illness, possibly periods of illness?</p> <p>If yes, when do you expect to return to work full-time or part-time?</p> <p>Date: _____ Number of hours a week: _____</p>
<p>3.2</p> <p>Were you completely healthy and fit for work when you were reported sick? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>If no, what was the reason?</p>
<p>3.3</p> <p>Which symptoms prevent you from working?</p>	
<p>3.4</p> <p>Have you returned to work part-time? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>If yes:</p> <p>Date: _____ Number of hours a week: _____</p>

4. Education and employment

<p>4.1</p> <p>What is your education?</p>	
<p>4.2</p> <p>What is your occupation?</p>	
<p>4.3</p> <p>Have you received a notice of termination from your job? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>If yes, what is the date of termination:</p> <p>What month did your last payment cover?</p>

5. Salary and supplementary income

<p>5.1</p> <p>What is your current monthly salary?</p>	<p>Monthly amount before tax:</p> <p>Attach annual tax statements from the past 3 years.</p>
<p>5.2</p> <p>What was your monthly salary before you became ill?</p>	

5.3 Do you have any other income? (tick and enter the annual income)	Annual income before first day of illness	Annual income after reporting sick	Date of any change
<input type="checkbox"/> Fees, e.g. board fees			
<input type="checkbox"/> Business profit (annual profit of the business)			
<input type="checkbox"/> Bonus scheme			
<input type="checkbox"/> Profit from rental properties			
<input type="checkbox"/> Other (e.g. other work salary or 'fleksjob' salary)			

6. Self-employed

<p>6.1</p> <p>If you are self-employed and this is the first time you are applying for compensation and/or waiver of premium, you must attach annual reports, personal tax statements and annual accounts for active businesses for the past 3 years.</p> <p>With your consent, Skandia will obtain other tax information (R75) from SKAT.</p>	<p>Attach copies of annual reports, personal tax statements and annual accounts for active businesses for the past 3 years</p>
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7. State benefits

<p>7.1</p> <p>Are you in contact with your municipality? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>What is the name and address of your municipality?</p>						
<p>7.2</p> <p>Are you or your employer receiving sickness benefits? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>If yes, from which date?</p> <p>Are the sickness benefits paid to your employer or you? <input type="checkbox"/> Employer <input type="checkbox"/> Me</p> <p>Enter your annual income before tax:</p> <p> Before first day of illness:</p> <p> After reporting sick:</p> <p> Date of any change:</p>						
<p>7.3 Do you have any other income? (tick and enter the annual income)</p>							
<p><input type="checkbox"/> Working capacity enhancement benefit (Ressourceforløbsydelse)</p>	<p>Attach documentation</p>						
<p><input type="checkbox"/> Rehabilitation (Revalidering)</p>	<p>Attach documentation</p>						
<p><input type="checkbox"/> Wage subsidy (Løntilskud)</p>	<p>Attach documentation</p>						
<p><input type="checkbox"/> Flexible wage subsidy (Fleksløntilskud)</p>	<p>Attach documentation</p>						
<p><input type="checkbox"/> Flexible unemployment benefit (Ledighedsydelse)</p>	<p>Attach documentation</p>						
<p><input type="checkbox"/> Income support (Kontanthjælp)</p>	<p>Attach documentation</p>						
<p><input type="checkbox"/> Social disability pension (Førtidspension)</p>	<p>Attach documentation</p>						
<p><input type="checkbox"/> Early retirement benefit (Efterløn)</p>	<p>Attach early retirement benefit certificate</p>						
<p><input type="checkbox"/> Loss of earnings, cf. the Danish Service Act (Tabt arbejdsfortjeneste)</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Annual income before first day of illness:</td> <td style="width: 33%;">Annual income after reporting sick:</td> <td style="width: 33%;">Date of any change:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Annual income before first day of illness:	Annual income after reporting sick:	Date of any change:			
Annual income before first day of illness:	Annual income after reporting sick:	Date of any change:					

<p>7.4</p> <p>Do you have disability insurance with other companies? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>If yes, where?</p> <p>When was it set up? Date?</p> <p>Have you applied for compensation there?</p>
<p>7.5</p> <p>Are you receiving compensation for recurring disability from other companies? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>If yes, attach documentation.</p>
<p>7.6</p> <p>Have you reported the illness/accident as an industrial injury to Labour Market Insurance (the National Board of Industrial Injuries)? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>If yes, has the claim been settled? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>What is the claim number?</p>

8. Payment

<p>8.1</p> <p>Compensation from Skandia is paid into your NemKonto account if the compensation is to be paid directly to you.</p> <p>A payment into a NemKonto account is generally not protected against creditor claims. If you want to protect the payment, you need to set up an account with your bank or another bank that is protected against creditor claims, and notify us.</p>	<p>Payment will be made into your NemKonto account.</p> <p>If you want payment to be made into another account, you need to tell us:</p> <p>Registration no.:</p> <p>Account no.:</p>
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9. Signature

I hereby declare that my answers and the information given is true and that I have not concealed anything. I am aware that the insurance may be reduced or cancelled if my answers are not fully truthful, or I if have concealed anything, and that Skandia may claim compensation in case of incurred loss due to these reasons.

Date:	Signature:
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