



Send this form to  
Försäkringskassans inläsningscentral  
839 88 Östersund

Use this form if you are going to live, work or study abroad. Please fill in and send the form to Försäkringskassan (the Swedish Social Insurance Agency) as soon as possible. Försäkringskassan will then determine if you are covered by Swedish Social Insurance while you are abroad.

You can also submit your information through Mina sidor at [forsakringskassan.se](http://forsakringskassan.se). In order to log in, you need an electronic identification (e-legitimation). If you submit your information through Mina sidor you should not send in this form.

**1. Information about you**

First name(s) and last name		Personal ID No. or coordination No.
Postal address	Postcode and city	
Country	Telephone, including area code	

**Information about your residence status**

**2. Have you moved or are you going to move from Sweden?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.		
date (year, month, day)		
Date of departure		
country		<input type="checkbox"/> for the long term <input type="checkbox"/> until
date (year, month, day)		
I will live in		
In the country stated above I live or will live		
<input type="checkbox"/> in an apartment/house that I rent <input type="checkbox"/> in an apartment/house that I own <input type="checkbox"/> as a lodger		
<input type="checkbox"/> in other accommodation: _____		
Postal address in the country I am moving/have moved to		
Postcode and city in the country I am moving/have moved to		

**2.a Will you be staying in Sweden during the time you live abroad?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.	
State how often and for how long you will be staying in Sweden.	

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FK 5459en (010 F 002) Fastställt av Försäkringskassan

**2.b Do you have a residence in Sweden?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.		
In Sweden I live		
<input type="checkbox"/> in an apartment/house that I rent	<input type="checkbox"/> in an apartment/house that I own	<input type="checkbox"/> as a lodger
<input type="checkbox"/> in other accommodation: _____		

**Information about your occupation and remuneration**

**3. Are you working or have you worked in Sweden?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.	
<input type="checkbox"/> I work in Sweden	
<input type="checkbox"/> I work in Sweden until _____ date (year, month, day)	
<input type="checkbox"/> I have worked in Sweden and my last day of work was _____ date (year, month, day)	

**4. Are you working or will you be working abroad?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.	
My first day of work abroad _____ date (year, month, day) _____ <sup>1</sup> country	
<input type="checkbox"/> I am employed or self-employed	
<input type="checkbox"/> I work as a seaman or on a Swedish merchant vessel	
<input type="checkbox"/> I have been posted abroad	
<input type="checkbox"/> by an employer in the public sector	
<input type="checkbox"/> by a private employer	
<input type="checkbox"/> by a Swedish aid agency or a religious organisation	

**5. Are you going to look for work abroad?**

<input type="checkbox"/> No <input type="checkbox"/> I am looking for work abroad from _____ date (year, month, day)	
Country _____	

**6. Do you live, work or study abroad and receive remuneration from Sweden?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.	
Type of remuneration	
<input type="checkbox"/> Pension <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Other compensation _____	
From, date (year, month, day) <sup>1</sup> Until, date (year, month, day)	

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**7. Are you moving abroad to study?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.		
I am going to study in _____   country		
I am going to study abroad from _____   date (year, month, day)		_____   date (year, month, day)
Do your studies qualify you for financial aid from CSN?		Are you planning to return to Sweden after completing your studies?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I receive student financial aid from _____   country		Are you studying within your field of work?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Information about your family****8. Are you married or living with a partner?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.		
<input type="checkbox"/> Married <input type="checkbox"/> Partner		
Name and surname (spouse or partner)		Personal ID No. or date of birth
Postal address		Telephone, including area code
<input type="checkbox"/> Lives in _____   country	_____   from date (year, month, day)	
<input type="checkbox"/> Works in _____   country	_____   from date (year, month, day)	
<input type="checkbox"/> Studies in _____   country	_____   from date (year, month, day)	

**9. Do you have children under the age of 21?**

If you have children over the age of 18, they too need to fill in a copy of this form.

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.		
Child's name and surname		Personal ID No. or date of birth
<input type="checkbox"/> Date of departure from Sweden _____   date (year, month, day)	<input type="checkbox"/> Lives in _____   country	
Child's name and surname		Personal ID No. or date of birth
<input type="checkbox"/> Date of departure from Sweden _____   date (year, month, day)	<input type="checkbox"/> Lives in _____   country	
Child's name and surname		Personal ID No. or date of birth
<input type="checkbox"/> Date of departure from Sweden _____   date (year, month, day)	<input type="checkbox"/> Lives in _____   country	
Child's name and surname		Personal ID No. or date of birth
<input type="checkbox"/> Date of departure from Sweden _____   date (year, month, day)	<input type="checkbox"/> Lives in _____   country	

**10. Other information**

Here you can continue from part 9, if you have more than four children.

**We require certain documents to confirm your information**

Check here if you need to submit additional documents with this form. We accept copies of the required documents.

<b>If you ...</b>	<b>then you also need to submit ...</b>
work in two or more countries	form 6220 - <i>Begäran om intyg A1/E101 eller konventionsintyg</i>
are posted to an EU/EEA country, the United Kingdom or Switzerland	form 6220 - <i>Begäran om intyg A1/E101 eller konventionsintyg</i>
are posted to a country with which Sweden has an agreement on social security	form 6220 - <i>Begäran om intyg A1/E101 eller konventionsintyg</i>
work in Sweden during your stay abroad or are posted by a Swedish employer	certificate from your employer that proves your working situation
receive unemployment benefits	a certificate of unemployment benefits.
are entitled to financial aid from CSN, but have not applied for it	a certificate stating that your studies entitle you to financial aid from CSN.

**11. Signature** If you are under the age of 18, this form must be signed by your legal guardian.

I hereby solemnly swear that the information that I have provided is complete and correct.

I am aware that I may be liable to pay back any incorrectly paid compensation. I know that I may be guilty of a criminal offense if I provide incomplete or incorrect information, or not notify Försäkringskassan when that information changes.

Date	Signature
Your name in capital letters, if you as signatory are the legal guardian.	
Date	Signature (if two guardians are signing)
Printed name (if two guardians are signing)	

Read more about how Försäkringskassan processes personal data at [forsakringskassan.se](https://forsakringskassan.se).