

Important information about the health declaration

- Incorrect or incomplete information may invalidate your insurance.
- Information provided about your health condition is saved by Kåpan Tjänstepension.
- Kåpan may need to obtain information or medical records from healthcare providers or the Swedish Social Insurance Agency. This is to process this application or to assess the validity of the insurance in the future.
- Information provided about your health condition may be shared with Sedgwick, the company that Kåpan uses for medical risk assessment. Sedgwick may contact you if they have further questions about your health condition.

Introductory questions

- A** Have you been notified of signs of serious illness after a health check, screening program or other healthcare visit in the last five years? ☐ Yes ☐ No
- B** Have you been on sick leave (fully or partially) for more than 30 days in the last five years? ☐ Yes ☐ No
- C** Have you received sickness compensation, activity compensation or annuity from the Swedish Social Insurance Agency in the last five years? ☐ Yes ☐ No
- D** Have you been treated for an illness, problem, symptom, injury or disability in the past five years? ☐ Yes ☐ No
- E** Do you have any problems, symptoms, injury or disability that prevent you from fully working? ☐ Yes ☐ No

*If you answered **Yes** to any of the initial questions, you should also answer the supplementary questions below.*

Supplementary questions

What problem, symptom, illness, injury or disability do you have?
When were you examined, checked or treated and what were the results?
Which healthcare providers have you been examined, checked or treated by? Provide name and address.
What treatment have you undergone? Surgery, medication, etc.
Tell us whether or not you have been sick. If you have been, also tell us during what periods.
What remaining problems do you have or since when have you been symptom-free (yyyy-mm-dd)?
Your height _____ cm Your weight _____ kg Have you smoked in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby solemnly swear that the information that I have provided is complete and correct. I am aware that incorrect or incomplete information may invalidate the insurance. I agree that healthcare providers or the Swedish Social Insurance Agency may disclose the information and medical records that Kåpan deems necessary to process my request to add reimbursement protection or to assess the validity of the insurance in the future. I agree that information provided about my health condition may be disclosed to the company hired by Kåpan for medical risk assessment.

Date _____ Signature _____

Name clarification	Personal ID number (yyyymmdd-nnnn)
--------------------	------------------------------------

Kåpan Tjänstepension is the controller of the personal data processing within our association. Read more about it at kapan.se/personal-data.