



Fora AB
www.fora.se
Telephone: +46 (0)8-787 40 10
Corporate Identification Number: 556541-8356

Changing pension selections for SAF-LO Collective Pension Insurance

Fill in your name and address below

Please send the form to:

Fora AB, 101 56 Stockholm, Sweden

PLEASE NOTE! Do not use this form to send messages.

1. Pension manager and savings form

PLEASE NOTE! Only put a cross in one box. Choose either Traditional insurance or Unit-linked insurance.
Only fill in if you are changing your manager or savings form selection.

Traditional insurance

- ☐ Alecta
☐ AMF
☐ Folksam
☐ SEB

Unit-linked insurance

- ☐ AMF
☐ Folksam LO
☐ Futur
☐ Handelsbanken
☐ Länsförsäkringar
- ☐ Movestic
☐ Nordea
☐ SEB
☐ SPP
☐ Swedbank

2. Repayment cover

– Select

- ☐ I wish to select repayment cover.

Important! Please fill in the attached health declaration.

Notice! If you got married/started cohabiting/had a child in the last 12 months, you don't need to fill in health declaration and authorization.

Did you get married/started cohabiting/had a child in the last 12 months?

☐ Yes Date of family event:

Date	YY	MM	DD
	2	0	

– Deselect

- ☐ I deselect repayment cover.

3. Family cover

– Select or change

You can apply for family cover from the month you reach the age of 22. Select how many price base amounts your survivors should receive per year and for how many years the cover should be paid. The cost of family cover is deducted from the premium that is paid to your occupational pension and means your pension will be lower. The cost is calculated on the basis of how many price base amounts per year survivors are to receive, how many payment years you select and your age.
For prices, see www.fora.se/familjeskydd.

A. Select number of price base amounts (pba) per year

- ☐ 1 pba/year
☐ 2 pba/year
☐ 3 pba/year
☐ 4 pba/year

B. Select number of family cover payment years

- ☐ 5 years
☐ 10 years
☐ 15 years
☐ 20 years

Important! Please fill in the attached health declaration.

– Deselect

- ☐ I deselect family cover.
(Family cover will be discontinued on the 31 December of this year).

4. Signature

Signature		Swedish I.D. number Fill in 10 digits	
Date YY MM DD	Telephone (incl. area code)	YY	MM DD number
2 0			



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Health declaration

for SAF-LO Collective Pension Insurance

Fill in your name and address below

Please note that you only need to fill in the health declaration if you have:

- 1) selected family cover
- 2) increased the number of price base amounts and/or payment years for family cover
- 3) selected repayment cover without getting married/starting to cohabit/having a child.

Health declaration

In the last three years have you:

- A** been treated/examined for pain/symptoms, illness, injury or handicap? ☐ Yes ☐ No
- B** been on sick leave for more than 30 consecutive days and/or received sickness compensation/activity compensation or the equivalent from Försäkringskassan? ☐ Yes ☐ No

If you have answered **Yes** to any of the questions above, please fill in the additional information below as well.

Additional information – Please note! Only fill this in if you have answered **Yes** to any of the questions above. Please print!

Which pain/symptoms, illness, injury or handicap do you have?

During which periods have you been ill?

At which health facility/facilities have you received treatment? Please specify name and address of facility.

Are you taking any prescription medicine? If yes, please specify which one(s)?

Current height _____ Current weight _____ Have you smoked in the last year? ☐ Yes ☐ No

The information above will form the basis of the insurance. To be eligible for insurance, you must not suffer from a serious illness. Incorrect or incomplete information may invalidate the insurance.

Signature

Signature		Swedish I.D. number Fill in 10 digits	
Date	YY MM DD	Telephone (incl. area code)	YY MM DD number
2	0		

Fora manages personal data in accordance with the data protection legislation relevant at any given time. More information is available at www.fora.se/personaldata