



**ADDITIONAL INFORMATION FOR QUESTIONS 2-8. ALL FOLLOW-UP QUESTIONS MUST BE ANSWERED.****All illnesses, injuries, disabilities and examinations must be disclosed. Write the number of the question and answer the questions that follow.**

Question No.	What disease, injury or disability does it concern?
What was the cause of the examination/incapacity?	During which dates were you ill/on sick leave?
When did you have an examination, check-up or treatment?	Which doctors/health care centres or medical facilities have been involved?
Which treatment (including medication) have you received?	What terms have doctors/nurses used to describe the disorders?
Are you free from all symptoms? If you answer "Yes" to this question, since when?	Do you have any after effects or problems?

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**OTHER OR ADDITIONAL INFORMATION**

Please use a separate sheet of paper if you need to add something from the other questions on the form. Write the number of the question, the name and date of birth (or, if applicable, Swedish social security number) of the person to be insured at the top of the paper and then sign it and write the date.

**SIGNATURE**

I am aware that the information I have submitted in this health declaration will constitute the basis of my insurance policy.  
I am aware that incorrect or incomplete information may render the insurance invalid.

Date and place

Signature	Name in block letters
Guardian's signature (if the applicant is under the age of 18)	Name in block letters

The information obtained in this application will be kept on file at If. If the application is not approved, the information will be kept on file at If for 6 months. Personal data will be handled in observance of the provisions of the Personal Data Act (Personuppgiftslagen, PUL).

**PLEASE SEND THIS HEALTH DECLARATION TO:**

If  
Personförsäkring  
Företag/Industri  
SE-106 80 Stockholm

After answering all questions and signing, you may also send it by e-mail to:  
foretagscenter@if.se

