



Send this form to
Försäkringskassans inläsningscentral
839 88 Östersund

Use this form if you want another person to act as your representative in your dealings with the Social Insurance Agency (Försäkringskassan). We will then contact the representative when we need information about you and send decisions and other letters to the representative instead of sending them to you. However, we will contact you if you need to provide information that you affirm to be true, as your representative is not empowered to do this.

You can revoke this power of attorney at any time. Let us know if you no longer want this person to be your representative in your dealings with Försäkringskassan.

1. You who are issuing the power of attorney

First name and surname		Personal ID no. (12 digits)
Mailing address	Postal code and city	

Remember to notify Försäkringskassan if your representative has a new address.

2. The person authorized as your representative

First name and surname		Personal ID no. (12 digits)
Mailing address	Postal code and city	
Phone		

3. What does the power of attorney apply to?

<input type="checkbox"/> All my cases at Försäkringskassan
<input type="checkbox"/> The following matters: _____
<input type="checkbox"/> Other: _____

4. How long will the power of attorney remain in effect?

<input type="checkbox"/> No time limit - until I revoke it	<input type="checkbox"/> Until (date) _____
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5. Your signature as the issuer of the power of attorney

I authorise my representative to represent me in contacts with Försäkringskassan as I have directed in Points 3 and 4.		
Date	Signature	Phone

Read more about how Försäkringskassan processes personal data at forsakringskassan.se.

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FK5607en (001 F 003) Fastställt av Försäkringskassan