

Claim form **Payment Protection Insurance**

The completed claim form must be sent to:

Solid Insurance, Box 22151, 250 23 Helsingborg, Sweden
Telephone: +46 (0)42 450 33 46, E-mail: betalforsakring@solidab.se

Important Information

- You must continue paying your instalments to Resurs Bank in accordance with the current payment schedule until you have received a decision from Solid Insurance.
- Compensation can be given retroactively if compensation is awarded.
- All documents must be enclosed before the claim is submitted to Solid Insurance. This ensures faster claims management. No advance decisions may be given.

The following must be enclosed with the claim form, depending on claim type:

In the event of unemployment

1. Documentation of permanent employment at the time of taking out the insurance.
2. Copy of termination letter.
3. Documentation from former employer concerning duration of employment.
4. First and last payment specification for unemployment benefit.

In the event of sick leave

1. Documentation of permanent employment at the time of taking out the insurance.
2. Sick notice confirming the dates of your sick leave.
3. First payment specification for your sickness benefit.

In the event of admission to hospital

1. Documentation showing that you are retired, receive disability benefit or have taken an early retirement.
2. Documentation showing the date of admission to hospital/referral from doctor.

Personal data

Personal identification number	E-mail	
First and last name	Telephone	
Address	Post code	City

Please complete if unemployed

Date of notice	First day of unemployment
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Please complete if on sick leave

Sick leave period (from-to)

Please complete if admitted to hospital

Dates for hospital visit (from-to)

Signature

I hereby confirm that the information provided above is accurate and true.

Date and place	Signature
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NOTE: Please wait to submit your claim until you have all documents, otherwise Solid Insurance will be unable to make a decision about your claim.