

# Application for Reduced Fee

Standard members, which during a period of at least three months, have a monthly gross income below 19 000 SEK, have the possibility to apply for a reduced fee. The reduced fee is granted for a minimum period of three months, and maximum twelve months.

Please, turn to back for more information. State the gross income, i.e. before tax, except for the complementary income insurance, which should be state as net amount.

**I am unemployed**

|  |   |
|--|---|
| From – to (if end date is known)<br>_____  | Extent<br>_____ %                                 |
| Monthly salary before unemployment<br>_____ SEK/month  | Severance compensation, total amount<br>_____ SEK |
| Have you applied for compensation from the complementary income insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |   |
| Have you been granted compensation from the complementary income insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, from which date? _____ |   |
| Compensation from Unemployment Insurance Fund<br>_____ SEK/month   | Compensation from trygghetsråd<br>_____ SEK/month |
| Compensation from the complementary income insurance<br>_____ (net)compensation/month*   |   |

\* (the daily compensation x 22 = average monthly payment from the income insurance)

**I am on a sick leave**  **I am on parental leave**

|                    |  |
|--------------------|--|
| From – to<br>_____ | Compensation from Försäkringskassan<br>_____ SEK/month                               |
| Extent<br>_____ %  | Compensation from employer/Alecta/AFA/<br>other insurance company<br>_____ SEK/month |

**I am studying**

|  |                   |
|--|-------------------|
| From – to<br>_____   | Extent<br>_____ % |
| Other income than financial aid for studies<br>_____ SEK/month |                   |

**Other** \_\_\_\_\_

|                           |                   |
|---------------------------|-------------------|
| From – to<br>_____        | Extent<br>_____ % |
| Income<br>_____ SEK/month |                   |

Personal ID number \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

If you after the granted period still are entitled reduced fee, you need to send in a renew application. Retroactive reduction is granted for a maximum of six months. Any difference between the amount paid will be obtained as a credit balance (non-refundable).

## How to fill in the application

Fill in the application in those sections that apply to your situation. You can fill in several fields, if multiple situations apply.

## Which income is your fee based on?

### Paying agents

Employer

### Type of income

> All type of wages and salaries (fixed or variable cash salary, benefits such as free car and residence, as well as fixed shift- and overtime allowance).

> Salary during studies, military service, parental leave.

Unemployment Insurance Fund  
(Akademikernas a-kassa)

> Compensation during unemployment

Income insurance

> Compensation during unemployment, i.e. the daily compensation \* 22 = average monthly payment from the income insurance.

Trygghetsråden

> Severance compensation (AGE).

Försäkringskassan

> All type of compensations for example, sickness benefit, parental benefit, activity grant, pension.

Alecta, AFA, and other insurance companies

> Compensations from occupational pension in case of long-term illness.

Send the application to below address, no stamp is needed

Sveriges Ingenjörer, Medlemsservice, Frisvar 20081242, 110 07 STOCKHOLM or by email: [medlem@sverigesingenjorer.se](mailto:medlem@sverigesingenjorer.se)