



Fora AB
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Phone: +46 8 787 40 10
Business reg. no: 556541-8356

Termination of insurance agreement

Non-Swedish companies with temporary operations in Sweden

Business reg. no.	Agreement no.
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Employer

Fill in name and address below

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Please send the form to:

Fora AB, SE-101 56 STOCKHOLM, SWEDEN

The insurance agreement may not be terminated as long as there are employees still covered by collective agreements.

We recommend that you maintain insurance coverage even if the company operates without employees, since self-employed persons and their spouses/registered partners who are active in the business are covered by Work Injury Insurance (TFA).

The collective agreement with your trade union must be cancelled first. Please attach the confirmation that you receive from the trade union with the cancellation form.

The undersigned employer hereby terminates the insurance agreement for collective insurances.

Reason

<input type="checkbox"/> Operations in Sweden have ceased	Date
<input type="checkbox"/> No employees	End date of last employment
<input type="checkbox"/> Other reason	State reason and date for termination of the insurance agreement

Other information

Signature

I hereby certify that the information submitted is correct and complete.
N.B. Please submit an extract from the company register showing the current authorized signatory.

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

Date	Authorized signatory	Contact person	Phone
Name in block capitals		E-mail	