Fora AB www.fora.se Phone: + 46 8 787 40 10 Business reg. no: 556541-835

Ple For

Request for exemption

From Group Sickness Insurance (AGS) and/or SAF-LO Collective Pension Insurance for manual workers in companies with temporary operations in Sweden

ne: + 46 8 787 40 10 ness reg. no: 556541-8356	business reg. no.	Agreement no.	
	Employer (fill in name and address below)		
ase send the form to:			
a AB, SE-101 56 STOCKHOLM, SWEDEN			

The company hereby requests exemption for the employed manual workers below.

Enclose certificate A1 for each employee. **Enclose the pension certificate** from the insurance provider chosen for the occupational pension that is the equivalent of the SAF-LO Collective Pension Insurance. It is Fora that decides if the company will be granted exemption.

Date of Birth (YYMMDD-no)	First name and last name	2	Estimated payroll 3 expense (in SEK) Please specify from date of sending to end of the year.	Exemption from 4 A = Group Sickness Insurance (AGS) B = SAF-LO Collective Pension Insurance Please mark with X A B
			SEK	

Signature I hereby certify that the information submitted is correct and complete. For a 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	
	<i>y</i> ,	,		
Name in block capitals		E-mail		