The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC).

The MISSOC-Network, coordinated since 1990 by the European Commission, comprises up to two official representatives of the public administrations of 31 European countries (the 27 EU Member States, Switzerland, Liechtenstein, Norway and Iceland). MISSOC produces regularly updated information and analyses which are mainly used by officials, researchers and people moving within Europe. More information on the MISSOC network is available at: http://ec.europa.eu/social/main.jsp?langId=en&catId=815

This guide does not provide an exhaustive description of the social security arrangements applicable in this country. For more detailed information on social security in this and other European countries, please refer to the MISSOC Comparative Tables, the MISSOC Charts and Descriptions of the Organisation of Social Protection and to the MISSOC Annex on Social Protection for the Self-employed, all available at the abovementioned link.

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Chapter I: Introduction, organisation and financing

Introduction
The general social security system in Sweden comprises the following branches:

- health insurance;
- benefits in respect of accidents at work and occupational diseases;
- invalidity benefits;
- old-age and survivors’ pensions;
- unemployment insurance;
- family benefits and parental insurance.

Who is covered?
The general social insurance regime is compulsory, except for the earnings-related part of the unemployment insurance.

The social security system comprises residence-based insurance providing a minimum guarantee plus benefits, and earnings-based insurance covering loss of income. The system covers everyone who is resident (domiciled) or working in Sweden.

As a general rule, any persons who come to live in Sweden are considered domiciled in the country if they can be presumed to be intending to stay for more than one year. Any persons resident in Sweden who leave the country are held to be still domiciled in Sweden if their absence can be presumed to be of no more than one year’s duration.

In Sweden the social security system is fundamentally founded on the principle of national insurance. The group of people protected is thus not defined according to a certain social status, and no distinction is made between employees and the self-employed. Self-employed persons thus enjoy the social protection of the general system.

Qualifying conditions
There is no waiting time for entitlement to insurance benefits, but there are qualifying conditions attached to some of them. Parental and unemployment insurance are subject to certain conditions relating to insurance period; invalidity benefits and old-age and survivors’ pensions are either conditional on a certain period of residence or are earnings-related.

Appeals
If you are not satisfied with the decision of an insurance institution or unemployment fund, you can ask for a review. If you are still not satisfied with the result, you can appeal to the administrative court. This court’s decisions can be appealed to the Administrative appeal court. In some cases, this latter court’s decisions may be appealed to the Supreme administrative court.

Organisation of social protection
The Swedish social security system, except for unemployment insurance and student allowance, falls under the jurisdiction of the Ministry of Health and Social Affairs (Socialdepartementet). The basic parts of the insurance cover sickness and parental insurance (sjuk- och föräldraförsäkring), old-age pension (ålderspension), survivors’ pension (efterlevandepension), sickness and activity compensation (sjuk- och aktivitetsersättning) and work injury insurance (arbetsskadeförsäkring).
Under the Social Insurance Act (which will be replaced by the Social Insurance Code from 1st January 2011), social insurance is divided into a domicile-based insurance providing guaranteed amounts and benefits and a work-related insurance against loss of income. Both categories apply equally to everyone who is habitually resident or working in Sweden. Swedish citizenship is no longer one of the conditions of the insurance.

The Swedish Social Insurance Agency (Försäkringskassan) is responsible for the administration of social insurance. Since the end of 2008, the administration is organised in approximately 20 national insurance centres, 60 local insurance centres and 300 local offices.

Healthcare is a responsibility of the county councils in Sweden which have a right to establish how much tax should be levied.

The unemployment insurance comes under the jurisdiction of the Ministry of Employment (Arbetsmarknadsdepartementet). It consists of two parts: a basic insurance and an optional earnings-related insurance. The basic insurance covers persons who are 20 years or older who are not optionally insured. The optional earnings-related insurance is voluntary.

Social assistance, which is not considered a part of social insurance in Sweden, comes under the jurisdiction of the Ministry of Health and Social Affairs. It is supervised by the National Board of Health and Welfare (Socialstyrelsen). The local administration of social assistance, including care and service for children and families, care for elderly and handicapped, is a responsibility of the municipalities.

**Financing**

The system is financed from taxation and earnings-related contributions. Employers' contributions amounting to 31.42 percent of the wage bill cover most of the cost. Self-employed persons pay insurance contributions equivalent to 28.97 percent of their reference income. The contributions for self-employed persons can be slightly decreased if they accept a longer waiting period in the sickness insurance.

In addition, insured persons' contributions have recently been introduced to finance part of the old-age pension scheme. Contributions cover three quarters of all insurance expenditure. The rest is financed by yield from funds and by taxes via the State Budget.

Pension contributions are deducted from your pay and paid directly to the tax authorities. If you are registered with an unemployment insurance fund, you have to pay your contribution to this fund yourself.

Employer contributions are reduced for persons over 65 years of age.

The regional healthcare system is financed from local taxation and, to some extent, from state subsidies and user fees.

Social assistance is financed mainly through local taxation.

**Your right to social security benefits when moving within Europe**

Social security systems in European countries are different, which is why EU provisions have been designed to coordinate them. Common rules ensuring access to social benefits are
important to avoid European workers being put at a disadvantage when exercising their right of free movement. These rules are based on four principles.

- When moving within Europe, you are always insured under the legislation of one single member state: generally, if you are active, it will be the country where you work; if you are inactive, the country where you reside.
- The principle of equal treatment ensures that you have the same rights and obligations as nationals of the country where you are insured.
- When necessary, periods of insurance acquired in other EU countries can be taken into account towards the award of a benefit.
- Cash benefits can be "exported" if you live in a country other than the one where you are insured.

You can rely on the EU provisions on social security coordination in the 27 EU Member states, Norway, Iceland, Liechtenstein (EEA) and Switzerland (31 countries altogether).

Some general information on the EU provisions is provided at the end of each chapter. Further information about the coordination of social security rights when moving or travelling in the EU, Iceland, Liechtenstein, Norway or Switzerland can be found at: http://ec.europa.eu/social-security-coordination.
Chapter II: Healthcare

When are you entitled to healthcare?
All residents have entitlement to healthcare. There is no qualifying period.

Sweden has a regional healthcare system that is largely independent of the social insurance regime. Each county council (landsting) or region (region) and in one case municipality (kommun) is required to ensure that everyone domiciled in the county or region has access to quality medical care.

The county councils or regions administer most medical care, but there are also private doctors who have contracts with the county councils.

The local authorities are responsible for some healthcare provisions, primarily relating to medical care for persons living in homes for the elderly.

What is covered?
Healthcare includes general medical assistance (including doctor’s visits and specialist care), hospital care, physiotherapy and any other medical treatment, dental care and medicine.

The authority responsible for medical services is required to reimburse the cost of transportation incurred for certain treatments and forms of healthcare; each authority organises its own refund system.

The county councils or regions provide appliances (such as prosthesis, hearing aids etc.) under certain conditions.

How is healthcare accessed?

Medical care
If you fall ill and have to consult a doctor the county council will cover most of the cost, but you will have to pay a fee of between 100 and 200 SEK (up to 400 SEK for emergency cases). For specialist care, the patient pays between SEK 230 and SEK 320.

Most doctors are directly employed by the county council, but there are also many private doctors, mainly in the larger towns. If you consult a private practitioner attached to the public health service you will be charged a fee comparable to the fee in the public system.

A basic fee (0-100 SEK) is also charged for the services of other practitioners, e.g. district nurses and physiotherapists.

Patients in hospital pay a flat-rate per diem charge, which at the moment is 80 SEK (maximum).

These basic charges constitute the patient’s contribution and are not refunded.

Medicine and other pharmaceutical products
Patients pay the full cost of medicines up to 900 SEK in a 12-month period; thereafter the contribution rate is 50 percent for the cost segment between 901 and 1,700 SEK, 25 percent between 1,701 and 3,300, and 10 percent between 3,301 and 4,300. This implies that if the total cost of your medicines, i.e. your personal expenses plus the subsidy, exceeds 4,300 SEK in the course of a 12-month period, any medicines required in the remainder of this period will be free of charge. In other words, a ceiling is set so that the partial cost met by patients for medicines does not exceed 1,800 SEK a year. This ceiling also applies to medical products prescribed by a doctor after a gastroenterostomy. There is no charge for items necessary for administering medicines.

For medicines not covered by the health insurance system and non-prescription drugs, you pay the whole cost.

A discount may be applied to some dietary products for children under the age of 16, e.g. for gluten allergy.

The fee you pay to the pharmacy is your contribution and is not refundable.

**Dental care**

If you need dental care, you can either consult a private dentist or dental hygienist or go to the public dental service. Dental care is free for children and young people (up to and including the calendar year in which a person reaches the age of 19).

The insurance includes a high-cost protection scheme combined with a dental care voucher to encourage regular dental care check-ups. The compensation in the high-cost protection scheme is based on “reference prices” – 50 percent of the patient’s costs between SEK 3,000 and SEK 15,000 and 85 percent of the patient’s costs exceeding SEK 15,000.

The user fee paid by the patient for different treatments may vary, since dental practitioners (e.g. dentists, dental hygienists etc.) set their own rates.

Dental care costs are reimbursed to the practitioner only for treatment performed by an accredited dentist or dental hygienist under the age of 70. It is possible to apply for an exception to this age limit.

**Your right to healthcare benefits when moving within Europe**

If you are staying or residing in another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you and your family may benefit from the public healthcare services provided there. This does not necessarily mean that treatment will be free of charge; it depends on the national rules.

If you are planning a temporary stay (holidays, business trip, etc.) in another EU country, Iceland, Liechtenstein, Norway or Switzerland, apply for a European Health Insurance Card (EHIC) before leaving. Further information about the EHIC and how to apply for one is available at: [http://ehic.europa.eu](http://ehic.europa.eu).

If you are planning to move permanently to another EU country, further information on your rights regarding healthcare is available at [http://ec.europa.eu/social-security-coordination](http://ec.europa.eu/social-security-coordination).
Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Cash sickness benefit or sick pay is intended to compensate for loss of income when a person cannot work because of illness.

Compulsory insurance is required for employees as well as for the self-employed who wish to claim sickness benefit. For either group, however, slightly different regulations apply for sickness: while a waiting period of one day is required for employees, with benefits being granted from the second day of sickness, self-employed persons can choose between different insurance categories, which stipulate a waiting period of 7, 14, 30, 60 or 90 days.

An employee who cannot work because of illness receives sick pay; this is paid by the employer from the second to the fourteenth day, after that, sickness cash benefit is paid by the insurance fund.

Self-employed persons and unemployed persons who are registered with the public employment agency as jobseekers are in principle paid sickness benefit by the insurance fund from the beginning of their illness. Students may also, in certain cases, be entitled to sickness benefit.

Qualifying conditions

There is no minimum income criterion for sick pay, but employees in their first month of work must have been on the payroll for at least two weeks to be entitled to compensation.

To be entitled to sickness cash benefit you have to have an earned income of at least 24 percent of the current price-indexed base rate and have suffered, because of your illness, a reduction in working capacity of at least 25 percent.

Rehabilitation

It is sometimes necessary to provide rehabilitation services for persons who have been ill, to help them return to work. Various public authorities and organisations are responsible for the different types of assistance that may be needed. The insurance fund co-ordinates the rehabilitation measures judged necessary for persons unable to work, and may also pay compensation for loss of income during the rehabilitation period.

In the first instance, it is the employer who is responsible for these various rehabilitation measures. The employer is required to work out, with the employee, the rehabilitation required if the latter:

- was absent on account of illness for more than four consecutive weeks;
- is often absent for short periods;
- asks for some form of rehabilitation.

When an employee has been absent on account of illness for more than four consecutive weeks, a rehabilitation plan must be drawn up and sent to the health insurance fund within eight weeks of the onset of the illness. The health insurance fund will examine the file and arrange for the rehabilitation measures it deems necessary, e.g. by organising a meeting between the person and the other people involved, e.g. the employer and the doctor.
What is covered?

No compensation is paid for the first day of illness (‘waiting day’); this applies to both the sick pay paid by the employer and the sickness benefit paid by the insurance fund. Self-employed persons may choose a waiting period (see above “When are you entitled to sickness cash benefit?”).

Sick pay is calculated on the basis of the pay you would have received if you were not ill, and amounts to at least 80 percent of that sum.

Sickness cash benefit is calculated on the basis of an income base, which is the annual cash income that persons can expect to make from their own work over a period of at least six consecutive months or regular seasonal work or similar, up to a maximal annual limit, which is 7.5 times the price-indexed base rate or 318,000 SEK in 2010. The amount of sickness benefit payable is 97 percent of 80 percent of the entitling income base.

This income must be declared to the insurance fund when you apply for it.

The benefit can be paid in full or in part (1/4, 1/2 or 3/4), depending on the extent to which the person has to stop work because of illness.

Sickness cash benefit can be paid for 364 days during a 450 day period. This period is called the “frame period”. If the illness continues after the 364 days, you can apply for extended sickness cash benefit. This can be paid for a maximum of 550 days. Extended sickness cash benefit is about 75 percent of your earnings.

If you have a serious illness, you can apply for continued sickness cash benefit. Examples of such serious illnesses are certain tumor diseases, neurological diseases such as ALS or when waiting for a vital organ transplant. There is no time limit for how long continued sickness cash benefit can be paid. The compensation is the same as during the first 364 days (about 80 percent).

After 550 days with extended sickness cash benefit, a person will get an offer by the Swedish Public Employment Service to take part in an individual introduction programme to return to the job market. If the person is too sick to take part in the programme he/she can apply for “extended sickness cash benefit in certain cases”. This benefit can be paid without a time limit and the compensation is about 75 percent.

If you have to give up your work because you are a carrier of a contagious disease, although not sick yourself, or if you have a contagious disease that does not prevent you from working, you can receive “germ-carrier’s compensation” instead of sickness benefit.

Rehabilitation

Persons undergoing rehabilitation are entitled to a rehabilitation allowance during the rehabilitation period.

The insurance fund pays this allowance in two parts. The first is compensation for loss of income during this period, which can be paid in full or in part (1/4, 1/2 or 3/4 of the full amount); the full rate is 80 percent of the income giving rise to entitlement to sickness benefit. The second part is a special allowance to help cover related expenses.
How are sickness cash benefits accessed?

Notification of sickness
If you are entitled to sick pay, you have to notify your employer on the day you fall ill; if you are entitled to sickness benefit, you have to notify the insurance fund. In both cases the declaration has to be in writing.

A medical certificate must be supplied from the 8th day of illness.

When an employee receiving sick pay is ill for more than two weeks, the employer must notify the insurance fund the fifteenth day.

Notification of return to work
Persons receiving sick pay must, when they return to work, notify their employer if they have been absent from work for up to two weeks or the insurance fund if they have been absent for longer than two weeks.

Persons receiving sickness benefit from an insurance fund from the outset must notify the fund when they return to work.

Your right to sickness cash benefits when moving within Europe
As a general rule, sickness benefits in cash (i.e. benefits normally intended to replace an income which is suspended due to sickness) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying.*

When moving to another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, whenever certain conditions have to be fulfilled in order to become entitled to sickness benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment that you have completed under the legislation of any of the above-mentioned countries. This thus guarantees that people will not lose their sickness insurance coverage when changing employment and moving to another state.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Maternity care
All resident women are entitled to healthcare related to pregnancy and childbirth.

Pregnancy cash benefit
A pregnant employee is entitled to pregnancy cash benefit if she is in a physically demanding job that she cannot continue to perform due to pregnancy and her employer is not able to transfer her to less demanding work. This benefit can be paid from the sixtieth day before the estimated date of childbirth.

Women are also entitled to pregnancy cash benefit when the work they do is prohibited for pregnant women and they cannot be transferred to other work. The benefit is paid for each day affected by the ban.

Parent’s cash benefit
Parent’s cash benefit is paid to a parent on the birth or adoption of a child. Parent’s cash benefit for the birth of a child is paid for a total period of 480 days, extended in the case of multiple births by 180 days per additional child.

To receive parent’s cash benefit above SEK 180 per day, the parent must have been insured for sickness cash benefit above SEK 180 for at least 240 consecutive days before confinement. This requirement applies for the first 180 days of receiving the benefit but not for the remaining days.

The benefit does not necessarily have to be taken over a continuous period; it can be spread over several periods in the child’s first 8 years or until he/she has completed his/her first year of school, if he/she is over 8 years of age at the time. Adoptive parents can spread the payment of parent’s cash benefit over several periods in the eight years beginning on the day on which they finally received the child. No benefit is paid for adopted children over the age of 10.

Parents who care for the child together are each entitled to half the total period of parent’s cash benefit. Either parent can renounce their entitlement to parental benefit in favour of the other, except for a period of 60 days.

If the parents are caring for the child together but one is not entitled to parent’s cash benefit, the other is entitled to the full 480 days.

The mother is entitled to begin receiving parent’s cash benefit from the sixtieth day before the estimated date of childbirth. Both parents can take parent’s cash benefit at the same time in order to take part in a prenatal or perinatal education programme.

After the birth of the child, the parent’s cash benefit is paid to the parent who stops work to look after the child. The mother is, however, in any case entitled to parent’s cash benefit for four weeks after childbirth, even if she is not caring for the child herself.

In addition, a father is entitled to 10 extra days of benefit in connection with the birth or adoption of a child. This benefit must be taken within two months of the day after the child is brought home from the hospital or is delivered to the adoptive parents. These days may in special situations be given to a person other than the father.
Temporary parent's cash benefit is paid if the child is ill and a parent has to pause work to take care of the child.

What is covered?

**Maternity care**
Preventive care for mothers and children and family planning advice are generally free of charge.

**Pregnancy cash benefit**
Pregnancy cash benefit is payable for a maximum of 50 days during the last 60 days before the expected confinement. If a woman is forbidden from working, pregnancy cash benefit can be paid for more than 50 days.

The amount equals the sickness cash benefit that would be paid to the same woman (see Chapter III), i.e. 97 percent of 80 percent of the income qualifying for sickness cash benefit. Pregnancy cash benefit is paid up to a ceiling of 7.5 times the price base amount, i.e. SEK 307,500.

**Parent’s cash benefit**
Parent’s cash benefit is payable for a total of 480 days per child, 390 days are paid according to the sickness cash benefit rate (see Chapter III), i.e. 97 percent of 80 percent of the income qualifying for sickness cash benefit. The minimum is SEK 180 per day (minimum guaranteed benefit, grundbelopp); the maximum equals 10 times the price base amount, i.e. SEK 424,000. The remaining 90 days are paid according to the minimum amount.

The rate of parent’s cash benefit paid can be 12.5, 25, 50, 75 or 100 percent of the full rate, depending on the extent to which the parent has given up work to care for the child.

Temporary parent’s cash benefit may be requested for a maximum of 120 days per year until the child is 12 years old (the benefit can be extended in certain cases).

How are maternity and paternity benefits accessed?

You have to apply at the insurance fund.

Your right to maternity and paternity benefits when moving within Europe

The coordination provisions cover maternity and equivalent paternity benefits. Whenever certain conditions have to be fulfilled in order to become entitled to benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment completed under the legislation of another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland.

As a general rule, benefits in cash (i.e. benefits intended to replace suspended income) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying*. Benefits in kind (i.e. medical care,

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* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
medicines and hospitalisation) are provided according to the legislation of your country of residence as if you were insured there.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.
Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

Sickness and activity compensation
If your working capacity is permanently reduced by 25 percent or more as the result of illness or of any other physical or mental disability, you can obtain a sickness or activity compensation. To receive activity compensation there must be a long-term loss of working capacity.

Sickness compensation and activity compensation consist of two parts:

- The income-related sickness and activity compensation (inkomstrelaterad sjukersättning/aktivitetsrättning) is financed by contributions paid by the active population (employees and self-employed);
- The tax-financed sickness compensation and activity compensation in the form of guaranteed compensation (garantiersättning) are available for all residents with low or no income-related sickness compensation or activity compensation.

Income-related sickness and activity compensation
All persons working in Sweden are insured for earnings-based benefits and receive pension-entitling incomes, and are thus entitled to earnings-based sickness or activity compensation (provided pension-entitling income has been received for at least one year in the reference period).

Sickness compensation is granted to persons between the ages of 30 and 64, and activity compensation to persons between the ages of 19 and 29.

Guaranteed compensation
If you are not entitled to an earnings-based sickness or activity compensation, you can receive a guaranteed compensation corresponding to your guarantee level; an earnings-based allowance that is beneath the threshold level will be topped up by the guaranteed compensation. The guaranteed compensation is residence-based. Anyone who has been resident in Sweden for at least three years is entitled to this allowance.

Disability allowance
Persons who have suffered a permanent loss of functional capacity may receive a disability pension.

It can be paid together with a loss of income compensation, e.g. sickness or activity compensation, or separately.

To be entitled to this benefit, the person must be at least 19 years of age and have suffered, before the age of 65 and for a period of at least one year, a loss of functional capacity such that:

- the person concerned needs attendance for much of the time and assistance with the basic functions of daily living;
- the person concerned cannot work or study without assistance;
- the disability exposes the person, at present or in the near future, to considerable extra expenses.

Care allowance for disabled child
If you are a parent looking after a sick or handicapped child, you may be granted a care allowance for disabled child, if the child needs attendance and special care for a period of least six months and/or if you are thereby exposed to additional expenses.

**Assistance allowance**
A seriously handicapped person who requires daily assistance is entitled to assistance allowance.

This is an individual benefit granted in different situations. A person who needs assistance with basic care for more than 20 hours a week is entitled to a state allowance; if fewer hours are necessary, the aid is the responsibility of the local authorities.

Personal assistance with basic care means help with:

- personal hygiene,
- dressing,
- eating,
- communicating with others, and
- other measures implying familiarity with the person’s particular handicap.

To be entitled to this allowance, the person must come under one of the following categories:

- persons suffering from a mental disability such as autism or a similar condition,
- persons suffering from a serious long-term mental disability due to brain damage caused by extreme violence or physical illness, or
- persons suffering from other mental or physical disability that is not a normal consequence of ageing, if this disability is serious and causes significant difficulties in the person’s daily life.

**Car allowance for persons with functional disorders**
To be eligible for this subsidy, the disabled person must have significantly restricted personal mobility or considerable difficulty in using public transport. This entitlement can only be used once in every seven years.

**What is covered?**

**Sickness and activity compensation**

**Income-related sickness and activity compensation**
Earnings-based sickness and activity compensation are calculated on the basis of a notional income based on pension-assessable income in Sweden over a reference period preceding the moment when the person’s working capacity was reduced by at least 25 percent for a period of at least one year.

Full earnings-based sickness or activity compensation is 64 percent of the notional income.

The notional income is based on the average of the gross incomes for the three best years during a reference period which varies in length between five and eight years, depending on the person’s age.

The maximum income-related sickness or activity compensation amounts to SEK 16,960 monthly.
The sickness compensation is granted for an indefinite period. At the age of 65, the benefit is replaced by old-age pension. Activity compensation is always time-limited, and is payable for a maximum of three years at a time.

**Guaranteed compensation**

For the activity compensation, the guarantee level is age-linked up to age 30. For those under the age of 21 it is 2.10 times the price-indexed base rate. After that, the level rises in two-year steps by 0.05 times the amount of the price-indexed base rate up to the age of 30.

For the sickness compensation, the guarantee level is 2.40 times the price-indexed base rate. In 2006, the base rate was 39,700 SEK and the guarantee level 95,280 SEK (2.40 x 39,700).

The amount of the guaranteed compensation depends on the insurance period. This is calculated on the basis of the number of years in which you were actually resident in Sweden after the age of 16 and the remaining notional insurance period until age 65. For this future insurance period to be accounted, you have to have lived in Sweden for a certain length of time between the age of 16 and the end of the year preceding the realisation of the risk.

Entitlement to a full guaranteed compensation requires an insurance period of at least forty years. For shorter periods, the allowance is reduced by one fortieth for each year less than forty. Full sickness compensation in the form of guaranteed compensation after 40 years of residence amounts to SEK 8,480 per month.

The guaranteed compensation is reduced in relation to income-related sickness or activity compensation and is paid according to the degree of incapacity at four different levels.

**Disability allowance**

The overall situation of the disabled person, the various forms of assistance required and the sundry extra costs incurred are all taken into account in determining the amount of the benefit. The pension is paid on one of three levels, namely 36, 53 or 69 percent of the price-indexed base rate.

The maximum amount is SEK 29,256.

**Care allowance for disabled child**

This allowance is intended to offset the extra work entailed by the requirements of constant attendance and special care and/or the extra expenses incurred by reason of the child’s illness or disability. The amount of care required and additional expenses incurred are taken into account in determining the amount of the allowance, which can be paid at 25, 50, 75 or 100 percent of the full rate.

The maximum amount corresponds to 250 percent of the price base amount, i.e. SEK 106,000 a year.

This allowance is payable from birth to the end of the month of June in the year in which the child reaches the age of 19.

**Assistance allowance**

A person who is granted assistance allowance before the age of 65 can continue to receive it after reaching that age.
The beneficiary can choose how to receive this assistance, e.g. by:
- hiring one or more assistants, or
- applying for assistance through the local authorities, or
- contracting with a company or organisation that provides such services.

In 2007, this allowance amounted to 228 SEK per hour.

The insurance fund decides how many hours of assistance are necessary and fixes the amount of the allowance accordingly.

**Car allowance for persons with functional disorders**
Disabled persons and the parents of disabled children under the age of 18 are entitled to a subsidy for the purchase and adaptation of a car, motorcycle or moped. Some assistance can also be granted for driving lessons.

The allowance is to be used for the purchase of a car for personal use. The basic allowance is SEK 60,000. An additional amount of max. SEK 40,000 is payable subject to means-testing. Any costs required to adapt a car due to a person's physical needs are covered without limit.

**How are invalidity benefits accessed?**
You must apply to the insurance fund.

**Your right to invalidity benefits when moving within Europe**
The competent institution of the country where you claim an invalidity pension will take account of periods of insurance or residence completed under the legislation of any other EU country, Iceland, Liechtenstein, Norway or Switzerland, if this is necessary for the calculation of invalidity benefits.

Invalidity benefits will be paid regardless of where you reside or stay in the European Union, Iceland, Liechtenstein, Norway or Switzerland.* Necessary administrative checks and medical examinations will normally be carried out by the competent institution in the country where you reside. Under some circumstances, you may be required to return to the country which is paying your pension for such examinations, if your state of health allows you to do so.

Each country applies its national criteria when determining degree of invalidity. Therefore, it may be the case that certain countries will consider a person to have a degree of invalidity of 70 percent, while others will not consider the same person to be invalid at all under their legislation. This is a result of the fact that the national social security systems are not harmonised, but only coordinated by the EU provisions.

Further information about the coordination of social security rights when moving or travelling can be found at [http://ec.europa.eu/social-security-coordination](http://ec.europa.eu/social-security-coordination).

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* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not “exportable”. These benefits are listed in the Annex II provided at the end of this guide.
Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

A new old-age pension system came into force in Sweden on 1 January 1999, together with certain transitional provisions.

Persons born in or after 1954 are wholly covered by the new system.

Those born between 1938 and 1953 are covered partly by the old system and partly by the new, on a sliding scale: those born in 1938 are covered 4/20 by the new system and 16/20 by the old; those born in 1939 are covered 5/20 by the new system and 15/20 by the old; and so on.

Persons born in or before 1937 are entirely covered by the old system.

The new pension system

For protection in old age there are two systems: an earnings-based pension and a guarantee pension.

The guarantee pension is tied solely to residence in Sweden, and thus does not differentiate between employees and the self-employed. It ensures a minimum pension for those who have not worked long enough to be entitled to an adequate earnings-based pension.

The earnings-based pension, on the other hand, is a separate additional insurance scheme based on gainful employment. It is available to employees as well as to the self-employed. The earnings-based pension is based on lifetime earnings reported to the scheme. The entitling contribution is 18.5 percent of the base income per year. The income-related pension system comprises benefits financed on a “pay-as-you-go” basis (the earnings-related old-age pension and the earnings-related supplementary pension) and a funded scheme with individual accounts (premium reserve pension).

Any person born in or after 1938 can receive two different types of earnings-based pension, i.e. a basic earnings-related old-age pension and a premium reserve pension. Those born in the period 1938-1953 can also receive a supplementary pension, calculated according to the rules of the old pension system.

Pension rights

In principle, all taxable income counts towards pension rights. This includes all earnings from paid employment, independent work and social security benefits (earnings-based sickness allowance, sickness benefit, unemployment benefit etc.). A contribution to the old-age pension fund is deducted from all pension-assessable income, including social security benefits.

There is both an upper and a lower limit to income assessable for pension purposes. The floor is the reporting threshold, i.e. 42.3 percent of the price-indexed base rate, or 17,935 SEK for 2010. For incomes above this threshold, pension rights are calculated from the first krona. The ceiling is 7.5 times the price-indexed base rate, or 318,000 SEK for 2010.

Apart from actual income, there are a number of other factors that, for reasons of fairness, carry pension rights, which in this case are calculated on the basis of a notional income. Such amounts are accounted for:
the parents of young children;
- persons performing their compulsory military service;
- persons in full-time post-secondary education and receiving an education allowance;
- persons receiving an earnings-based sickness or disability allowance.

All persons who have worked in Sweden and acquired pension rights there are entitled to the earnings-based pension regardless of their place of residence.

Qualifying conditions
There is no qualifying period for the earnings-related old-age pension and the premium reserve pension. In contrast, three years of pensionable income is required for the earnings-related supplementary pension, and three years of residence in Sweden for the guaranteed pension.

There is a flexible retirement option from the age of 61 years and the possibility of working beyond the age of 67 years with the employer’s consent. The guarantee pension, however, cannot be paid before the age of 65.

What is covered?

Earnings-related old-age pension
The basic pension contribution is 16 percent of pension-assessable income. The capital thus accrued in the person’s pension account is adjusted annually in relation to the wage index in Sweden, the fraction of “residual pension rights” left by deceased persons to which the person is entitled and the fund management costs.

The basic pension is calculated by dividing the total accrued pension capital by a coefficient that is based primarily on average life expectancy at the time of retirement for the appropriate age cohort, based on the most recent five-year average of unisex life expectancy statistics.

The earnings-based pension can be taken as of the month in which the person reaches the age of 61. The longer retirement is deferred, the higher the amount of the pension that will eventually be paid. Basically, the greater one’s age at retirement, the fewer the years in which a pension will be paid; deferral leads to a smaller coefficient and thus to a higher annual pension.

Earnings-related supplementary pension
Part of the pension of those born in the period 1938-1953 is calculated in the form of a supplementary pension under the old rules. The amount of this pension is 60 percent of average pension-assessable income in the 15 best income years. The full pension requires 30 years of coverage.

The same deferral rules apply as for the basic pension.

Premium reserve pension
The pension is based on contributions corresponding to 2.5 percent of pension-assessable income, plus the net returns on the capital thus constituted, which is placed in investment funds selected by the person concerned. The final capital depends on the yield of the chosen funds, the fraction of “residual pension rights” left by deceased persons to which the person is entitled and management costs. For insurance reasons, the amount of this pension is in principle calculated in the same way as the basic pension.

Guaranteed pension
The guarantee represents a safety net for those who are not entitled to an earnings-based pension or whose pension is very small. It guarantees them a minimum pension that is 2.13 times the price-indexed base rate (or 90,312 SEK yearly in 2010) for a single person and 1.90 times the base rate (or 80,560 SEK yearly) for a married person.

This pension is paid only to persons residing in Sweden, in another EU/EEA country or in a country with which Sweden has signed a convention.

The full pension requires 40 years of residence in Sweden between the ages of 25 and 64.

**How are old-age benefits accessed?**

You have to apply to the Swedish Pensions Agency.

**Your right to old-age benefits when moving within Europe**

The EU provisions for old-age pensions exclusively concern state pension schemes and not company, occupational or private ones. They guarantee that:

- In each EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured, your insurance record is preserved until you reach the pensionable age in that country.
- Every EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured will have to pay an old-age pension when you reach the pensionable age. The amount you will receive from each of the member states will depend on the length of your insurance coverage in each state.
- Your pension will be paid wherever you reside in the EU (plus Iceland, Liechtenstein, Norway and Switzerland). *

You should submit your claim to the pension insurance institution of the EU country (or Iceland, Liechtenstein, Norway or Switzerland) in which you live, unless you have never worked there. If this is the case, you should apply to the country where you last worked.

Further information about the coordination of social security rights when moving or travelling can be found at [http://ec.europa.eu/social-security-coordination](http://ec.europa.eu/social-security-coordination).

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
Chapter VII: Survivors’ benefits

When are you entitled to survivors’ benefits?

Similar to the regulations for old age insurance, the protection for survivors does not vary according to social status. In the guaranteed pension system, self-employed persons are insured based upon their residence in Sweden, and consequently they enjoy protection through the income-related pension scheme in the same way as employees.

Survivors’ benefits can take the form of:

- a child pension or surviving children’s allowance;
- an adjustment and guarantee pension;
- a widow’s and guarantee pension.

Child pension or surviving children’s allowance;

Children up to the age of 18 years are entitled to a child pension or surviving children’s allowance in the event of the death of one or both parents. These benefits can also be paid to children over 18 who are in full-time primary or secondary education, but not beyond the month of June in the year in which they reach the age of 20.

Adjustment and guarantee pension

An adjustment pension and a guarantee pension may be paid to a surviving spouse (man or woman) under the age of 65 who at the time of the insured’s death was living permanently with the deceased and who:

- was living permanently with a minor child in the custody of one or both spouses or,
- had been living with the deceased continuously for at least five years.

Widow’s and guarantee pension

Although the widow’s pension was in principle abolished by the reform of the survivors’ pension system in 1990, it is still payable in certain circumstances, as follows:

A woman born in or after 1944 can receive a widow’s pension and a guarantee pension (if she is less than 65 years of age) if she was married to the deceased at the end of 1989 and was still married to him at the time of his death and if, at that time, she met the qualifying conditions for a widow’s pension.

A woman born in or after 1945 can receive a certain widow’s pension if she was married to the deceased at the end of 1989 and was still married to him at the time of his death and if both at the end of 1989 and at the time of her spouse’s death she met the qualifying conditions for a widow’s pension.

What is covered?

Child pension or surviving children’s allowance;

The child pension is an earnings-based benefit, which depends on the accrued capital in the insured’s pension account. A notional additional capital is calculated for the remaining years until the deceased would have turned 64. The child receives 30 or 35 percent of the deceased’s notional old-age pension. If the deceased had more than one child, each one receives 20 or 25 percent. The total amount is divided equally among all the children. The amount paid out cannot exceed 100 percent of the notional pension.
A surviving child who cannot receive a pension because the deceased had no accrued pension rights, or whose pension is very small, can be paid a survivors’ allowance equal to 40 percent of the price-indexed base rate (39,700 SEK in 2006). Each krona paid out as child pension is deducted from the survivors’ allowance. This also applies if the pension is paid by another country.

**Adjustment and guarantee pension**

The adjustment pension is paid for a period of twelve months, which can be extended for a further 12 months if the survivor is living with and has the custody of a minor child who was living permanently in the household at the time of the insured’s death. This pension is paid until the end of the month in which the youngest child reaches the age of 12.

The adjustment pension is 55 percent of the deceased’s notional old-age pension.

A surviving spouse who cannot receive an adjustment pension because the deceased had no accrued pension rights, or whose pension is very small, can be paid a survivors’ allowance in the amount of 2.13 times the price-indexed base rate if the deceased had 40 years coverage in Sweden; otherwise, the guarantee is reduced by 1/40 for each year less than 40. Each krona paid out in adjustment pension is deducted from the guarantee. Any survivors’ pension paid by another country that is not comparable to the guarantee can also be deducted from it.

**How are survivors’ benefits accessed?**

You must apply to the Swedish Pensions Agency.

**Your right to survivors’ benefits when moving within Europe**

In general, the rules which apply to pensions for surviving spouses or orphans and death grants are the same as the ones applying to invalidity and old-age pensions (see chapters V and VI). Namely, survivors’ pensions and death grants have to be paid without any reduction, modification or suspension regardless of where the surviving spouse resides in the European Union, Iceland, Liechtenstein, Norway or Switzerland.*

Further information about the coordination of social security rights when moving or travelling can be found at [http://ec.europa.eu/social-security-coordination](http://ec.europa.eu/social-security-coordination).

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* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not “exportable”. These benefits are listed in the Annex II provided at the end of this guide.
Chapter VIII: Benefits in respect of accidents at work and occupational diseases

When are you entitled to benefits in respect of accidents at work and occupational diseases?

This is a compulsory social insurance scheme financed by contributions covering the active population (employees and the self-employed) with benefits in kind and earnings-related cash benefits.

All employees, self-employed persons and contract workers, whether in permanent or temporary jobs, are covered for accidents at work and occupational diseases. Students are also covered if their programme is one that presents a particular hazard.

An occupational injury is any injury resulting from an accident at work or any other harmful factor associated with a person’s occupation, including accidents occurring on the necessary journey to and from work. For an injury to be considered as due to such an accident or cause, there must be solid evidence that this is the case. Diseases caused by harmful factors in the environment can also be considered as occupational diseases; such factors include arduous and repetitive work, noise, vibrations and various chemical substances.

Some contagious diseases can be treated as occupational injuries if they are contracted by infection due to working in a hospital or laboratory or similar place, e.g. jaundice and MRSA.

What is covered?

Occupational injury benefits include:
- sickness cash benefit;
- healthcare;
- rehabilitation;
- compensation to prevent the injury;
- pension;
- death benefit.

Sickness cash benefit is paid in the same conditions and in the same amount as for any other illness (see Chapter III).

Medical assistance is also provided under the same conditions as those applicable to any other illness (see Chapter II). In addition, all expenses resulting from an occupational injury in the form of medical care abroad, dental care and appliances (e.g. crutches and prostheses) are reimbursed. For dental care to be refundable, it has to be provided by a public sector practitioner affiliated with the general insurance system.

If as the result of an occupational injury you can no longer perform your previous work, you can receive rehabilitation treatment, plus an indemnity covering the rehabilitation period. If you have to stay off work for a certain length of time to avoid occupational injury or prevent aggravation of an injury, you may be entitled to sickness cash benefit.

Permanent loss of working capacity due to occupational injury entitles the victim to a pension to compensate for any resulting loss of income. The amount of this pension is the
difference between the income you would have received if you had not been injured and the income you can earn despite the injury. The pension can be temporary or permanent.

If an industrial injury results in the death of the victim, the insurance pays a grant to assist with funeral expenses, and may also pay a pension to any survivors.

How are benefits in respect of accidents at work and occupational diseases accessed?

If you suffer an accident at work or an occupational disease, you must notify your employer, who in turn needs to report it to the insurance fund. Self-employed persons make their own report to the insurance fund. Students must notify their school, which must then also report the accident or illness to the insurance fund.

Your right to benefits in respect of accidents at work and occupational diseases when moving within Europe

The EU provisions on benefits in respect of accidents at work or occupational diseases are very similar to the provisions on sickness benefits (see sections II and III). Within the European Union, Iceland, Liechtenstein, Norway or Switzerland, if you reside or stay in a country other than in the one in which you are insured against accidents at work, you are normally entitled to receive healthcare there in respect of an accident at work or an occupational disease; benefits in cash will normally be paid by the institution by which you are insured, even if you reside or stay in another country.*

Whenever certain conditions have to be fulfilled in order to become entitled to benefits in respect of accidents at work or occupational diseases, the institution where you are insured must take account of periods of insurance, residence or employment that you have completed under the legislation of other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland. This guarantees that people will not lose their insurance coverage when changing employment and moving to another country.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
Chapter IX: Family benefits

When are you entitled to family benefits?

Family allowances
General family allowances are paid for all children resident in Sweden. This benefit is not means-tested. A housing allowance, which is means-tested, can be paid to families with dependent children and to childless households. This benefit has two elements. The first depends on the cost of housing and is paid only to persons permanently resident in Sweden. The second part, which is described below, is an allowance for children living with their parents. A special student allowance can also be paid to children over the age of 16 in full-time education.

Child care allowance
Swedish legislation gives the municipalities the right to introduce, finance and administer municipal child care allowances. It is therefore only when a municipality has decided on the basis of the legislation to introduce a childcare allowance that an individual can have an application for any allowance examined and authorised.

Parents can apply for the allowance if they are resident in the municipality and have legal custody of the child. To be entitled, parents must have taken at least 250 days of parent’s cash benefit.

The allowance can be combined with paid employment but not with other social security benefits relating to unemployment, sickness, parenthood or old-age.

Other benefits
Parent’s cash benefit may be paid when a child is born or adopted, to enable the parent to stay at home with the child for fairly lengthy periods of time.

Temporary parent’s cash benefit can be paid for short periods of leave to look after e.g. a sick child.

Parent’s cash benefits and pregnancy cash benefits are described in Chapter IV.

In addition, families with dependent children may be entitled to school allowance and housing allowance (see below “What is covered”).

What is covered?

Family allowances

General family allowance
This is paid from the month following that in which the child was born to the end of the quarter in which the child reaches the age of 16. The general family allowance amounts to SEK 1,050 (€ 103) per month.

Extended family allowance
This is paid for children over the age of 16 years who are in full-time basic education or similar. It is paid until the end of the month in which the child finishes school.
Large family supplement
This is paid automatically when there are two or more children in the family. In certain conditions, children over the age of 16 who are in full-time education entitling them to extended family allowance or who are receiving a student allowance also count towards this supplement. The large family supplement is not paid beyond the end of June in the year when the student reaches the age of 20.

The amount depends on the ranking of the child:

- for the second child: SEK 150;
- for the third child: SEK 454;
- for the fourth child: SEK 1,010;
- for the fifth and each subsequent child: SEK 1,250.

Child care allowance
This allowance can be granted for children over the age of one but younger than three and it is not subject to taxation. For adopted children, the allowance can be paid out until the child’s fifth birthday for a maximum period of two years.

The maximum amount of child care allowance is SEK 3,000 per child and per month.

The municipalities have been given the right to reduce the allowance in case the child attends a publicly funded pre-school establishment. In such cases, the amount thus depends on the amount of time the child spends there.

Student grant
A monthly grant of SEK 1,050 can be paid for children between the ages of 16 and 20 who are in full-time secondary education. A means-tested supplement can be granted if the child’s or parents’ income is below a certain limit.

Housing allowance for families with dependent children
The housing allowance is one of the benefits to which families with dependent children may be entitled. It is a two-part scheme. The first part, which is a special allowance for children living with their parents, depends on the number of children and the family income; the second is directly linked to the cost of housing and is paid only to persons permanently resident in Sweden.

The housing allowance that is calculated solely on the basis of the number of children is called a special allowance for children living with their parents. It is a monthly allowance capped at SEK 950 for families with one child, SEK 1,325 for families with two children and SEK 1,750 for families with three or more children.

How are family benefits accessed?
You must apply to the insurance fund. The student grant is administered by the Central Student Support Commission (Centrala studiestödsnämnden, CSN), and the child care allowance is administered by the counties.

Housing allowance for families with dependent children
To obtain this benefit you must apply to your insurance fund. The decision is in principle valid until revoked, but is limited to a maximum of twelve months. Married or cohabiting persons must file a joint application, since both incomes are taken into account in calculating the amount of the benefit.
Your right to family benefits when moving within Europe

Characteristics and amounts of family benefits vary considerably from one state to another. It is therefore important for you to know which state is responsible for providing you with these benefits and what the conditions to entitlement are. You can find the general principles for determining the competent legislation at http://ec.europa.eu/social/main.jsp?catId=849&langId=en.

The country which is responsible for paying family benefits must take into account periods of insurance completed under the legislation of any other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland, if this is necessary to satisfy the conditions governing entitlement to the benefit.

If a family is entitled to benefits under the legislation of more than one country, they will, in principle, receive the highest amount of benefits provided for under the legislation of one of these countries. In other words, the family is treated as if all persons concerned resided and were insured in the state with the most favourable legislation.

Family benefits may not be paid twice over the same period and for the same family member. There are priority rules which provide for the suspension of benefits from one country up to the amount of those paid by the country which is primarily competent for payment.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
Chapter X: Unemployment

When are you entitled to unemployment benefits?

There is a social insurance scheme which consists of two parts:

- a voluntary insurance to compensate the loss of income (inkomstbortfallsförsäkring) which provides an earnings-related benefit for the active population financed by employers' contributions and membership fees;
- basic insurance (grundförsäkring) financed by employers' contributions covering those not voluntarily insured and providing a flat-rate benefit.

If you lose your job, you are entitled, in certain conditions, to basic or earnings-related unemployment benefit. To be entitled to earnings-related unemployment benefit you must:

- have been affiliated to an unemployment fund for at least 12 months (membership condition) or
- have been employed for a minimum of six months (working at least 80 hours per month) or for at least 480 hours during a continuous six-month period (working at least 50 hours per month) during the last 12 months prior to unemployment (activity condition).

If you meet the activity condition but not the membership condition, you are entitled to the basic insurance benefit from the day of your twentieth birthday.

The basic qualifying conditions for unemployment benefit (under either scheme) are that you:

- are unemployed;
- are able to work;
- are free to accept a job;
- are registered with the employment agency as a jobseeker;
- are willing to take a suitable job;
- help the employment agency work out a personal action plan for you;
- are actively looking for suitable work.

What is covered?

Since 1 July 2002 the base rate has been 320 SEK per diem, with a proportional reduction for persons who have worked part-time. The earnings-based compensation is 80 percent of income before unemployment during the first 200 days, and 70 percent thereafter. From the same date the maximum compensation is 730 SEK per diem for the first 100 days and 680 SEK for the remainder of the compensation period. Old-age pension or supplementary employees' pension is deducted from the compensation. The compensation is paid for five days a week.

1 If you are not gainfully employed on your own account or for an employer, you are normally considered as unemployed. For self-employed persons, this means that they must have ceased their activity or within certain limits have temporarily suspended it. If you are gainfully employed certain days or certain hours a week and are looking for other work, you can still be considered unemployed for the remainder of the week and receive a certain amount of compensation.
The compensation is paid for a maximum of 300 days (benefit period). Applicants who have a child under the age of 18 years old once the 300th day is reached have the right to 150 additional days.

**Wilful unemployment**

Employment benefit is suspended for a time if the insured:

- leave their job without good reason or;
- are dismissed for misconduct.

The *per diem* benefits paid to the insured are reduced for a certain time:

- if they refuse to accept suitable work without good reason or
- if, without an actual refusal, it is clear that they could not be given the particular job because of their behaviour.

**Payment of unemployment benefit**

Unemployment benefit is paid by the fund in which the person is a member. A person who is not a member of a fund can receive the basic insurance benefit from the ALFA Fund (and the earnings-related benefit if they are affiliated to this particular fund).

**How are unemployment benefits accessed?**

If you are unemployed, you should register with the public employment service as a jobseeker as soon as possible; they will tell you what to do and whether you are eligible for unemployment benefit. They will also give you the forms to be filled in (declaration of unemployment and employer’s certificate) and notify your unemployment fund, which will send you additional information and a benefits card. It is the unemployment fund that decides whether you are eligible for unemployment benefit. If you dispute its decision, you can ask for a review, and afterwards – if you wish – start an appeals procedure.

If while you are receiving unemployment benefit you find work or stop looking for work, you must report this to the public employment agency.

**Your right to unemployment benefits when moving within Europe**

Normally, the member state in which you are employed is the one responsible for granting unemployment benefits. Special provisions apply to frontier workers and other cross-border workers who have maintained their residence in a member state other than the one in which they work.

Periods of insurance or employment completed in other countries of the European Union, Iceland, Liechtenstein, Norway or Switzerland, may be used to fulfil the contribution conditions.

If you want to look for a job in a different country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you may under certain conditions export these benefits for a limited period of time.*

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* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.
Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

Social assistance
Social assistance is a form of last resort assistance. It is given when a person (or a family) is temporarily (for a shorter or longer period) without sufficient means to meet the necessary costs of living. Entitlement is granted to everyone assessed as being in need of this support.

In principle this is an individual right. The situation of the household (married or unmarried couples with minor children) is considered as a whole. Assistance is given to the family, as long as parents are obliged to support their children. There are no other conditions relating to age.

There are no nationality requirements; all persons with the right to stay in the country are eligible. No permanent residence is required.

Financial support for the elderly and housing supplement for persons receiving a pension
These are means-tested benefits intended to top up the income of pensioners without sufficient means.

What is covered?

Social assistance
The amount of social assistance depends on a person’s needs and his/her family composition.

The monthly maximum amounts (excluding other benefits such as family benefits) covering various expenditures (food, clothing and footwear, play and leisure, disposable articles, health and hygiene, daily newspaper, telephone and television fee) are SEK 2,800 and SEK 5,060 for a couple. Additional amounts are provided in case of children.

Moreover, a special amount is added for common household expenditures depending on the size of the household.

On top of the above amounts, support can also be provided for reasonable expenditures towards housing, domestic electricity supply, journeys to and from work, household insurance, and membership of a trade union and an unemployment insurance fund.

It is usual for healthcare, dental and ophthalmic costs to be met for social assistance recipients.

Financial support for the elderly
This benefit is paid to persons over 65 years of age who are resident in Sweden but who have not lived or worked there long enough to be entitled to an adequate pension. Financial support for the elderly is a means-tested grant, and in principle any other income is deducted before payment. It is intended to top up their income to ensure them a “reasonable standard of living”, which is taken to mean 1.3546 times the price-indexed base rate for a single person and 1.1446 times for a married person, after payment of rent. “Reasonable rent” means a maximum of SEK 6,050 per month for a single person and SEK 3,025 for a married person. This benefit and housing benefit are means-tested grants, and in principle any other income is deducted before payment.
**Housing supplement for persons receiving a pension**
The housing supplement corresponds to 93 percent of the housing costs up to SEK 5,000 for married persons and SEK 2,500 for unmarried persons.

There is also a special housing supplement for pensioners – up to SEK 6,200 if married or SEK 3,100 if unmarried – if they are receiving financial support for the elderly and facing especially high housing costs.

Both supplements are means-tested.

**How are minimum resources benefits accessed?**
An application for social assistance should be made to the social welfare officer of the municipality who will evaluate the claim and undertake a social investigation. The assessment is based on a financial investigation of the person’s assets and incomes. The social welfare officer also investigates how the person might be able to support themselves. The decision should be made within a “decent time frame”.

**Your right to minimum resources benefits when moving within Europe**
Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not “exportable”. These benefits are listed in the Annex II provided at the end of this guide.

EU coordination rules apply only to social security, not to social assistance benefits.

Further information about the coordination of social security rights when moving or travelling can be found at [http://ec.europa.eu/social-security-coordination](http://ec.europa.eu/social-security-coordination).
Chapter XII: Long-term care

When are you entitled to long-term care?

Persons unable to provide for their needs or to obtain provision for them in any other way are entitled to assistance from the social welfare committee. National legislation ensures that the individual shall be assured a reasonable standard of living. The way this takes place in practice can differ due to local conditions.

Long-term care is available to all residents and is not subject to means-testing, age conditions or completion of qualifying periods.

Some long-term care benefits have been discussed in Chapter V, notably the assistance allowance and the disability allowance.

What is covered?

As long as a person requires any kind of assistance in order to maintain a reasonable standard of living, he or she is entitled to that support regardless of the level of dependency.

Long-term care is not a stand-alone system. If a person is in need of medical care that does not require hospital care he or she should, according to the legislation, be given such care in his or her own home. Assistance in the form of home help shall also be given in a person’s own home. Special housing or residential care is mainly used for those in constant need of round-the-clock direct access to assistance, such as persons with Alzheimer’s disease, those with severe medical conditions, or who suffer severely from anxiety and loneliness. The municipality cannot refuse to give anyone in such need assistance in their own home. There is no legal responsibility for spouses or children to care for their elderly relatives.

User fees are low. There is a national maximum cost protection. In 2009 the maximum fee for elderly care was SEK 1,696 (€ 166) per month. For medical care the maximum cost was SEK 900 (€ 88) per year, and for medicine SEK 1,800 (€ 177) per year. The individuals are entitled to reserve a fair amount of money for rent and at least SEK 4,787 (€ 470) per month for daily living costs before the municipality can charge a fee for elderly care.

How is long-term care accessed?

Applications should be made to municipalities, who are responsible for decision-making, financing and service provision. The responsibility for provision gives the municipalities several options. Services can be carried out by the municipal employed staff, by a common organisation of several municipalities, or by a number of contracted private providers including non-profit organisations. This situation thus gives the individual the freedom of choice.

Since elderly care is a responsibility given by law, it is also a responsibility for the municipalities to secure the provision of services.
Your right to long-term care when moving within Europe

Long-term care benefits also fall under EU social security coordination rules, in the same way as sickness benefits. Long-term care benefits in cash are paid according to the legislation of the state where you are insured, regardless of which state you are residing or staying in.*

Long-term care benefits in kind (which include healthcare, medical treatment, medicines and hospitalisation) are provided according to the legislation of the state in which you reside or stay as if you were insured in that state.

Further information about the coordination of social security rights when moving or travelling can be found at http://ec.europa.eu/social-security-coordination.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.
Annex I: Useful addresses and websites

More detailed information on qualifying conditions and individual social security benefits in Iceland can be obtained from the public institutes managing social protection system.

For social security issues concerning more than one EU country, you may search for a contact institution on the Institutions’ directory maintained by the European Commission and available at: http://ec.europa.eu/social-security-directory.

Enquiries concerning the effect on benefits of insurance in two or more Member States should be addressed to:

Social insurance other than unemployment insurance
The Swedish Social Insurance Agency (Försäkringskassan) can provide you with more detailed information on social insurance.

Försäkringskassan
(Swedish Social Insurance Agency)
SE-103 51 Stockholm
Tel: ++46 771 524 524
Fax: ++46 8 411 27 89
www.forsakringskassan.se

For questions concerning old-age and survivors’ pensions:
Pensionsmyndigheten
(Swedish Pensions Agency)
Box 38190
SE-100 64 Stockholm
Tel: ++46 771 776 776
www.pensionsmyndigheten.se

Unemployment insurance
For questions concerning unemployment insurance, contact your unemployment insurance fund, the National Employment Agency, the Swedish Unemployment Insurance Board (Inspektionen för Arbetslöshetsförsäkringen, IAF).

The IAF must ensure that the unemployment funds apply the compensation rules properly, so that jobseekers’ files are securely processed as required by law, and that the employment agency does its work correctly, so that jobseekers in similar situations are treated in the same way wherever they live.

Inspektionen för Arbetslöshetsförsäkringen, IAF
Box 210
SE-641 22 Katrineholm
Tel.: ++46 150 48 70 00
Fax: ++46 150 48 70 02
www.iaf.se

Student grant
For the questions concerning the student grant paid for students aged 16-20, contact the local office of the Central Student Support Commission. There are 14 of these local offices, and you can find their addresses and telephone numbers in the telephone directory.
The Central Student Support Commission (Centrala studiestödsnämnden, CSN) is the central authority responsible for the student support system:

**Centrala studiestödsnämnden**  
SE-85182 Sundsvall  
Tel: ++771 276 000  
Fax: ++46 60 18 61 93  
[www.csn.se](http://www.csn.se)
Annex II: Special Non-Contributory Benefits

Some social security benefits, referred to as special non-contributory cash benefits, are provided exclusively in the country where the person concerned resides. It is therefore not possible to “export” these cash benefits when moving to another country in Europe, even if you are still insured in Sweden.

The special non-contributory benefits listed for Sweden are:

- Housing supplements for persons receiving a pension (Law 2001:761);
- Financial support for the elderly (Law 2001:853).