

When your employee is at risk of being on long-term sick leave or has recently been on sick leave and there is a need for work related rehabilitation, you as the employer can submit a claim for Rehabilitation - ComeBack. Euro Accident must receive this claim no later than the 30th day of sick leave.



Do you want to fill in the form online?

Scan the QR-code or click the link below to get directly to the form. Click "[here](#)" to get directly to the form.



» Employee's details

Does the employee have protected identity? If yes, **only** fill in the fields marked with the symbol: **S**

Name S	Personal ID number S
Postal address	Postcode and city
Title/role S	Which language is preferred for telephone contact? S ☐ Swedish ☐ English
Telephone work S	Telephone private S
E-mail work	E-mail private

» Report of what has happened

1. Briefly describe the situation and symptoms that the employee is experiencing.	
2. Is the employee presently on sick leave with a current medical certificate? ☐ Yes ☐ No	
3. When was the first day of sick leave (qualifying day) in the current and ongoing period of sick leave? Attach the complete medical certificate.	
4. Is the employee at risk of going on long-term sick leave? ☐ Yes ☐ No	
5. What do you think your employee needs in actions to avoid the risk of going on sick leave or to improve their work ability? Give examples.	
6. Is the employee informed that ComeBack has been activated? ☐ Yes ☐ No If no, state the reason why the employee has not been informed.	

» Company details

Company name	Postal address
Postcode	District
Provide a contact person who is familiar with the employee's work situation and daily tasks, for example the immediate supervisor who is also responsible for ongoing follow-up:	The contact persons position at the company
Telephone	E-mail
Are you, the one who submits the claim, also the contact person for future follow-ups? ☐ Yes ☐ No	If no, state your name and position at the company
Telephone	E-mail
Which language is preferred for phone contact? ☐ Swedish ☐ English	

» Other information

Enter other information below

» Signature of authorized representative

I certify that the above information is complete, true and correct.

Date and place (YYMMDD)	Signature
Printed name	

As a Controller, Euro Accident processes personal data to be able to offer and provide the insurance and services on which we have agreed and for other purposes such as, for example, compliance with laws and other rules. Further detailed information about the processing of personal data is available from Euro Accident's Integrity Policy (available at www.euroaccident.se) or by contacting Euro Accident. Our Integrity Policy not only includes information about how Euro Accident collects and uses your personal data, but also information about your rights in conjunction with the processing of personal data, such as the right to information, rectification, data portability, right to be forgotten and to object, etc.