

Application for exemption from the ITP plan

To be completed by the employer

Employee's name	Personal Identity Number (YYYYMMDD-xxxx)
Employer	Corporate Identity Number (xxxxxx-xxxx)
Employer's e-mail address	Cost centre
Employer's address	

The individual to whom the application applies is covered by the ITP and TGL agreements. If you wish to apply for an exemption, tick the box next to one of the following alternatives. In addition, please state the specific reason/reasons for this application in the box at the top of the next page or on a separate piece of paper. This procedure does not apply for individuals declining to join the ITP plan at their first opportunity to do so.

The individual to whom the application applies:

- is not a Managing Director and does not hold a position higher than level 2, but has a company management position.
Attach a description of the position and an organisational chart. Please provide details of the number of employees in the company, the number of employees for which the individual is responsible and the company's net sales.
- is a shareholder but owns less than one third of the shares in the company.
Describe family relationships, partnerships, etc. with other part-owners. Please also state how the shares are allocated within the group of owners and whether the other part-owners are active in the company.
- has already arranged their occupational pension.
State the annual salary, period of employment and specific reasons for the exemption.

Assessment

An application for exemption is always assessed by the ITP Board with representatives of the Confederation of Swedish Enterprise (Svenskt Näringsliv) and the Council for Negotiation and Co-operation (PTK). If specific reasons are given for the application, exemptions can be granted for individuals who would normally be covered by the ITP plan.

Please note that individuals who have previously been granted exemption and who subsequently apply for re-entry into the ITP plan will be assessed.

Guarantee regulations

There is a guarantee regulation (point A 15 in the plan) for individuals covered by the ITP plan. This regulation implies that the insurance applies even if the employer has forgotten to register an employee with Collectum.

Please note that this guarantee does not apply for employees who have been granted exemption from the insurance.

Personal data

Collectum registers personal data according to the Personal Data Act in order to be able to administer ITP and TGL.

<p>Occupational Group Life Insurance, TGL <i>If the company has entered into a collective agreement, occupational group life insurance is to be subscribed to for the individual covered by TGL and who is fully fit for employment. No exemption from this obligation can be granted.</i></p>	<p><input type="checkbox"/> We have TGL in Alecta. <i>Tick the box. We will contact Alecta on your behalf.</i></p> <p><input type="checkbox"/> We have subscribed to TGL in _____ (an eligible company*) <i>Contact the company to subscribe to TGL directly with them.</i></p> <p><i>* A list of eligible TGL companies can be found at www.collectum.se/foretag.</i></p>
<p>The employee is fully fit for employment</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

If the exemption applies to an individual who is insured under an ITP plan, we register the exemption from the insurance from the month in which the application was received by Collectum. If you wish for the exemption to be registered at a later date, please make a note of this in the box below.

Note that retroactive withdrawal is not permitted.

Exemption is requested from date (YYYY-MM)
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Specific reasons and other comments

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Employer's signature

Date (YYYY/MM/DD)	Telephone number (incl. area code)
Signature	
Print name	
Member of Svenskt Näringsliv <input type="checkbox"/> Yes <input type="checkbox"/> No	Member of other employer organisation (state which)
Has signed a substitute agreement with (state which union)	

Employee's signature

Date (YYYY/MM/DD)
Signature
Print name

Collectum's notes

<input type="checkbox"/> Bifall <input type="checkbox"/> Avslag	Datum åååå-mm-dd)	Signatur	Anteckningar		
Organisationsnummer	Personnummer	Tidpunkt (åamm)	Årendetyp		
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