## Arbejdsmarkedets Erhvervssikring

Send this form to: Arbejdsmarkedets Erhvervssikring, Kongens Vænge 8, DK-3400 Hillerød

## **Occupational Disease Claim Form**

To Labour Market Insurance (Arbejdsmarkedets Erhvervssikring) with a view to claiming compensation under the Workers' Compensation Act

	Surname	Personal ID ("CPR") number	Nationality
Address	Postal code	Municipality	
Exposure period	Position/type of	job in the exposure period	
Is the injured person			
1. Wage-earner			
2. Self-employed	in a Danish limited lia	ability company (A/S or ApS)	
3. Other type of se	elf-employed		
4. Under education	n		
5. Assisting spous	se		
6. Other			
The injured person's	employer in the expo	_	
		CVR number/P-number Trade	
Employer's name			
Employer's name			
		Postal code	
		Postal code	
Address	njured person has wor		
Employer's name  Address  Mark with an X if the i he/she had this type of		Postal code  *ked for several employers where	
Address  Mark with an X if the inhe/she had this type of			
Address Mark with an X if the i	exposure:	ked for several employers where	

Information about exposure		
Describe in as much detail as possib	ole the exposure	es that caused the disease (the diagnosis) and the
duration of the exposure		
Example: Heavy lifting work for 15	years	
Information about the person reporting the accident:	Signature	
1. Injured person		
2. Doctor/dentist		
3. Employer	Date	Signature
4. Other		
Name, address or CVR number o stated	f the person re	eporting the accident, where not already
Application for dispensation for d No fee is paid for claims not reporte		s who do not report digitally
Fill in <b>only</b> i	f the <b>doctor</b> /	dentist reports the disease
I hereby apply for dispensation from	m the obligatio	on to report digitally a work-related disease because:
a) My business has no computer of	ŭ	
b) My business does not have a CV		(mark with an X)
S	olemn De	claration
I, the undersigned doctor/dentise that my business does not have	<u> </u>	e that I do not have computer or internet access or
Place		Date
Signature	Doctor's	s/dentist's name and any CVR-number

Digital reporting via EASY on www.aes.dk

Doctors/dentists are under an obligation to report digitally an industrial injury. Dispensation from this obligation can only be granted on application. Exemption from the obligation to report digitally can only be given if the doctor/dentist has no computer or internet access or has no Danish CVR number.