arbejdsmarkedets erhvervssikring

Send to

Labour Market Insurance (AES)
Arbejdsmarkedets Erhvervssikring
Kongens Vænge 8
DK-3400 Hillerød

Application for payment of lost earnings

Your information

Name	CPR-no. (if relevant)
AES case no. (You will find the case number in the letters you receive from AES)	Phone no.

To be filled out by your employer

Name of company/employer	Date of absences
Employer's address	Number of hours (at least 2)
Hourly wage (including ATP pension and other supplementary earnings) DKK	Total lost earnings DKK

Date and signature

Date	Employer signature and, if relevant, stamp