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

Labour Market Insurance (AES)
Application for payment of
lost earnings

Your information

Name	AES case no., for example 123456-7890/01/80/V2

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

Employer stamp and signature