

# THE NORWEGIAN NATIONAL INSURANCE SCHEME

## Application for insurance during stay in Norway

(National Insurance Act § 2-7)

To be sent to the insurance office where the applicant is staying. Assistance in filling the form is available at the insurance office

|  |
|--|
| Application received at the insurance office |
|--|

### 1 Personal information

|  |  |   |  |
|--|--|---|--|
| Surname and first name(s) of applicant   |  | Born (day, month, year)                                       |  |
| Profession/job   |  |   |  |
| Citizenship  |  | If <b>foreign</b> , state nationality                         |  |
| Norwegian <input type="checkbox"/> Foreign <input type="checkbox"/>                          |  |   |  |
| Are you permanently domiciled in Norway?   |  | Home municipality   |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |  | If <b>yes</b> , state home address in Norway                  |  |
| Residence (address and municipality) in Norway   |  |   |  |
| From what date are you staying in Norway?  |  | Do you intend to leave Norway again?                          |  |
| Day, month, year   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |  |
|  |  | If <b>yes</b> , state when                                    |  |
| Are you a member of any other pension scheme? (Also foreign)                                 |  | If <b>yes</b> , state the name of the pension scheme          |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |  |   |  |
| Are you a voluntary member of this pension scheme?   |  | Is this pension scheme established by foreign law?            |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |  |
| Are you a member of any other health insurance scheme? (Also foreign)                        |  | If <b>yes</b> , state the name of the health insurance scheme |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |  |   |  |
| Are you a voluntary member of this health insurance scheme?                                  |  | Is this health insurance scheme established by foreign law?   |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |  |
| Have you previously been a member of any public Norwegian insurance scheme?                  |  | If <b>yes</b> , state when and at which insurance office      |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |  |   |  |
| What form of insurance are you applying for pursuant to the National Insurance Act?          |  | Full rights   |  |
| Health insurance (medical benefits, sickness benefits in cash etc.) <input type="checkbox"/> |  | <input type="checkbox"/>                                      |  |

### 2 Income and tax information

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| Do you have an earned income?                                      |  | If <b>yes</b> , state the amount per year |  | Do you receive a pension?   |  | If <b>yes</b> , state the amount per year |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>           |  | NOK                                       |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | NOK                                       |  |
| Are you taxable in Norway for earned income and/or pension income? |  |   |  | If <b>yes</b> , state what income, income per year and in which municipality/municipalities you are taxable |  |   |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>           |  |   |  |   |  |   |  |

### 3 Reason for stay in Norway

|  |
|--|
| Explain in brief the purpose of your stay in Norway, and state whether you or your activities are closely connected with Norwegian commercial or cultural life |
| -----  |
| -----  |
| -----  |
| -----  |
| -----  |
| -----  |
| State the name and address of any employer in Norway   |
| -----  |
| -----  |
| Is your employer liable to pay employer's contribution to the National Insurance for you?  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| If <b>yes</b> , enclose confirmation from your employer  |
| State the name and address of any school, university or similar establishment at which you are studying  |
| -----  |
| -----  |

#### 4 Supported spouse and supported children under the age of 18 staying in Norway together with the applicant

|  |                                 |                                 |  |
|--|---------------------------------|---------------------------------|--|
| Separate applications are required for spouse and children with own annual earned income or pension income in excess of the National Insurance Scheme's basic amount |                                 |                                 |  |
| Surname and first name(s) of spouse  |                                 |                                 | Born (day, month, year)                          |
| Does the spouse have an earned income?   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>  | If <b>yes</b> , state the amount per year<br>NOK |
| Does the spouse have a pension income?   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>  | If <b>yes</b> , state the amount per year<br>NOK |
| Surname and first name(s) of child(ren)  |                                 |                                 | Born (day, month, year)                          |
|  |                                 |                                 |  |
|  |                                 |                                 |  |
|  |                                 |                                 |  |
| Do any of the listed children have their own earned incomes?   |                                 | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                   |
| If <b>yes</b> , state which children (first name(s)) and income for each of them per year  |                                 |                                 |  |
| -----  |                                 |                                 |  |
| -----  |                                 |                                 |  |
| Do any of the listed children have pension incomes?  |                                 | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                   |
| If <b>yes</b> , state which children (first name(s)) and pension income for each of them per year  |                                 |                                 |  |
| -----  |                                 |                                 |  |
| -----  |                                 |                                 |  |
| Are you applying for National Insurance for all of the listed children?  |                                 | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                   |
| If <b>no</b> , state which children (first name(s)) you are <b>not</b> applying for National Insurance   |                                 |                                 |  |
| -----  |                                 |                                 |  |
| -----  |                                 |                                 |  |

#### 5 Additional information

|       |
|-------|
| ----- |
| ----- |
| ----- |
| ----- |

#### 6 Declaration and signature (If the applicant is under the age of 18 or has been declared incompetent, the application must be co-signed by the guardian)

|  |                            |                           |
|--|----------------------------|---------------------------|
| I have answered the above questions as precisely as possible and to the best of my knowledge and judgement. I am aware that pursuant to § 25-12 in the National Insurance Act it is an offence to knowingly give incorrect information or to withhold material information. I hereby authorize the administration of the National Insurance to obtain any information they deem necessary for the consideration of my application. |                            |                           |
| Place and date   | Signature of the applicant | Signature of the guardian |