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# 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 | Norwegian ☐ Foreign ☐ | If **foreign**, state nationality | |
| Are you permanently domiciled in Norway? | Yes ☐ No ☐ | If **yes,** state home address in Norway | Home municipality |
| Residence (address and municipality) in Norway | | | |
| From what date are you staying in Norway? | Day, month, year | Do you intend to leave Norway again? Yes ☐ No ☐ | If yes, state when |
| Are you a member of any other pension scheme? (Also foreign) | Yes ☐ No ☐ | If **yes**, state the name of the pension scheme | |
| Are you a voluntary member of this pension scheme? | Yes ☐ No ☐ | Is this pension scheme established by foreign law? | Yes ☐ No ☐ |
| Are you a member of any other health insurance scheme? (Also foreign) | Yes ☐ No ☐ | If **yes**, state the name of the health insurance scheme | |
| Are you a voluntary member of this health insurance scheme? | Yes ☐ No ☐ | Is this health insurance scheme established by foreign law? | Yes ☐ No ☐ |
| Have you previously been a member of any public Norwegian insurance scheme? | Yes ☐ No ☐ | If **yes**, state when and at which insurance office | |
| What form of insurance are you applying for pursuant to the National Insurance Act? | Health insurance (medical benefits, sickness benefits in cash etc.) ☐ | Full rights ☐ | |

## 2 Income and tax information

| | | | |
|---|---|---|---|
| Do you have an earned income? | Yes ☐ No ☐ | If **yes**, state the amount per year NOK | Do you receive a pension? Yes ☐ No ☐ | If **yes**, state the amount per year NOK |
| Are you taxable in Norway for earned income and/or pension income? | Yes ☐ No ☐ | If **yes**, state what income, income per year and in which municipality/municipalities you are taxable | |

## 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 ☐ No ☐ If **yes**, enclose confirmation from your employer

State the name and address of any school, university or similar establishment at which you are studying

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## 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 ☐ No ☐ | If **yes**, state the amount per year NOK | Are you appplying for National Insurance for your spouse? Yes ☐ No ☐ |
| Does the spouse have a pension income? | Yes ☐ No ☐ | If **yes**, state the amount per year 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 ☐ No ☐ If **yes**, state which children (first name(s)) and income for each of them per year

Do any of the listed children have pension incomes? Yes ☐ No ☐ If **yes**, state which children (first name(s)) and pension income for each of them per year

Are you appplying for National Insurance for all of the listed children? Yes ☐ No ☐ If **no**, state which children (first name(s)) you are **not** 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 |
|---|---|---|
| | | |

## 7 For the insurance office