

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 foreign , 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 yes , 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 yes , state when	
Are you a member of any other pension scheme? (Also foreign)		If yes , 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 yes , 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 yes , 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 yes , state the amount per year		Do you receive a pension?		If yes , 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 yes , 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

<p>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</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 <input type="checkbox"/>	No <input type="checkbox"/>	If yes , state the amount per year NOK
Does the spouse have a pension income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes , 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 <input type="checkbox"/> No <input type="checkbox"/> If no , state which children (first name(s)) you are not applying for National Insurance

5 Additional information

<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>

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