

Application for form E 109

Certificate of entitlement to sickness, pregnancy and maternity benefits for family members of the employed or self-employed, living in another EEC country/ Switzerland than the supporting employee.

1 Personal data

First name:	Surname:
D.O.B. and nat. ID number/ D number:	National ID number:
Telephone number:	E-mail:
Residence in Norway:	Residence in country of domicile:
Employer's name and address:	Employer's registration number:
Employer's telephone number:	
Date of commencement of work in Norway:	How long will the employment relationship last?

- Employee
 Self-employed person
 Unemployed (receiving unemployment benefits)

2 Family members (spouse/children)

Name:	D.O.B. and nat. ID number:
Name:	D.O.B. and nat. ID number:
Name:	D.O.B. and nat. ID number:
Name:	D.O.B. and nat. ID number:
Address (spouse/children):	

3 I hereby confirm that I have income-producing work only in Norway and no income/work in my country of origin.

Date:	Signature:
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4 Please tick boxes of any necessary documentation that is attached with the form

- Contract of employment or documentation showing that you are receiving unemployment benefits
 Copy of your tax withholding card
 Copy of your passport/national ID card

5 Documentation that may be attached

- Residence permit/copy of document/registration card from the immigration authorities

Please send the application to:

Health Economics Administration
HELFO Abroad
Postboks 6349 Etterstad, 0604 Oslo

