

Please send this form to:

Helfo

Postboks 2415
3104 Tønsberg

Confirmation of entitlement to healthcare services while studying or working in Québec

Norway has entered into a separate social security agreement for students and posted workers in Canada's Québec province. Under this agreement, you will be entitled to health services in Québec under the rules applicable there.

The form must not be used by students who receive financial assistance from the Norwegian State Educational Loan Fund (Norwegian: Lånekassen) for studying abroad.

Visit helsenorge.no for more information.

Information about accompanying family members must be provided in Enclosures 1 and/or 2.

1. Personal data

First name, last name	Date of birth (6 digits)
Address in Norway	Nationality
	E-mail address

2. Purpose of stay abroad (check as appropriate)

☐ studying

☐ working

☐ other (provide details in the box below)

3. For students

University/college in Norway	University/college abroad
Check here if you're a student receiving loans from Lånekassen <input type="checkbox"/> student	Duration of stay from until

4. For employees

Employee in Norway	Employee abroad
Full-time employment YES NO	Part-time employment (number of hours per week)
Job title/occupation	Duration of stay from until

4. Documentation enclosed

For students not receiving support from Lånekassen	Please check
The documentation must clearly state that you are pursuing organised studies in Quebec, the period of time in which you will be studying at the educational institution and the scope of the studies (full-time/number of hours per week).	
If you are an exchange student: written confirmation from the university/college in Norway that the planned period of study abroad will be undertaken in connection with studies in Norway.	
For employees	Please check
Written confirmation from your employer in Norway of the duration of your stay and a confirmation of wage payments.	

5. Signature

Date, place	Signature
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Enclosure 1 - Employees' accompanying family members

Confirmation of healthcare entitlements during the stay abroad – accompanying dependent family members

5. Spouse/partner with joint children

First name, last name	Date of birth (6 digits)
Nationality	Member of the Norwegian National Insurance YES NO
Employee's dependant YES NO	Independent income (NOK/month)
Employee in Norway	Employee abroad

6. Children

First name, last name	Date of birth (6 digits)
First name, last name	Date of birth (6 digits)
First name, last name	Date of birth (6 digits)
First name, last name	Date of birth (6 digits)
First name, last name	Date of birth (6 digits)
First name, last name	Date of birth (6 digits)

*The child of a member of the Norwegian National Insurance Scheme who is entitled to extended healthcare subsidisation during a temporary stay abroad has corresponding extended entitlements.

Enclosure 2 - Students' accompanying dependent children

7. Children

First name, last name	Date of birth (6 digits)
First name, last name	Date of birth (6 digits)
First name, last name	Date of birth (6 digits)
First name, last name	Date of birth (6 digits)
First name, last name	Date of birth (6 digits)
First name, last name	Date of birth (6 digits)

*The child of a member of the Norwegian National Insurance Scheme who is entitled to extended healthcare subsidisation during a temporary stay abroad has corresponding extended entitlements.