

Application for a European Health Insurance Card for persons exempt from the Aa-Register

Please send the form to:

Helfo
Postboks 2415
3104 Tønsberg

Application form for employees working in Norway with residency in another EEA country/Switzerland, and who are exempt from the State Register of Employers and Employees.

1. Information about you as the applicant and your employer

First name	Last name
D-number in Norway	Nationality
Telephone no.	E-mail address
Address in Norway if applicable	Address in country of residence
Employer's name and address in Norway	Employer's organisation no. in Norway

2. Employment details

Comencement date of employment on your present contract of employment		
Is the work carried out in Norway?	YES	NO
Are you a permanently employee in Norway?	YES	NO
If NO , what is the duration of your employment contract?	From	To
If YES , do you work for a foreign employer with a confirmed work assignment in Norway?	YES	NO
State the duration for the assignment/confirmed work assignment	From	To
Do you have an employment contract in your country of residence?	YES	NO
If YES , how many months a year do you work in your country of residence?		

3. Attached documentation

Copy of your employment contract

Copy of three latest payslips

Copy of your passport

Copy of tax deduction card or Pay As You Earn tax deduction card

Copy of your confirmed work assignment

4. Signature

I hereby confirm that the information in the form is accurate and complete. I will notify Helfo if there are any changes to circumstances relating to this application.

Date	Signature (required)
------	----------------------