

Please send this form to:

Helfo
Postboks 2415
3104 Tønsberg

Application for S1 Certificate for workers with residency in another EU/ EEA country, Switzerland or the United Kingdom

Application form for employees working in Norway with residency in another EU/EEA country, Switzerland or the United Kingdom. The S1 Certificate documents your right to necessary health care services within the public health care system, in line with the country's own citizens.

Please see helsenorge.no for more information.

1. Information about you

First name	Surname
Norwegian National ID no. (11 digits)/d-number	Mobile number
Address	Postal code/City

2. Work related information

What is your worksituation?	
<input type="checkbox"/> I am working in Norway today <input type="checkbox"/> I am currently not working and am receiving benefits from Nav	
If you are working in Norway today	
Are you also working in another EU/EEA-country, Switzerland or the United Kingdom?	Yes No
If yes - In which country?	
Type of employment	
<input type="checkbox"/> I am self-employed <input type="checkbox"/> I am employed	
If employed - Are you permanently employed? Yes No	
If no - How long does your temporary employment last for? Date from Date to	
If you are currently not working and receiving benefits from Nav	
I am receiving the following benefit/allowance from Nav	
<input type="checkbox"/> Work assessment allowance/ arbeidsavklaringspenger (AAP) <input type="checkbox"/> Unemployment benefit/dagpenger <input type="checkbox"/> Parental benefit/foreldrepenger <input type="checkbox"/> Training allowance/opplæringspenger	<input type="checkbox"/> Care benefit/pleiepenger <input type="checkbox"/> Pregnancy benefit/svangerskapspenger <input type="checkbox"/> Sickness benefit/sykepenger
Only the benefits listed above entitle you to Certificate S1	

3. Your address in the EU/EEA country, Switzerland or the United Kingdom you are living in/moving to

Address	
Postal code	City
Region	Country

4. Residency

Have you got a place to live in Norway?	Yes	No
If yes- What is your housing situation in Norway?		
I rent		
I am the owner of my residence		
The accommodation is provided by the employer		
Other - Please specify		

Have you got a place to live in your country of residence?	Yes	No
If yes - What is your housing situation in your country of residence?		
I rent		
I am the owner of my residence		
I live with family members other than spouse/cohabitant		
Other - Please specify		

5. Time spent in your country of residence

Do you spend time in your country of residence in the holidays / when you have time off work / for leisure and similar?	Yes	No
Please specify approximate number of weeks you spend in the country of residence during the course of one year		

6. Relationships

Are you married or have a cohabitant partner?	Yes	No
If yes - In what country does your spouse/cohabitant partner live?		
Do you have any children?	Yes	No
If yes - In what country does your child/do your children live?		

7.Required documentation

Please tick	If you are working in Norway today, please attach:	Attachment no.
	If you are employed <ul style="list-style-type: none"> • Contract of employment • If the contract of employment is one year or older, you must also attach a confirmation from your employer that you are still employed 	
	If you are self-employed <ul style="list-style-type: none"> • Confirmation of advance tax payment or confirmation from an accountant that your company is in operation 	
	If you receive a benefit/an allowance from Nav, please attach:	
	If you receive work assessment allowance <ul style="list-style-type: none"> • Copy of the administrative decision from Nav documenting AAP 	
	If you receive unemployment benefit <ul style="list-style-type: none"> • Administrative decision from Nav documenting unemployment benefit 	
	If you receive parental benefit <ul style="list-style-type: none"> • Administrative decision from Nav documenting parental benefit 	
	If you receive training allowance <ul style="list-style-type: none"> • Administrative decision from Nav documenting training allowance 	
	If you receive care benefit <ul style="list-style-type: none"> • Administrative decision from Nav documenting care benefit 	
	If you receive pregnancy benefit <ul style="list-style-type: none"> • Administrative decision from Nav documenting pregnancy benefit 	
	If you receive sickness benefit <ul style="list-style-type: none"> • Administrative decision from Nav documenting sickness benefit 	

8. Additional information

Occupational injury or illness (if applicable)

Helfo can issue a DA1, if you have an administrative decision for approved occupational injury or illness from Nav. This entitles you to receive medical treatment reserved for occupational injury or illness when in another EU/EEA-country Switzerland or the United Kingdom, in line with the country's regulations.

Have you got an administrative decision for approved occupational injury or illness from Nav?

Yes No

Additional information

Is there anything you would like to add or comment?

9. Signature

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

Date and place	Signature
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