



Application for extended subsidisation of healthcare abroad

Please send this form to:

Helfo
Postboks 2415
3104 Tønsberg
NORWAY

Use this form if you are a student or employee posted outside Norway to claim coverage of expenses on healthcare outside the EEA, with certain exceptions. See the guide on page 2 for more information. If you are claiming for several people, you must complete a form for each person.
Visit helsenorge.no for more information, or contact us on +47 23 32 70 00.

PLEASE ONLY USE PAPER CLIPS ON RECEIPTS.

Helfo must have received the application within 6 months from when the healthcare was received. You must enclose original receipts and documentation as proof of bills paid.

Information about the type of healthcare received must be provided in Attachments 1 and/or 2.

1. Personal data on the healthcare recipient

| | | | |
|---|--|---|---|
| First name, last name | | Job title/occupation | National ID no. (11 digits) |
| Postal address abroad | | | Country |
| Account no. | | Account holder's name | |
| Bank Name (in the case of an International Account) | | IBAN (15-31 characters) | |
| Bank Address (in the case of an International Account without IBAN) | | SWIFT/BIC (in the case of an International Account) | |
| Do you have personal income? YES NO | Monthly income (in NOK) | | Time period income from until |
| Completed by student Loan from Lånekassen | YES NO | | |
| Completed by seafarer Last vessel: | Employment on last vessel: from until | | Validated as job-seeking starting: |

2. Expenses covered elsewhere

| | |
|--|-------------|
| Have you applied for or received coverage for expenses elsewhere (for example, through an insurance company or student insurance)? | YES NO |
|--|-------------|

3. Completed if person in Section 1 is a dependent spouse

| | | |
|--------------------------------|-----------------------------|-------------|
| Spouse's first name, last name | National ID no. (11 digits) | Nationality |
|--------------------------------|-----------------------------|-------------|

Attachment 2:

Itemisation of expenses on medication, medical consumables and medical foods

Certain expenses may be eligible pursuant to Section 5-14 or 5-22 of the Norwegian National Insurance Act according to the same rules as apply in Norway. Expenses on medication which in Norway would be issued on a "blue prescription", or equivalent foreign medication are also eligible. You must complete this attachment because medication abroad may be named differently than in Norway. Copies of prescriptions must be enclosed. If possible, enclose the medication packaging to facilitate Helfo's comparison with reimbursable medication in Norway.

| | Medication, medical food, medical consumable | Diagnosis/ medical condition | Active ingredient | How long have you been using the medication/product? | Equivalent used in Norway? If yes, name of medication/product? |
|------|--|------------------------------|-------------------------|--|--|
| E.g. | SOTALEX | Angina pectoris | Chlorhydrate de Sotalol | 2 years | SOTACOR |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

Any supplementary information you would like to provide: