

Please send the form to:

**Helfo**  
Postboks 2415  
3104 Tønsberg

# Order form for European Health Insurance Card if you have a D-number

Order form for employees working in Norway and with a residence in another EEA country/Switzerland. If you have a birthnumber (11 digits) you may order the European Health Insurance Card at [helsenorge.no](http://helsenorge.no)

## 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

Start date of employment on your present contract of employment	
Is the work performed in Norway?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you permanently employed in Norway?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, how long is the contract of employment for?	From _____ To _____
If YES, are you working for a foreign employer with an order confirmation in Norway?	YES <input type="checkbox"/> NO <input type="checkbox"/>
What period does the assignment/confirmation of order cover?	From _____ To _____
Are you permanently employed in your country of residence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, how many months a year do you work in your country of residence?	

## 3. Documentation that must be attached to the application (tick off)

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of your contract of employment | <input type="checkbox"/> Copy of three latest payslips                          |
| <input type="checkbox"/> Copy of your passport               | <input type="checkbox"/> Copy of tax deduction card or PAYE* tax deduction card |
| <input type="checkbox"/> Copy of your order confirmation     | <small>* PAYE - Pay As You Earn</small>   |

## 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 (Please sign the order form for it to be processed)
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