

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

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"/> If your employment contract is more than 1 year old, you must attach confirmation from your employer that you are still in employment |
| <input type="checkbox"/> Copy of your passport | |
| <input type="checkbox"/> Copy of your order confirmation | |

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
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