

Please send this form to:

Helfo  
 Postboks 2415  
 3104 Tønsberg  
 NORWAY

## Power of attorney

If you wish someone else to contact Helfo on your behalf, we require a power of attorney. Parents need to submit a power of attorney when a child has reached 16 years, which is legal age of majority for healthcare matters.

Visit [helsenorge.no](https://helsenorge.no) for more information, or call us on +47 23 32 70 00.

The person granting power of attorney is required to submit a copy of a **valid identity document with signature**, (e.g. driver's license or passport).

### 1. The person giving power of attorney (the grantor)

Norwegian ID number (11 digits) or d-number	First name, surname
Address	
Postcode, city	Telephone number

### 2. The person given power of attorney (the attorney)

Norwegian ID number (11 digits) or d-number	First name, surname
Address	
Postcode, city	Telephone number

### 3. Information regarding the power of attorney

What does the power of attorney include?		
Find and change family doctor	Applications sent to Helfo and the processing of any appeals by the National Office for Health Service Appeals	
Exemption card and user fees		
Application for European Health Insurance Card		
Application for certificate S1		
Fill out if the power of attorney is granted for a limited time only:	From date:	To date:

I have as the person granting power of attorney submitted a copy of a valid identity document with signature.

### 4. Signature of grantor

City/date	Signature
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## **Information regarding the power of attorney**

Unless stated otherwise, the attorney is authorised to receive all communication and gain access to all relevant documents to the case. The attorney is also authorised to make all relevant decisions regarding the case. The power of attorney is valid until the case is closed, or the power of attorney is withdrawn.