

Change existing membership

All fields marked with * must be filled out

Company information								
COMPANY NAME		ORGANISATION NUMBER	CONTACT PERSON		E-MAIL			
Product information								
Defined contribution pension CONTRACT NUMBER			Defined bene		efit pension	CONTRACT NUMBER		
Sick pay insurance	CONTRACT NUMBER		1) Check for those who are NOT 100 % fit to work at the time of adjustment					
Employee name*			2) If NOT 100 % fit to work, note first day of illness					
Last name*		First name*	Social security number* (Norwegian)	Date of adjustment* (date cannot be in the future)	Annual salary*	Employment percentage*	NOT 100 % ¹⁾	First day of illness ²⁾
Important information regarding ability to work	:: Fmplovees who	are not able to work 100% will	not be included in the					
Important information regarding ability to work: Employees who are not able to work 100% will not be included in the waiver of premium and waiver of contribution. These individuals will be included once we receive notice of full recovery.					PLACE/DATE			
Note: Salary includes guaranteed supplementary payments, including permanent shift allowances. Payment for overtime, taxable fringe benefits and other varying, temporary additions shall not be taken into account.					CICALATURE			
					SIGNATURE			

Telephone: 21 02 50 50