

## Company information

COMPANY NAME	ORGANISATION NUMBER	CONTACT PERSON	E-MAIL
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## Product information

<input type="checkbox"/> Defined contribution pension	CONTRACT NUMBER	<input type="checkbox"/> Non-work related illness	CONTRACT NUMBER
<input type="checkbox"/> Defined benefit pension	CONTRACT NUMBER	<input type="checkbox"/> Medical insurance	CONTRACT NUMBER
<input type="checkbox"/> Group life insurance	CONTRACT NUMBER	<input type="checkbox"/> Sick pay insurance	CONTRACT NUMBER

1) Check for those who are NOT 100 % fit to work at the time of adjustment

2) If NOT 100 % fit to work, note first day of illness

Employee name*		Social security number* (Norwegian)	Date of cancellation* (date cannot be in the future)	Not 100 % <sup>1)</sup>	First day of illness <sup>2)</sup>
Last name*	First name*				

PLACE/DATE
SIGNATURE