

Register new member

All fields marked with * must be filled out

Company information									
COMPANY NAME		ORGANISATION NUMBER	CONTACT PERSON E-MAI			IL			
Product information									
Defined contribution pension CONTRACT NUMBER		Non-work related illness			CONTRACT NUMBER				
Defined benefit pension	CONTRACT NUMBER		Medical insurance			CONTRACT NUMBER			
Group life insurance	fe insurance CONTRACT NUMBER		Sick pay insurance			CONTRACT NUMBER			
Employ	ee name*				1) Chec	k for those who are NOT 100) % fit to work at the ti	me of adjustmen	
Last name*	ee name	First name*	Social security number* (Norwegian)	Date of registration* (date cannot be in the fu		Annual salary*	Employment percentage*	Not 100 % ¹⁾	
	- manufacture and the same of	ant able to wall 100% will be 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 benefints and other varying, temporary additions shall not be taken into account.				SIGNATURE					

Send the form to: SpareBank 1 Forsikring AS Postboks 340 Sentrum 0101 OSLO Contact us:

E-mail: pensjon@sparebank1.no Telephone: 21 02 50 50