

## 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

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

Employee name*		Social security number* (Norwegian)	Date of registration* (date cannot be in the future)	Annual salary*	Employment percentage*	Not 100 % <sup>1)</sup>
Last name*	First name*					

**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.

**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.

PLACE/DATE
SIGNATURE