### APPLICATION FOR COMPENSATION FOR LOSS OF HEALTH CERTIFICATE

Oilservice/Offshoreservice

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Please use capital letters.

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| INFORMATION REGARDING AFFECTED PERSON. NB! All sections of the form must be filled in. | | | | | | |
| Name: | | | | Personal identification number: | | |
| Address: | | | | Postcode: | | City: |
| Telephone no.: | | | |  | | |
| Email address: | | | | | | |
| Offshore employee since: | | | | | | |
| Position: | | Location: | | | Permanent employee:  Yes  No | |
| Work percentage:       % | | First day of employment: | | | Last day of employment: | |
| Trade organisation:  Forbundet Styrke  Lederne  SAFE  Other | | | | | | |
| Which collective agreement are you covered by? | | | | | | |
| Bank account no.: | | | | | | |
|  | | | | | | |
| Company: | | | Telephone no.: | | | | |
| Address: | | | | | | | |
| Postcode: | City: | | | | | | |
|  | | | | | | |
| General Practitioner: | | | | Address: | | |
| Specialist/hospital: | | | | Address: | | |
| Health certificate confiscated by (doctor’s name and address): | | | | | | |
| Confiscation date: | | | Diagnosis: | | | |
| Latest valid health certificate: | | |
| Currently I am:  working full-time  on partial sick leave  on full sick leave | | | | | | |
| On sick leave since: | | | | | | |
| I recieve Work assessment allowance (AAP):  Yes  No If yes, from date: | | | | | | |
| Your local NAV office: | | | | | | |
| Will you be appealing against the decision regarding incapability?  Yes  No | | | | | | |

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| INFORMATION THAT MAY BE TAKEN INTO CONSIDERATION FOR APPROVAL AND DETERMINATION OF COMPENSATION. |
| Excerpt from the guidelines for compensation as given in the OSA, section 3:  *” The sum paid out is determined by the Fund Management and may amount to a maximum of 12 G. The compensation is determined on a discretionary basis, and in the assessment it should, among other things, be emphasized on the nature and extent of the damage, social conditions, age and service time, etc. During the survey, the Fund Management has discretionary access to emphasize the at all times financial situation of the scheme”* |
| Do you have parental responsibility for your own children under the age of 18? (NB! Please attach confirmation)  Yes  No |
| **Any other circumstances you would like to call attention to?** |
| Remember to attach all relevant documentation. |

**Attachments:**

* Incapability statement
* Latest valid health certificate

- Copy of medical report

- Medical certificate stating the illness and/or injury resulting in incapacitation as well as confirmation of duration (medical certificate can also be obtained from OSO)

- Documentation of dependency for own minor children (e.g. from the Norwegian Tax Administration or NAV)

## Authorisation

OSO, Oljearbeidernes Sosiale Ordninger, are hereby authorised to gather information from doctor, hospital, the National Insurance Service, employer, or others with a view to coming to a stand with regard to my application for compensation.

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Place Date Signature