### APPLICATION FOR COMPENSATION FOR LOSS OF HEALTH CERTIFICATE

Operator/Drilling/Catering-agreements

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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 adress: | | | | | | |
| 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:  *“In the evaluation of the application for compensation Boards of Fond (Fondstyret) should consider if the employee has a special need for financial aid, and emphasis should for example be put on whether or not the employee is currently receiving other benefits from his/her employer or through other arrangements, on whether or not the employee has reached the prevailing pensionable age as an offshore employee, and if there are existing agreements in connection with retirement, etc.*  *The payable sum is determined by Boards of Fond, and can at a maximum be 12 G. The compensation is determined discretionarily, and the nature and extent of the damage, social conditions, age and period of service etc., should be taken into consideration in its determination. In the process of determination, Boards of Fond at all times has the discretionary right to emphasize the current economic situation in the arrangement.”* |
| 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)

- Copy of identity document (NB! Copy of the ID needs to be certified by one of the following: NAV, police station, bank, law firm, court, copy store, library or other public office.)

## 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