

Instructions for the Norwegian National Insurance Scheme Application

In Norway, all citizens and permanent residents are covered by the National Insurance Scheme. Students with temporary residency may also be eligible. Please check below which category you are in to confirm whether you must submit an application or are an automatic member.

Studies for more than one year: Membership is automatic – no need to submit an application. If the duration of your stay in Norway is more than one year, you automatically become insured under the National Insurance Scheme when you register as a student at a Norwegian institution of higher education and as a resident in Norway.

European Health Card and stays under one year:

No need to submit an application for membership in the insurance scheme. EU/EFTA/EEA students living in Norway for a duration under 12 months must have social security coverage from their home country. Example health card pictured here.



Studies between 3 and 12 months requires application for Voluntary Membership in the Norwegian National Insurance Scheme: To become part of the Norwegian National Insurance Scheme, you should apply for voluntary membership to obtain coverage for health services. Membership is not guaranteed. Therefore, it is strongly encouraged that all international students have valid travel and health insurance for the entire duration while studying in Norway, which can also cover other non-health related emergencies.

Proof of legal residence required: Please attach a copy of either your residence permit card or the UDI decision letter as proof of legal temporary residence in Norway.

Proof of student status required: Please attach a copy of your admission letter.

Request decision letter in English: In section 5 of the application, you should request the decision letter in English. The application will take 2-3 weeks to process. The decision letter grants access to Norwegian health insurance services.



Submission instructions:

The completed application form and the proof of residence can be delivered to the NAV Ås, who will forward it to **NAV Forvaltning** for processing. The address is:

NAV Ås
Moerveien 2
1430 Ås

THE NORWEGIAN NATIONAL INSURANCE SCHEME

Application for insurance during stay in Norway

(National Insurance Act § 2-7)

To be sent to the insurance office where the applicant is staying. Assistance in filling the form is available at the insurance office

Application received at the insurance office

1 Personal information

Surname and first name(s) of applicant				Born (day, month, year)	
Profession/job					
Citizenship		Norwegian <input type="checkbox"/>	Foreign <input type="checkbox"/>	If foreign , state nationality	
Are you permanently domiciled in Norway?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , state home address in Norway	
Home municipality					
Residence (address and municipality) in Norway					
From what date are you staying in Norway?		Day, month, year		Do you intend to leave Norway again? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				If yes , state when	
Are you a member of any other pension scheme? (Also foreign)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , state the name of the pension scheme	
Are you a voluntary member of this pension scheme?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is this pension scheme established by foreign law? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a member of any other health insurance scheme? (Also foreign)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , state the name of the health insurance scheme	
Are you a voluntary member of this health insurance scheme?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is this health insurance scheme established by foreign law? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you previously been a member of any public Norwegian insurance scheme?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , state when and at which insurance office	
What form of insurance are you applying for pursuant to the National Insurance Act?		Health insurance (medical benefits, sickness benefits in cash etc.) <input type="checkbox"/>		Full rights <input type="checkbox"/>	

2 Income and tax information

Do you have an earned income?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , state the amount per year NOK		Do you receive a pension?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , state the amount per year NOK	
Are you taxable in Norway for earned income and/or pension income?						Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes , state what income, income per year and in which municipality/municipalities you are taxable	

3 Reason for stay in Norway

Explain in brief the purpose of your stay in Norway, and state whether you or your activities are closely connected with Norwegian commercial or cultural life	
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State the name and address of any employer in Norway	
Is your employer liable to pay employer's contribution to the National Insurance for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , enclose confirmation from your employer	
State the name and address of any school, university or similar establishment at which you are studying	

4 Supported spouse and supported children under the age of 18 staying in Norway together with the applicant

Separate applications are required for spouse and children with own annual earned income or pension income in excess of the National Insurance Scheme's basic amount			
Surname and first name(s) of spouse			Born (day, month, year)
Does the spouse have an earned income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , state the amount per year NOK	Are you applying for National Insurance for your spouse? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the spouse have a pension income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , state the amount per year NOK	
Surname and first name(s) of child(ren)			Born (day, month, year)
Do any of the listed children have their own earned incomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , state which children (first name(s)) and income for each of them per year	
Do any of the listed children have pension incomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , state which children (first name(s)) and pension income for each of them per year	
Are you applying for National Insurance for all of the listed children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no , state which children (first name(s)) you are not applying for National Insurance	

5 Additional information

6 Declaration and signature (If the applicant is under the age of 18 or has been declared incompetent, the application must be co-signed by the guardian)

I have answered the above questions as precisely as possible and to the best of my knowledge and judgement. I am aware that pursuant to § 25-12 in the National Insurance Act it is an offence to knowingly give incorrect information or to withhold material information. I hereby authorize the administration of the National Insurance to obtain any information they deem necessary for the consideration of my application.		
Place and date	Signature of the applicant	Signature of the guardian