Oljearbeidernes Sosiale Ordninger
Kongsgata 54
4005 Stavanger

REPORT FORM
LOSS OF HEALTH
CERTIFICATE
Oilservice / Offshoreservice

Please use capital letters.

INFORMATION REGARDING AFFECTED PERSON. NB! All sections of the form must be filled in.			
Name:		Personal identification number:	
Address:		Postcode:	City:
Telephone daytime:			
Offshore employee since: DD.MM.YYYY			
Position:	Location:		Permanent employee: ☐ Yes ☐ No
Work percentage: %	First day of employment: DD.MM.YYYY		Last day: DD.MM.YYYY
Trade organisation: ☐ Industri Energi ☐ Lederne ☐ SAFE ☐ Other			
Which wage agreement are you included in?			
Bank account number:			

Company:		Telephone no.:	
Address:			
Postcode:	City:		

Treating doctor:	Address:
Specialist/hospital:	Address:
Health certificate confiscated by (doctor's name and address	
Confiscation date:	Diagnosis:
The affected person is currently: ☐ working full-time ☐ On partial sickleave ☐ on full sickleave	
Most recent sickleave, date:	
Which social security office do you belong to?	
Will you be appealing against the decision regarding incapability? ☐ Yes ☐ No	

Oljearbeidernes Sosiale Ordninger
Kongsgata 54
4005 Stavanger

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 10 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."

Please fill in and comment on the circumstances that in your opinion will affect your application.

Special need for financial aid:	☐ YES ☐ NO
Are you currently receiving other benefits, from employer or others?	☐ YES ☐ NO
Have any agreements been made in connection with the resignation?	☐ YES ☐ NO
Other reasons for special need for financial aid?	☐ YES ☐ NO
Any social circumstances to be taken into consideration in the determination of compensation? (f.ex. economic responsibility for children(under the age of 18),), large expenses caused by illness/ injury, other extraordinary consequenses caused by illness/ injury, etc.) ☐ YES ☐ NO	
Any other cirsumstances you would like to call attention to?	☐ YES ☐ NO
Comments to the points you have answered "yes" to (you may use a separate sheet if necessary):	
Remember to attach all relevant documentation.	

Attachments:

- Incapability statement
- Latest valid health certificate
- (Copy of medical report)

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.

_____	_____	_____
Place	Date	Signature

Oljearbeidernes Sosiale Ordninger
Kongsgata 54
4005 Stavanger