

Application form Sammen Health fund

For students in Bergen

Last name	First name, middle name	Date of birth
Address (during your studies)		Postal code/location
Phone number	E-mail	Gender
Account number	Name of account holder	
Education institution	Campus	

Expenses regarding: Psychologist Psychiatric polyclinic Dental injury Transport

Sum of the expenses you apply for: Kr _____

I have applied for a refund from Sammen Health fund earlier this year

Yes No

In addition to this form, the following documentation needs to be attached:

All applications: Documentation of paid semester fee for the semester the expenses *) are regarding.

*) The expenses cannot be older than six months

Expenses psychologist: Printout of registered user fees, self-sufficiency limit 1 from Helsenorge.no.

Expenses polyclinic: Printout of registered user fees, self-sufficiency limit 1 from Helsenorge.no. In addition, you need to attach recites or printouts from the appointments at the polyclinic, which confirms that the expenses are regarding psychiatric polyclinic.

Expenses dental injury: Dental repairs of injuries caused by an accident or a fall require documentation from a doctor or a dentist. The documentation needs to contain information about whether or not insurance or the public covers parts of or the whole treatment.

Expenses transport: Documentation from a doctor, which confirms that you cannot use public transport between your home and your educational institution because of an injury or an illness. Taxi bills needs to contain the date, address and the educational institutions address.

Date/place

Signature

Due to treatment of sensitive personal information, applications cannot be submitted by email. Therefore, the application with attachments needs to be sent by post to Studentsamskipnaden på Vestlandet, Parkveien 1, 5007 Bergen. It can also be delivered personally to Sammen's information desk at the student center, mark it with "HELSEFOND"