

**Application to Obtain an Attestation  
for a Québec Resident Going to Norway**  
Agreement of April 1, 1990 between Québec and Norway

**1. Insured person**

Last name at birth			First name		
Date of birth YEAR MONTH DAY	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance Number		Telephone (home) AREA CODE	Telephone (work) AREA CODE
Address in Québec (number, street)					Apartment
Municipality				Québec	Postal code

Complete section 2 or 3 depending on your situation.

**2. Temporary absence from Québec**

Check the appropriate box, depending on the reason for your temporary absence from Québec. <input type="checkbox"/> Work <input type="checkbox"/> Studies					
Date of departure from Québec	YEAR	MONTH	DAY	Expected date of return	YEAR MONTH DAY
Comments, where applicable					

**3. Permanent departure from Québec**

Date of departure from Québec to take up residence in Norway	YEAR	MONTH	DAY
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**4. Identity of the persons accompanying you**

4.1 Your spouse							
Last name at birth	First name	Date of birth YEAR MONTH DAY	Health Insurance Number				
4.2 Dependants under age 18 (persons over 18 must complete their own application)							
Last name at birth	First name	Date of birth YEAR MONTH DAY	Health Insurance Number				
		YEAR MONTH DAY					
Please specify the departure and return dates for these persons, if different from the dates entered in section 2 or 3.							
Date of departure or date of taking residence outside Québec	YEAR	MONTH	DAY	Expected return date (temporary stay only)	YEAR	MONTH	DAY

**5. Insured person's signature**

_____	_____
Signature	Date

## Instructions

To receive health insurance benefits under the Norwegian plan, you must provide confirmation of your coverage issued by the Régie de l'assurance maladie du Québec. To obtain such confirmation, complete sections 1 and 5, section 2 or 3 and, if applicable, section 4 of this form and return it to us at the following address:

**Régie de l'assurance maladie du Québec**  
**Case postale 16000**  
**Québec (Québec) G1K 9A2**

Upon receiving the completed form, the Régie will issue your attestation of affiliation.