



CONFIDENTIAL

HEALTH FUND APPLICATION FOR REFUND OF FEES

THE APPLICATION FORM HAS TO BE FILLED OUT CORRECTLY AND COMPLETELY IN ORDER TO BE HANDLED. TELEMAR STUDENT ASSOCIATION MAY DOUBLE-CHECK THE INFORMATION.

GO TO WWW.SITEL.NO/ HEALTH REFUND FOR GUIDELINES.

SURNAME _____ FIRST NAME _____ EMAIL _____

EDUCATIONAL INSTITUTION (line under) HiT: PORSGRUNN /BØ / NOTODDEN /RAULAND

FU (Folkeuniversitetet) _____

FIELD OF STUDY _____

SHORT-TERM STUDY UP TO 6 MONTHS _____

ADDRESS (during academic year) _____

POSTAL CODE _____ CITY _____

PHONE NUMBER _____ DATE OF BIRTH _____ STUDENT NO. _____

STARTED ACADEMIC YEAR _____ FINISHES ACADEMIC YEAR _____

APPLICATION IS REGARDING (cross out):

___ REFUNDING OF CONTRIBUTORY FEES/ FREE CARD

___ PRIVATE PRACTICING PSYCHOLOGIST/PSYCHIATRIST

___ CHIROPRACTIC OR PHYSICAL TREATMENT

___ TRANSPORT EXPENSES / ADDITIONAL RETURN FOR CONVALESCENT

___ EXPENSIVE ILLNESS OR INJURY

___ TESTING FOR READING/WRITING DISABILITIES

___ GLASSES

___ VACCINE DUE TO STUDY PROGRAM ABROAD

THE TREATMENT COSTS THE TOTAL OF NOK. _____ . THE EXPENSES MUST BE PROVEN.

THE FUNDS WILL BE TRANSFERRED TO YOUR BANK ACCOUNT.

ACCOUNT NUMBER: _____

PLACE AND DATE _____ SIGNATURE _____