

Information we need about incurred and future loss of income as a result of the treatment injury

It is easiest to send us this information through My page (*Min side*), and we recommend that you use My page to send us what we are requesting. Through My page, we can get the right information from you faster.

- [Log in to My page here](#)

Send us information without using My page

If you do not have My page or do not wish to use My page, please write down the information we need and submit it to us.

This is the information you need to send us about incurred and future loss of income as a result of the treatment injury:

- Your case number
- Today's date
- Name, email and phone
- Account number
- Your work situation before the treatment injury occurred
 - a. employed
 - b. student
 - c. receiving disability benefits
 - d. receiving work assessment allowance
 - e. receiving sick pay
 - f. pensioner
 - g. other (describe what you put in other)
- If you had a job, what kind of job or occupation you had
- If you worked part-time, what percentage of full-time equivalent you worked
- What kind of job you have today
 - a. Whether you work to the same extent as before the treatment injury
 - b. If not, tell us your percentage of full-time equivalent and when this started
- Whether you receive sick pay, disability benefits, unemployment benefits or work assessment allowance
- If you have suffered a temporary loss of income, describe the time period and the extent of the loss of income
- Whether you may be entitled to benefits from an insurance company or a pension fund (for example, Kommunal Landspensjonskasse or the Norwegian State Pension Fund)?
 - a. If you are already receiving benefits, tell us the annual amount
- What your future job plans are
- Supplementary comments

Submit to us

Send the information to us by ordinary post or to NPE's Digipost mailbox. Remember to set NPE as the recipient if you submit it via Digipost.