



Application for rehabilitation / disability pension

Information on the Fund member

Name		ID No.
Address		Tel. - Mobile
Post code	Place	Email address

Information on bank account

Bank number	Ledger	Account number
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The account must be in the applicant's name

Information relating to child support

Children under the age of 18

Name	ID No.
Name	ID No.
Name	ID No.
Name	ID No.
Name	ID No.

Confirmation to the Social Insurance Agency (Tryggingastofnun)

The undersigned requests that confirmation of submission of an application for disability pension be sent to the Social Insurance Agency (Tryggingastofnun).

Withholding tax

I understand that once a decision on pension payments has been made, I must inform Gildi if I wish to avail myself of my personal tax allowance (tax card). I must also inform Gildi if I wish my tax payments to go into tax bracket 2 or 3.

VIRK Vocational Rehabilitation

Have you used the services of VIRK Vocational Rehabilitation?

No Yes From what time? _____

Do you have any income / receive a wage from other pension funds?

No

Yes If yes, what fund and what period? _____



Career

Job title	Employer	Period

Doctors you have consulted over the last five years

Institutions you have visited in recent years

Name of institution	Period

Anything else you wish to include

Disclaimer

I, the undersigned, confirm that this application is valid for all pension funds in which I have pensions rights, and I consent to my application and related documentation being sent to those pension funds. I, the undersigned, consent to the following (such consent being valid for all pension funds in which I have pensions rights):

- to provide all information on my health required to assess my entitlement to disability pension.
- that a company physician may assess my disability and deliver a copy of the disability assessment. This disability assessment – and the time at which it is conducted – is based on information on my medical history and previous work capacity and on my prognosis. I am also obliged to undergo a medical examination by the company physician if deemed necessary to assess my entitlement to disability pension.

- that information on my income may be regularly obtained from the tax authorities. I also authorise information on my wage income to be collected from withholding tax records for up to four years preceding the date of request under this letter of proxy, as well as my tax returns for the last ten years. This information will be treated as confidential. All the above-mentioned information may be collected electronically and forwarded to the appropriate pension funds. The information will be used to process this application for disability pension and for regular income monitoring.
- that information on my premium payments to other pension funds may be gathered.
- that information on termination of employment and/or changes to work ratio may be gathered from my employers.
- that information on my entitlement to per diem sickness payments may be gathered from my trade union.
- that all information associated with this application, including information from the Directorate of Internal Revenue, may be electronically registered.
- I understand that disability pension payments may, according to the Articles of Association, be subject to my undergoing rehabilitation.
- By submitting this application, I confirm that the above information is provided to the best of my knowledge and that I am obliged to give notification of any changes to my circumstances to the extent that such changes may have an effect on my entitlement to disability pension or the amount therefore, e.g. information on health or income.

Attachments with the application

<input type="checkbox"/> Detailed medical certificate (issued in the last 3 months)	<input type="checkbox"/> Certificates regarding children not living with the Fund member
<input type="checkbox"/> Other documents	

All information regarding this application will be handled confidentially.

The above declaration constitutes my consent for processing of personal data according to privacy law and law for processing of personal information nr. 90/2018.

Date

Signature

Information on the Fund member

Name

ID No.

Address

Post code

E-mail

Tel. – Mobile

Disclaimer for VIRK Vocational Rehabilitation

- I hereby allow the pension fund to access all necessary data from VIRK Vocational Rehabilitation Fund or pertinent rehabilitation providers that the pension fund deems necessary for assessment of the progress of my rehabilitation. All necessary data could include assessments, rehabilitation plans and results of processes at VIRK.
- I allow for VIRK to receive a copy of my application, physician's assessment, data from physician's note and that VIRK can acquire further data concerning my health, as it may be of concern to VIRK's assessment of work ability and the possibility for vocational rehabilitation.
- I realize that all information will be handled confidentially. The above declaration constitutes my consent for processing of personal data according to privacy law and law for processing of personal information nr. 90/2018.

Place

Date

Signature

Is the applicant a Politically Exposed Person?

- No
 Yes

If yes, why are you Politically Exposed Person?

Explanatory notes:

Gildi is required to check whether the applicant is a Politically Exposed Person as a result of the Act on measures against Money Laundering etc. no. 140/2018. For this reason, the applicant must answer the following question:

Is the applicant a Politically Exposed Person? Politically Exposed Persons are individuals, domestic or foreign, who are or have been entrusted with prominent public functions, together with their immediate family and close associates.

Individual entrusted with prominent public function means:

- heads of state, ministers and deputy or assistant ministers,
- members of parliament,
- members of the governing bodies of political parties,
- supreme court judges, judges on constitutional courts or other high level judges sitting in courts the decisions of which are not subject to further appeal except in exceptional circumstances,
- members of courts of auditors and the supreme officials of central banks,
- ambassadors, chargés d'affaires and high ranking officers in the armed forces,
- members of the administration, management or supervisory bodies of state owned Enterprises,
- directors, deputy directors and members of the boards of international organisations or international institutions.

A person's "immediate family members" are as follows:

- the person's spouse, cohabiting partner in a registered partnership, the person's children, stepchildren and their spouses or cohabiting partners in registered partnerships, the person's parents.

A person's "close associates" are:

- natural persons who are known to have had joint beneficial ownership of a legal person together with a politically exposed person, or other known associates,
- natural persons who have had a close business relationship with a politically exposed person,
- a natural person who is the sole beneficial owner of a legal person which is known to have been established for the benefit of a politically exposed.

Place

Date

Signature