

APPLICATION FOR REHABILITATION / DISABILITY PENSION

Name	ID no.
Address	Post code
Email	Tel./Mobile

Fund member's children under the age of 18 who are supported by the fund member

Name	ID no.
Name	ID no.
Name	ID no.

Information on work capacity

When did you become unable to undertake the work to which the inability is linked: day month year? _____

When did your work capacity begin to decline significantly: day month year? _____

Can you do general domestic chores? Yes No

Are you employed at present?

Yes No If yes, in what work? _____

How many hours a day? _____ From what time, month, year _____

What work do you think you can undertake at present? _____

Have you been to Virk Vocational Rehabilitation?

No Yes From what time: _____ Name of counsellor: _____

Do you receive payments from any of the following entities?

Employer:
 No Yes When will payments from the employer cease? _____

The Directorate of Labour:
 No Yes from date: _____ to date: _____ amount per month _____

Union sickness fund: What union? _____
 No Yes Sickness per day payments from date: _____ to date: _____

The Social Insurance Administration (Tryggingastofnun):
 No Yes Disability pension from date: _____ being processed _____

Others: Which: _____
 No Yes amount per month: _____ to date: _____

Your career

Job title	Employer	Period

Anything else you wish to include

Bank account

Bank No. _____	Acc. type No. _____	Account No. _____
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Withholding taxes

Withholding tax must be paid on pension payments as though they were regular wage payments. It is the responsibility of the pensioner to inform the fund of the pensioner's tax bracket.

Tax bracket 1 (36,94% tax on total taxable income under ISK 893.713 per month)

Tax bracket 2 (46,24% tax on total taxable income in excess of 893.713 ISK per month)

Proportion of personal tax allowance _____ % from date: _____

Attachments to application

- Medical certificates Income estimate Income statement from tax returns from the past 4 years before the loss of capacity to the present date.
- Certificates regarding children not living with the fund member.

1. I will provide the pension fund with all necessary information about my health.
2. I understand that, according to the Articles of Association of the fund, it is possible make it a precondition for the payment of disability pension that I participate in rehabilitation.
3. I authorise the fund to obtain information from VIRK – Vocational Rehabilitation Fund or the relevant rehabilitation entity on the progress of my rehabilitation. I also grant my permission for VIRK – Vocational Rehabilitation Fund to obtain a copy of my application, the assessment of the company physician, data from the physician issuing certificates and to collect further data relating to my health, as this may have an impact on VIRK's assessment of my work capacity and possible rehabilitation.
4. I grant my permission for the pension fund to gather necessary information from the Directorate of Internal Revenue as regards my income and financial position.
5. I grant my permission for the pension fund to gather information on my premium payments to other pension funds.
6. I grant my permission for my application, together with attachments, to be sent to other pension funds into which I have paid.

All information that the pension fund receives as regards this application will be kept in the strictest of confidence.

Date

Signature