

Information on the Fund member

Name

ID No.

Address

Post code

E-mail

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.

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

Can you do general domestic chores?

When did your work capacity begin to decline significantly?

Day/Month/Year

 Yes No**Are you employed at present?** Yes No

If yes, what work

How many hours a day?

From what time; month/year

What work do you think you can undertake at present?

Your career

Job title

Employer

Period

Job title

Employer

Period

Job title

Employer

Period

Anything else you wish to include

Have you been to Virk Vocational Rehabilitation? Yes No

From what time

Name of counsellor

Do you receive payments from any of the following entities?

Employer

 Yes No

When will payments from the employer cease

The Directorate of Labour

 Yes No

From date

To date

Amount per month

Union sickness fund

 Yes No

What union

Sickness per day payments from date

To date

Tryggingastofnun ríkisins (Social Insurance Administration)

 Yes No

Disability pension from date

Being processed

Others

 Yes No

Which

Amount per month

To date

Bank account

Bank No.

Acc. type No.

Account No.

Confirmation to Tryggingastofnun The undersigned requests that confirmation of the submission of the application for disability pension be sent to Tryggingastofnun.**Withholding taxes**

Note that withholding tax must be paid on pension payments as though they were regular wage payments. It is the responsibility of the applicant to inform the Fund of the tax bracket to which the payments belong.

 Tax bracket 1 (36,94% tax on total taxable income under ISK 927,087 per month) Tax bracket 2 (46,24% tax on total taxable income in excess of 927,087 ISK per month)

Proportion of personal tax allowance (%)

From date

Estimated income during the present year

According to the Articles of Association of the Pension Fund, entitlement to disability pension is dependent on the Fund member having suffered loss of income due to loss of work capacity. The aggregate disability pension and child benefits may never exceed the equivalent of the income loss that the Fund member has verifiably suffered due to the disability. When assessing whether there has been any loss of income, the average income of the Fund member over the four calendar years preceding the loss of capacity shall be used as the basis for calculations. The ruling on the pension must also state what wage income is being used as the basis for the calculations, so as to ensure that the Fund member can clearly see at what income limits reductions of disability pension are based. Disability pensioners are under obligation to provide the Fund with information on their income according to wage tax returns if so requested. The pension payments may be delayed or cancelled if the Fund member does not submit the requested information.

Total income per month before loss of capacity ISK

Estimated total income per month this year

Payment period

Salary payments	From	To
Sick-pay fund	From	To
Payments from Tryggingastofnun	From	To
Pension fund income	From	To
Payments from insurance companies	From	To
Income from business activities	From	To
Calculated wages	From	To
Foreign income	From	To
Other income: What?	From	To

Attachments with the application

- Medical certificate
- Certificates regarding children not living with the Fund member
- I have read and approve the following:

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.

Place

Date

Signature