

APPLICATION TO PENSION FUNDS FOR DISABILITY PENSION

Information on the applicant

Name		ID no.
Address		Tel.
Post code	Place	E-mail

Information on bank accounts

Bank	Account type number	Account number
Account number must be registered to the name of the applicant.		

Information on child pension

Children under the age of 18

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

Children between 18-22

Name	ID no.	Bank account
Name	ID no.	Bank account

Confirmation to Tryggingastofnun

<input type="checkbox"/> The undersigned request that confirmation of the submission of the application for disability pension be sent to TR.

Withholding taxes

Please note: Contact the fund as soon a ruling has been made if you wish to take advantage of the personal tax allowance. In addition, send notification if you want the payments to be taxed according to tax bracket 2 or 3

VIRK Vocational Rehabilitation

Have you been to Virk Vocational Rehabilitation ?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, from what time ? _____	

Information on other pension funds

Have you been paid disability pension from other pension funds ?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, from what time ? _____	

Do you receive the following payments ?

Payments from employer	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
When will payments from the employer cease ? _____	
Payments from the Directorate of Labour	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
From date: _____ to date: _____	Amount per month: _____

Payments from Tryggingastofnun
☐ No ☐ Yes
Disability pension from date _____ ☐ Being processed

Have you used rights from the union's sickness fund ?
☐ No ☐ Yes If yes, what union ? _____
Payment period: _____ Amount per month _____

Other payments
☐ No ☐ Yes If yes, which ? _____
To date _____ Amount per month _____

Information on work capacity

When did you become unable to undertake the work to which the inability is linked (day, month, year) _____

What is your work capacity outside the home ?
☐ None ☐ 25% ☐ 50% ☐ 75% ☐ 100%

Are you employed at present ?
☐ No ☐ Yes If yes, what work ? _____

What jobs do you think you can work now ?

Your career

Job title	Employer	Duration

Doctors you have consulted with for the past 5 years

Institutions, including treatment institutions and admissions, for last 5 years

Name of institutions	Duration

Anything else you wish to include

Authorisation

I, the undersigned, confirm that this application applies vis-à-vis all of the pension funds with which I have pension rights, and I consent to having this application and accompanying documents sent to those pension funds. I, the undersigned, consent to the following, and my consent applies vis-à-vis all of the pension funds with which I have pension rights:

- ➡ I agree to provide all information about my health that is necessary to evaluate my eligibility for a disability pension.
- ➡ I authorise the [Fund's] consulting physician to evaluate my disability and provide a copy of my disability assessment. The disability assessment and its timing are based on information concerning my medical history and capacity to work, including past history and the prognosis for the future. I also agree to undergo a medical examination by the consulting physician if it is deemed necessary in order to evaluate my eligibility for a disability pension.
- ➡ I agree to the gathering of necessary information and documentation from VIRK Occupational Rehabilitation or other relevant rehabilitation entities that the Fund considers necessary and relevant to the evaluation of my rehabilitation. This may include professional assessments, rehabilitation timetables, and results of processes at VIRK.
- ➡ I agree that VIRK may receive a copy of my application, the consulting physician's evaluation, and information from the provider of my physician's certificate, and I authorise VIRK to gather further information pertaining to my health, provided that it is relevant to VIRK's evaluation of my loss of capacity and my possible rehabilitation.
- ➡ I agree to the gathering of regular information from Iceland Revenue and Customs on my income. I also consent to and authorise the gathering of information on my income from the tax withholding (pay-as-you-earn, PAYE) register for the four years immediately preceding the request pursuant to this authorisation, together with my income tax returns for the past ten years. This information shall be treated as confidential. It is permissible to gather all of the aforementioned information in electronic form and forward it to the pension funds in question. This information will be used to process this application for a disability pension and to monitor my income.
- ➡ I agree to the gathering of information on the premiums I pay to other pension funds.
- ➡ I agree that my employer may be asked to provide information on my termination of employment and/or changes in my employment percentage.
- ➡ I agree that information may be gathered from my labour union concerning my entitlement to illness-related per diem payments.
- ➡ I consent to the electronic entry of all information relating to this application, including information from Iceland Revenue and Customs.
- ➡ I understand that disability pension payments may be conditional upon my participation in rehabilitation in accordance with the [Fund's] Articles of Association.
- ➡ With this application, I confirm that I have provided the aforementioned information to the best of my knowledge, and I understand that I am required to report changes in my circumstances insofar as they may affect either my entitlement to disability pension payments or the amount of such payments; i.e., information concerning my health or income.

Documents accompanying the application for pension benefits

- ☐ A detailed physician's statement no more than three (3) months old
- ☐ Birth certificates of children under age 18 who do not reside with the Fund member
- ☐ Other: _____

All information received by the Fund in connection with this application will be treated as confidential.

The statement above implies that I consent to the processing of personal data in accordance with the Act on the Protection of Privacy and Processing of Personal Data, no. 90/2018.

Date

Name and ID-number

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