Application for a rehabilitation or disability pension

Name	ID No.
Address	Postcode and location
Email	Phone/Mobile

Bank account

Bank- sort code – account number (applicant must be the owner of the account):

Children under 18 years of aged maintained by the applicant

Child's name	Child's ID No.
Child's name	Child's ID No.
Child's name	Child's ID No.
Child's name	Child's ID No

Children 18-22 years of age

Child's name	Child's ID No.
Child's name	Child's ID No.

Confirmation to be submitted to the State Social Insurance Administration (Tryggingastofnun)

☐ I request that a confirmation of this application for a disability pension be submitted to the State Social Insurance Administration.

Tax deduction at source

Please note that when a formal decision is available the applicant must submit information to the pension fund regarding the utilisation of personal tax credit and relevant tax bracket

Virk Vocational Rehabilitation

Have you been previously registered at Virk-Vocational Rehabilitation?

☐ No ☐ Yes If yes, from what time?_____

Have you previously received disability pension from a pension fund?

☐ No ☐ Yes If yes, from which fund and which period?_____

Do you receive payments from any of the following?

Payments from employer

☐ No ☐ Yes When will payments from employer terminate?_____

Payments from the Directorate of Labour (Vinnumálastofnun)

☐ No ☐ Yes from date: _____ to date:_____ amount per month: _____

Payments from the State Social Insurance Administration (Tryggingastofnun)

☐ No ☐ Yes ☐ In process Rehabilitation or disability pension from date:_____

Sickness benefits from a trade union health insurance. Which trade union? _____

☐ No ☐ Yes From date:_____ To date._____ amount per month:_____

Information on work capacity

When did you become unable work due to disability? *Date month, year:* _____

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

Are you currently employed?

☐ Noi ☐ Yes If yes, what employment?_____

How many hours a day?_____From what time? *month year:* _____

Other information you want to include?

STAPI
LÍFEYRISSJÓÐUR

Power of attorney

I, the undersigned, confirm the validity of this application **with respect to all pension funds where I hold entitlements** and my acceptance that the application, together with all relevant documentation, will be submitted to the pension funds in question. I, the undersigned, **agree to the following terms and confirm that this agreement is valid with respect to all pension funds where I hold entitlements;**

- ☐ To provide all information relating to my health, which may be necessary to estimate my entitlement to a disability pension.
- ☐ That an occupational health medical practitioner assess my disability and submits a copy of the disability assessment. The disability assessment and its timing is based on information regarding my medical history and work capacity in the past and my future prognosis in this respect. I am, furthermore, under obligation to undergo an examination by the occupational health medical practitioner, should this be regarded as necessary to assess my entitlement to a disability pension.
- ☐ That necessary information be obtained from Virk-Vocational Rehabilitation or an appropriate rehabilitation specialist as to the progress of my vocational rehabilitation, in so far as this can be proved to relate to my loss of capacity to work.
- ☐ That Virk may be supplied with a copy of my application, occupational health medical practitioners' assessment, documentation from a physician who issues medical certificates and that Virk will be enabled to obtain further documentation with regard to my health, in so far as this may relate to the assessment of my reduced work capacity as well as my potential vocational rehabilitation.
- ☐ That information relating to my income may be regularly obtained from the Iceland Revenue and Customs (Skatturinn). I, furthermore, agree and authorise that information from the tax register regarding my employee income may be obtained, up to four years back in time from the date of the request concerned, as granted by this power of attorney and the tax returns of the past ten years. This information will be treated as confidential. All the above information may be obtained electronically and forwarded to the relevant pension fund. The information will be used in the processing of this disability pension application and in relation to regular income monitoring.
- ☐ That information may be obtained regarding my premium payments to other pension funds.
- ☐ That information may be requested from my employer with regard to my termination of employment and/or variations from full-time employment.
- ☐ That information may be obtained from my trade union regarding the entitlement of receiving a sick pay per diem allowance.
- ☐ That all information relating to this application will be electronically registered, including documents from the Iceland Revenue and Customs (Skatturinn)
- ☐ I am aware that my disability pension payments may be conditional upon my participation in vocational rehabilitation as specified in the Fund's Articles of Association.
- ☐ I confirm, by means of this application, that the information provided above is to the best of my knowledge and that I am obliged to provide details of any alterations to my status in so far as this may affect my entitlement to receiving a disability pension, or the amount thereof, as for example with regard to health or income.

Required attached documents

- ☐ A detailed medical certificate issued within the past three months
- ☐ Birth certificates of children who do not reside at fund member's address
- ☐ Other

All information received by the Fund regarding this application will be handled as confidential

By my signature, I accept that the information I provide in this application will be saved and registered in my transaction history at Stapi Pension Fund. All processing of personal information, including its acquisition, registration, electronic recording and handling is in accordance with the Act on Personal Data Protection and the personal data protection policy of Stapi Pension Fund, published on the Fund's website.

Place and date	Applicant signature