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Application for a sickness allowance

AFL Sickness Benefit Fund
Búðareyri 1 • 730 Reyðarfirði
sjukrasjodur@asa.is

Sjúkrasjóður

Name	ID No.

Address	Postcode	Place

Home phone	Mobile phone	E-mail

Workplace	Workplace phone

Own illness ☐ Spouse's/child's illness ☐ Alcoholism treatment ☐

Bank	Acc. type	Account No.

Places of work in the 12 months prior to the illness/accident:

Date that wage payments from employer ceased:

Date of physician's certificate:	Applies for a limited/unlimited period; applies until:

Other payments which the applicant receives:
Pension fund ☐ Insurance company ☐ Social Insurance Administration ☐ Amount of payment:

During the past 12 months, has the applicant been a member of, or received a grant or allowance from, any other sickness benefit fund of a member association of the Icelandic Federation of Labour Unions?
No ☐ Yes ☐ Which sickness benefit fund:

Applicants are obligated to mention any wage income and any payments from insurance companies or the Social Insurance Administration. False information from the applicant may result in losing the right to benefits from the AFL Sickness Benefit Fund.

Through her/his signature, the applicant provides the AFL Sickness Benefit Fund with permission to obtain further materials concerning the application, such as information on pay-as-you-earn tax and on payments from the Social Insurance Administration and/or other agencies/pension funds, cf. the Act on the Protection of Privacy as Regards the Processing of Personal Data. In addition, the applicant provides the consulting physician of the Sickness Benefit Fund with permission to review physicians' certificates and other materials related to the application.

Date	Applicant's signature

This application must be accompanied by:
Wage slips ☐ Other materials related to the application ☐
Physician's certificate ☐ Tax card ☐ Employer's confirmation that wage payments have ceased ☐

To be filled out by an agent of the Sickness Benefit Fund

	Date sent to the Board
Total wages, 6/12 months	Date of taking action
Average wages	Paid by the Social Insurance Administration
80%	Paid by the Sickness Benefit Fund

Date	Agent's signature