

DISABILITY PENSION

CONDITIONS:

- If a fund member becomes incapable of performing the work which entitled him/her to membership in the fund the member is entitled to a disability pension:
- if the disability is assessed as at least 50%;
- if the member has suffered a loss of income due to the disability.
- No disability pension is paid if the loss of capacity has lasted for a period shorter than six months.

DOCUMENTATION:

- **Application form**
- **Medical certificate** in connection with application for disability pension
- **Print-outs of income tax returns** for the three years prior to loss of capacity.

Application forms must be filled out clearly and completely, otherwise processing of the case could be delayed.

ASSESSMENT OF DISABILITY

The fund member will be invited by letter to an **interview and examination** by the fund's medical officer.

Attention is drawn to the fact that applications received by LV for a disability pension are handled by a professional team from VIRK and the fund's medical officer. A specific examination is made of whether vocational rehabilitation should be attempted before assessing disability.

Application no.

APPLICATION FOR DISABILITY PENSION

Name	Id./Reg. No.
Address	Postal code and location
E-mail address	Home tel. / Mobile

BANK ACCOUNT NO.

Name of bank and branch no.	Type of account	Account no.
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FUND MEMBER'S DEPENDENT CHILDREN UNDER AGE 20

Name	Id. No.
Name	Id. No.
Name	Id. No.

DISABILITY PENSION PAID PREVIOUSLY

Has the fund member received a disability pension from another pension fund? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what fund and for what period?

PAYMENTS

Payments from employer <input type="checkbox"/> No <input type="checkbox"/> es When will payments from the employer cease?
Payments from State Social Security Institute <input type="checkbox"/> No <input type="checkbox"/> s rehabilitation pension from: _____ until: _____ being processed <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> s disability since: _____ being processed
Payments from unemployment insurance fund <input type="checkbox"/> No <input type="checkbox"/> s From: _____ From what union? _____ Until: _____ Monthly amount: _____
Payments from a union sickness fund <input type="checkbox"/> No <input type="checkbox"/> es Sickness benefits from: _____ From what union? _____ Until: _____
Other payments <input type="checkbox"/> No <input type="checkbox"/> es What? _____ Until: _____ Monthly amount: _____

INFORMATION ON WORK CAPACITY

When did you become unable to carry out the work which is affected by the disability? (Day Month Year)	
When did your work capacity begin to be significantly reduced? (Day Month Year)	
What is your work capacity now outside the home? <input type="checkbox"/> None <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	What is your household work capacity now? <input type="checkbox"/> None <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
Are you working now? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what work do you do?
How many hours per day?	Since what time? (Month Year)
What work do you think you could do now?	

YOUR WORKING CAREER

Position	Employer	Period
Other details you wish to mention?		

VR UNION DUES

According to Art. 9 of VR's rules, disabled persons may pay 0.7% union dues from their disability pension which accrues to the union's funds to ensure their entitlement from the funds. The conditions which the disabled person must satisfy to acquire this right are to have been a continuous member of VR for 5 years before the disability arose and that the annual payments of union dues from the disability benefits meets the minimum for union dues in each instance.

Request to pay union dues to VR if eligible to do so

Yes No

INCOME TAX CARD

The income tax card and details of tax rate are entirely the responsibility of the pension recipient. Please provide the fund with written details of tax card utilisation.

TAX INFORMATION

Income tax is withheld on pension payments as in the case of normal wages paid. It is the responsibility of each rightholder to inform the fund of the income tax rate which should apply.

- Tax rate 1 (36.94% tax on total taxable monthly income up to ISK 834,707)
- Tax rate 2 (46.24% tax on total taxable monthly income over ISK 834,708)

VIRK REHABILITATION FUND

Have you been interviewed by a counsellor of vocational rehabilitation funds?

- Yes No Wish to attend an interview

THE UNDERSIGNED HEREBY CONSENTS TO THE FOLLOWING:

- that the fund's medical officer assess my disability and that the fund receive a copy of the disability assessment;
- that the pension fund obtain information on contributions paid to other funds;
- that the pension fund obtain information from the vocational rehabilitation fund VIRK or relevant rehabilitation agent on the progress of my rehabilitation;
- that the vocational rehabilitation fund VIRK receive a copy of my application, the medical officer's assessment and documentation from the physician who issued the medical certificate, and can obtain further documentation concerning my health situation, provided this could affect VIRK's assessment of eligibility for work and possible rehabilitation;
- to provide the fund with all information concerning my health which is necessary to judge my entitlement to a disability pension;
- that the pension fund receive regularly information from tax authorities on my income, which will be treated confidentially;
- to authorise the pension fund to record electronically information on my disability.
- These authorisations also apply to other pension funds where the entitlement to disability pension has developed.
- I am aware that according to the fund's Articles of Association payment of disability pension may be made conditional upon my participation in rehabilitation.
- In affixing my signature I confirm that the above information is provided according to my best knowledge and that I will inform the pension fund of any changes to my income and other circumstances which could affect payments.

Date and location

Signature