

# Efling-Trade Union Sickness Benefits Fund



## Application for Death Benefits

Name of the deceased: \_\_\_\_\_

Personal ID number of the deceased: \_\_\_\_\_

Last place of work: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Personal ID number: \_\_\_\_\_ Tel.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode/City: \_\_\_\_\_

Death benefits are paid to an estate and are submitted to the deceased person's account.  
If the deposit should be made to an inheritor's account, an authorization is required from other inheritors.

Bank - Ledger - Account:

\_\_\_\_\_ ID number: \_\_\_\_\_

The following documents accompany the application:

- A certificate from the District Commissioner / A progress overview of the estate distribution
- An authorization from other inheritors (if the deposit should be made to an inheritor's account)
- Other documents: \_\_\_\_\_

By filling out this form, the applicant authorises the union to process the deceased person's personal data, i.e. review of the application and the supporting documents, reference to the union membership register, registration of the application, its outcome and the paid amount. If applicable, the applicant authorises the fund to review the application and/or a review by a lawyer from the union. The applicant also authorises an employee of the fund to gather, if applicable, further documents in support of the application, such as information from an employer, a pension fund or the national register.

Date \_\_\_\_\_

Applicant's signature

The application and supporting documents can be sent to [sjukrasjodur@efling.is](mailto:sjukrasjodur@efling.is)

## Processing by the Sickness Benefits Fund

Grant decision:

Date \_\_\_\_\_

Employee's signature