

Efling-Trade Union Sickness Benefits Fund



Grant Application

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Physical fitness | <input type="checkbox"/> Physiotherapy/Rehabilitation | <input type="checkbox"/> Glasses/Contact lenses | <input type="checkbox"/> NLFÍ Rehabilitation |
| <input type="checkbox"/> Icelandic heart association | <input type="checkbox"/> Cancer screening | <input type="checkbox"/> IVF/Artificial insemination | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Psychological therapy | <input type="checkbox"/> Laser eye surgery | <input type="checkbox"/> Other _____ | |

Applicant's name: _____

Personal ID number: _____ Place of Work: _____

E-mail: _____ Tel.: _____

Address: _____ Postcode/City: _____

Grants are deposited into a bank account. Please make sure to write the correct bank, ledger and account number.

Bank - Ledger - Account:

An electronic payment slip will be sent to your on-line bank.

AN APPLICATION WILL NOT BE PROCESSED UNLESS THE NECESSARY DOCUMENTS ARE PROVIDED

Payments are made on the last working day of each month for applications submitted before or on the 20th of the same month.

The following documents accompany this application:

A valid invoice stating the buyer's ID number, the seller's ID number, product or service paid for and the paid amount.

Other documents _____

By filling out this form, the applicant authorises the union to process their 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 _____

Processing by the Sickness Benefits Fund

Grant decision: _____

Date _____

Employee's signature _____