
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

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 for disability pension

Applicant

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

Bank account no.

Name of bank and branch no.	Type of account	Account no.
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Fund member's children under 20 years of age supported by the fund member

Name	Id./Reg. No.
Name	Id./Reg. No.
Name	Id./Reg. No.

Disability pension paid previously

Has the fund member received a disability pension from another pension fund?

Yes No

If yes, what fund and for what period?

Payments

Payments from employer

No Yes

When will payments from the employer cease?

Payments from State Social Security Institute

No Yes

Rehabilitation pension from: _____ Until: _____ being processed

No Yes

Disability since: _____ being processed

Payments from unemployment insurance fund

No Yes

From what union?

From: _____ Until: _____ Monthly amount: _____

Payments from a union sickness fund

No Yes

From what union?

Sickness benefits from: _____ Until: _____

Other payments

No Yes

Until: _____ What? _____ 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? What is your household work capacity now?
Engin 25% 50% 75% 100% Engin 25% 50% 75% 100%

Are you working now? No 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
Position	Employer	Period
Position	Employer	Period
Position	Employer	Period
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.

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.

Other monthly income: _____

Tax rate 1 (31,48 % tax on total taxable monthly income of up to ISK 446.136)

Tax rate 2 (37,98% tax on total taxable monthly income of from ISK 446.137 to 1.252.501)

Tax rate 3 (46,28% tax on total taxable monthly income over ISK 1.252.502)

Personal tax credit percentage: _____ from (date): _____

VIRK rehabilitation fund

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

Yes No Wish to attend an interview

Consent

In affixing my signature, I confirm that this application shall be valid for all the pension funds where I hold a pension entitlement, and consent to have this application and application documents forwarded to those pension funds. I consent to the following and this consent applies to all the pension funds where I hold a pension entitlement:

- to provide all information on my health necessary to assess my right to a disability pension;
- to have the fund's medical officer assess my disability and deliver a copy of the disability assessment. The disability assessment and its timing are based on information about my health history and retroactive work capacity and future prospects. Furthermore, I am obliged to undergo a medical examination by the fund's medical officer if deemed necessary to assess my right to a disability pension;
- to have the necessary information on the progress of my rehabilitation obtained from the vocational rehabilitation fund VIRK or relevant rehabilitation agency, provided this specifically concerns assessment of my reduced work capacity;
- to have 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 for VIRK to obtain further documentation concerning my health situation, provided this could affect assessment of my reduced work capacity and possible rehabilitation;
- to have information on my income obtained regularly from the Directorate of Internal Revenue. I also consent to and authorise information about my wage income from the withholding tax register to be obtained up to 4 years back in time from the time it is requested under this consent and from my tax returns for the last 10 years. All information will be treated as confidential. All the above-mentioned information may be obtained in electronic format. The information will be used in processing this application for a disability pension and for regular income checks;
- to have information gathered on my premiums paid to other funds;
- to request information from my employer concerning the termination of employment and/or changes in the proportion of a full-time position;
- to have information gathered from a trade union concerning the right to per diem sickness benefit payments;
- to electronic registration of all information related to this application, including information from the Director of Internal Revenue.
- I am aware that, under the fund's Articles of Association, payment of a 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 am obliged to inform the pension fund of any changes to my circumstances which could affect my entitlement to disability pension payments or their amount, such as concerning health or income.

All information received by the pension fund in connection with this application will be treated as confidential.

Undersigned

Date and location

Signature

I authorise the electronic registration of my pension information

[Information on the Fund's use of the applicant's personal data is available here.](#)



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