

**The BSRB Benefits Fund  
Application form**

All applications will be  
treated with confidentiality

**Application no.** \_\_\_\_\_

**Application for a grant from the BSRB Benefits Fund**

*Applications shall be submitted before the 15<sup>th</sup> of each month together with the required documents. As a rule, it is paid out the last day of each month or the next working day thereafter.*

Name \_\_\_\_\_

National ID number \_\_\_\_\_

Address \_\_\_\_\_

Postal code/Place \_\_\_\_\_

Home phone \_\_\_\_\_

Trade Union (within BSRB) \_\_\_\_\_

Mobile phone \_\_\_\_\_

Full-time equivalence (%) \_\_\_\_\_

Work phone \_\_\_\_\_

E-mail \_\_\_\_\_

Present workplace \_\_\_\_\_

bank/branch – account type – account number

Grant amount deposited to bank account: \_\_\_\_\_

Account owner's ID number: \_\_\_\_\_

**Applied for:**

- ( ) Sickness benefits according to article 2 – 4 of the fund's allocation rules
- ( ) Sickness benefits on the grounds of illness of partner or children.

The application shall be accompanied by:

1. A medical certificate attesting to the applicant's ability to work.
2. Pay slips covering the last 12 months.
3. A certificate from the wage payer stating when the applicant started working for the employer, how many sick days the applicant had with the employer and on what day that sick pay right ended. (It is possible to access the form "Vottorð vinnuveitanda" on the fund's website at styrktarsjodur.bsrb.is).

- ( ) Maternity grant according to article 10.

*(An application form, a birth certificate issued by the National Registry and a certificate from the wage payer filled out by the employer specifying the terms of employment, need to be submitted.)*

- ( ) Physical therapy, therapeutic massage, acupuncture, chiropractic treatment and/or training at the Heart and Lung Centre according to article 5 and 6, item a.

*(An original invoice from the party in question stating the applicant's name and ID number, the number of treatments, their dates and amounts, needs to be submitted.)*

- ( ) Cancer screening ( ) Checkup at the Heart Association

*(An original invoice stating the applicant's name and ID number, date and amounts, needs to be submitted.)*

- ( ) Travel grant according to item c.

*(A written account and originals of invoices stating the applicant's name and ID number, dates and amounts, need to be submitted.)*

- ( ) Physical training according to item d.

*(An original invoice stating the applicant's name and ID number, period and amount, needs to be submitted. The fund does not support punch cards).*

- ( ) Adoption according to item e.

*(A cost overview from the Icelandic Adoption Society as well as a certificate from the National Registry stating the arrival of the child in the country, need to be submitted).*

- ( ) In vitro fertilization ( ) Artificial insemination according to item e.  
*(An original invoice stating the applicant's name and ID number, period and amount, needs to be submitted).*
- ( ) Laser eye-surgery ( ) Buying of glasses according to item f.  
*(An original invoice stating the applicant's name and ID number, period and amount, needs to be submitted).*
- ( ) A stay at the NLFH Rehabilitation and Health Clinic according to item g.  
*(An original invoice stating the applicant's name and ID number, period and amount, needs to be submitted).*
- ( ) Social-, family counselling and/or psychological advice according to item h.  
*(An original invoice from the party in question stating the applicant's name and ID number, the number of treatments, their dates and amounts, needs to be submitted).*
- ( ) A funeral of a fund member according to article 6 of the fund's allocation rules.  
*(A death certificate needs to be submitted).*
- ( ) The provision of article 7 of the allocation rules.  
*(A written account and originals of invoices relevant to the application must be submitted).*
- ( ) Applied for a grant on the grounds of dental cost according to article 8.  
*(An original invoice from the party in question stating the applicant's name and ID number, the number of treatments, their dates and amounts, needs to be submitted).*
- ( ) Applied for a grant to buy hearing-aid equipments according to article 8.  
*(An original invoice from the party in question stating the applicant's name and ID number needs to be submitted).*

*The BSRB Benefits Fund reserves the right to examine information about fund contribution on behalf of a fund member during the period that affects his right to application. With his signature, a fund member has confirmed that he has studied the fund's rules and that all the information on this application form is given according to the best of his knowledge.*

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
The applicant's signature