## **Application for cash sickness benefits**



Vínlandsleið 16 113 Reykjavik Tel No. 515 0000 www.sjukra.is

1. Name of applicant		2. ID No.			
3. Address	4. Post code	5. City/Town			
6. Home/Mobile/Work phone		7. E-mail address			
8. Name of guardian if the applicant is younger than	118	9. ID No.			
10. Position of the applicant prior to illness and the	necessary attachment	s with the application			
Note that the application will not be processed delivered.	until after the nece	essary attachments have	been		
Documents that must be submitted with the applica	a) <b>Wage earner</b> . Stopped working due to illness on and was employed in a % position.  Documents that must be submitted with the application:				
<ol> <li>Medical certificate for cash sickness benefits.</li> <li>Employer's certificate (the form is an attachment to the application for cash sickness benefits).</li> </ol>					
b) Self-employed. Stopped working due to illness on and was employed in a % position.  Documents that must be submitted with the application:  1. Medical certificate for cash sickness benefits.					
When processing cash sickness benefits to self-employed persons, account is taken of the calculated compensation for which payroll tax has been paid. When a self-employed person loses his/her source of income due to illness, the tax authorities must be notified. The information will be sent electronically to SÍ.					
c) Student over the age of 18. Stopped attending school on Documents that must be submitted with the application:  1. Medical certificate for cash sickness benefits.  2. Certificate from the school due to absence from studies stating the number of credits at the beginning of the semester and which academic course/s the applicant was unable to complete.					
d)  Home birth.  Documents that must be submitted with the application:  1. Certificate of home birth from midwife.					
<ul> <li>e) Specialised alcohol- and/or substance abuse treatment lasting at least 21 days.</li> <li>Documents that must be submitted with the application: <ol> <li>Medical certificate for cash sickness benefits, from the treatment centre.</li> <li>If provisions a) to d) above apply to the applicant, further documents, in accordance to what is stated therein, must be submitted.</li> </ol> </li> </ul>					
f)  Home-maker. Work in own home was discontinued on . Documents that must be submitted with the application:  1. Medical certificate for cash sickness benefits.					
g) Application for home-care allowance. Home-care allowance may only be refunded to those receiving half cash sickness benefits. Refunds may be a maximum of the amount of half cash sickness benefits, so that the total payment amounts to full cash sickness benefits.					
Documents that must be submitted with the application:  1. Invoice itemising working hours, paid wages and the ID No. of the recipient.					

		of 18 who are supported by the ng to Þjóðskrá (Register Icela	applicant but <b>are not registered at the</b>		
11. Names		12. ID Nos.	13. Legal residence		
14. Other information that the applicant wishes to include					
15. Request	deposit of payments to	0	21. ID No.		
Bank	Acc. type	Account No.			
Bear in mind ccount.	that all your paymer	nts from Sjúkratryggingar Ísla	ands will be deposited into the same		

With his/her signature, the applicant authorises Sjúkratyggingar Íslands to gather the necessary information on the applicant's income from the tax authorities as well as any payments to the applicant from Tryggingastofnun, the Unemployment Insurance Fund, the Directorate of Labour or other comparable agencies overseas together with the necessary medical information.

When necessary, the applicant also gives Sjúkratryggingar Íslands authorisation to obtain additional information from employer regarding pay.

Date	Applicant's signature	Guardian's signature if the applicant is younger than 18

## Note:

- Cash sickness benefits are subject to withholding tax and are payable as of the 15th day of illness if the illness persists for 21 days or more.
- The start of the period of waiting is based on the date that a physician confirms the inability to work.
- Cash sickness benefits are not paid retroactively for longer than 2 months after the submission of an application and/or when other necessary documentation has been submitted to make it possible to make a decision on benefit entitlement. Sjúkratrygingar Íslands may, however, extend this period to up to 6 months if the benefit entitlement is undisputable.
- Incorrect or insufficient information can curtail or prevent payment of benefits.
- Responses to applications and payment documents will appear on www.sjukra.is Entitlements portal - services for individuals.

## **Employer's certificate**



Relating to the application for cash sickness benefits

Vínlandsleið 16 113 Reykjavik Tel. 515 0000 www.sjukra.is

1. Company name		2. ID No. of company
t is hereby certified that		
3. Name of employee		4. ID No. of employee
5. When was the last working day o	of the applicant before the beginning of	the illness?
6. FT/PT ratio	%	
7. The employee is entitled / was e	ntitled to wages up to and including	
O Othor information that the analy	avan wiahaa ta inahuda	
8. Other information that the emplo	byer wisnes to include	
Place and date	Signature and stamp of employer	

The payroll officer is authorised to send this information to the e-mail dagpeningar@sjukra.is. Doing so generally means that it is not necessary to submit a signed certificate from the employer.