Application for disability benefits due to accident

in accordance with Article 34 of Act No. 100/2007 on Social Security

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

1. Name		2. ID No.
3. Address	4. Post code	5. Place
6. Home/Mobile/Work phone	7. E-mail address	

9. Name of parent if the injured is younger than 18	10. ID No.

11. Accident for which the application is submitted (Specify accident date/s and SÍ's case number if possible)
12. Description of the consequences of the accident and medical treatment for the accident (Specify the names and operating centres of treatment entities)
13. Has the applicant suffered any previous accident/s that have been assessed for medical disability? (Specify accident date and date of assessment)

14. Documentation that must be available	☐ Accident insurance continuation certificate on a form from Sjúkratryggingar Íslands filled in by your GP / treatment physician with information on your earlier health. The certificate may not be older that three months.	☐ Assessment reports on earlier accidents. Specify accident days and dates of assessment.	☐ If appropriate, an assessment report from an insurance company relating to the accident for which the application is made.

Informed consent.
I grant Sjúkratryggingar Íslands, ID No. 480408-0550, and others working under its authority, unequivocal permission to gather information, data and medical files from physicians, hospitals and other treatment entities/institutions as regards my health at present as well as earlier/later diseases and accidents that are relevant to the assessment of the consequences of the accident. Furthermore, I authorise SÍ to gather any necessary information and supporting evidence about income/payments and entitlements from Tryggingastofnun ríkisins (The State Social Security Institute), employers and tax authorities as necessary for determining the amount of the compensation claim.

Likewise, I authorise SÍ to submit inquiries to my former/present employer about any period/s of inability to work that may be attributed to the above event. Finally, SÍ may gather any necessary information and supporting evidence about earlier claims from insurance companies as may be necessary for determining compensation for the above accident.

All information will be treated as confidential. The above statement entails an approval to process personal data pursuant to Act No. 77/2000 on the Protection of Privacy as Regards the Processing of Personal Data. This approval may be revoked at any time.

15. Applicant's signature	16. Date