



Application for a grant

AFL Sickness Benefit Fund
Búðareyri 7 • 730 Reyðarfirði
sjukrasjodur@asa.is

Name		ID No.	
Address		Postcode	Place
Home phone	Mobile phone		E-mail
Workplace			Workplace phone

The grant applied for is on account of: <input type="checkbox"/> Health improvement <input type="checkbox"/> Cost of glasses/laser treatment <input type="checkbox"/> Cost of a hearing aid <input type="checkbox"/> Cost of a child's glasses <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Child's physiotherapy <input type="checkbox"/> Heart disease/cancer <input type="checkbox"/> Artificial insemination <input type="checkbox"/> Travelling expenses <input type="checkbox"/> Other	Bank	Acc. type	Account No.
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If the grant applied for is on account of buying glasses or physiotherapy for the child of a fund member, please specify the child's name and ID No.

Has the applicant been a member of, or received a grant from, any other sickness benefit fund of a member association of the Icelandic Federation of Labour Unions during the past 12 months? No es What sort of grant:

False information from the applicant may result in a loss of rights to the AFL Sickness Benefit Fund.

Each application must be accompanied by a legitimate receipt showing the name, ID number and value-added tax number of the payment recipient. The name of the applicant/child must also appear on the receipt. Applications regarding physiotherapy must be accompanied by a physician's certificate or referral. Applications regarding travelling expenses must be accompanied by a denial of payment from the Social Insurance Administration.

Date	Applicant's signature
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To be filled out by an agent of the Sickness Benefit Fund

Comments	Date sent to the Board
	Date of taking action
	Decision
	Paid by the Sickness Benefit Fund
Date	Agent's signature