



Application for invalidity Pension and related payments¹

- The Social Insurance Administration (SIA) invalidity assessment is a prerequisite for an invalidity pension and related payments. Your rights are determined by the period you have resided in Iceland, they are as well linked to your income. It is very important that you inform SIA of any changes of your income or circumstances.
- The following documents must be included in your application: A medical certificate, estimation of income, questionnaire on the impairment of your capabilities and confirmation of an application to a pension fund.
- If the requirements for an invalidity assessment for pension is not fulfilled, the application will be treated as an application for an invalidity allowance.
- If you need help to fill out the application you can always contact SIA and its agents throughout Iceland.

1. Name of applicant		2. National ID
3. Domicile	4. Postal code	5. Town/City
6. Home telephone / Mobile		7. Email address

8. You must first apply for an invalidity pension from your pension fund before you apply at SIA. Documents must be presented which confirm whether you have rights or not.		
Do you have a right to payments from mandatory employment-related pension(s)?	<input type="checkbox"/> Yes, Where?	<input type="checkbox"/> No
Have you lived and/or worked abroad?	<input type="checkbox"/> Yes, Where?	<input type="checkbox"/> No
Do you have pension rights abroad?	<input type="checkbox"/> Yes, Where?	<input type="checkbox"/> No

9. Do you request payments retroactive?²	<input type="checkbox"/> Yes,	<input type="checkbox"/> No
Pensions may be paid retroactive up to two years.	For what period? Month and year	
Documents with the application must support payments for a period that are retroactive.		

10. A household supplement may be paid to a pensioner benefitting from income insurance if he or she operates the household alone, has a spouse in a nursing home, lives with a child/children younger than 18 years of age, or a youth(s) 18-20 years old that are in school.		
Are you applying for a household supplement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing circumstances:		
Do you live in your own property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live in rental housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accompanying documents: Signed housing lease agreement		
Are there any other circumstances that can affect payments?		

¹ An application for a invalidity pension entails an application for income insurance, an age-related invalidity supplement and a special supplement regarding support. On the form it is also possible to apply for a household supplement, pension supplement and a child allowance

² Retroactive payments can affect the calculation that regard the period of residence, etc., along with redetermination by tax authorities.

11. A pension supplement may be paid regarding own expenditure if the total income³, including payments from SIA, are less than ISK 225,070 per month, and money assets or stocks are less than ISK 4,000,000 (ISK 8,000,000 for a married couple/cohabiters).	
Are you applying for a pension supplement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, because of:	Required documents:
<input type="checkbox"/> Medicinal product or medical assistance	None, costs are assessed in accordance with information from Icelandic Health Insurance.
<input type="checkbox"/> Home care	Confirmation of costs that are not paid by government parties.
<input type="checkbox"/> Electricity for oxygen filter	SIA seeks confirmation from the National-University Hospital.
<input type="checkbox"/> Hearing aid purchase	Invoice for purchase of hearing aids, not more than four years old.
<input type="checkbox"/> Residing in a community residence/halfway house	Signed confirmation of residence from a supervisor/director.
<input type="checkbox"/> Housing rental that falls outside a municipality's housing allowance	A housing rental agreement, signed by a lessor/agent and the lessee, and confirmation of not having a right to a housing allowance.

12. Child allowance may be paid to a pensioner supporting his or her own child/children under the age of 18.	
Are you supporting a child/children under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you applying for a child allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please write the names and National IDs of children and their parents, if relevant. Names of children residing with others / not living at the applicant's must also be included.

Child's name	National ID
Names of parents	National IDs of parents
Child's name	National ID
Names of parents	National IDs of parents
Child's name	National ID
Names of parents	National IDs of parents
Child's name	National ID
Names of parents	National IDs of parents

³ Taxable income, cf. Art. 7 of the Act on Income Tax no. 90/2003.

13. Payments shall be deposited into the applicant's following bank account:		
IBAN number:	SWIFT code: :	Account number:

With my signature I authorise SIA to gather necessary information that may affect the amount of payments, for monitoring and collecting overpaid allowances, from tax authorities, pension funds, the Unemployment Insurance Fund, the Directorate of Labour and at comparable agencies and institutions abroad, if relevant. I also authorise SIA to gather necessary documents from tax authorities, the Directorate of Labour, Registers Iceland, the Municipal Child Support Collection Centre, the State Prison Administration, the Directorate of Immigration, National Commissioner of the Icelandic Police, Icelandic Transport Authority, pension funds, medical institutions, sanatoriums and nursing homes, municipalities, Icelandic Student Loan Fund, recognised educational institutions within the general educational system and university-level schools in order to assess the right to payments.

Place and date:	Applicant's signature:
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The signed application shall be submitted to SIA or its agents.