

## Application for payments from the Maternity/Paternity Leave Fund



*Each of the parents needs to complete his or her own form*

Documentation may be returned to the e-mail address: [faedingarorlof@vmst.is](mailto:faedingarorlof@vmst.is), and by post to **Fæðingarorlofssjóður Strandgötu 1, 530 Hvammstanga - or to the nearest Vinnumálastofnun Service Centre.**

1. Name	National ID number	
2. Address	Postal code	Municipality
3. Home phone / Mobile phone / Work phone	E-mail address	
4. I wish to receive: <input type="checkbox"/> letters/messages from Fæðingarorlofssjóður by <b>e-mail</b> , sbr. cf. section 3. <input type="checkbox"/> letters/messages from Fæðingarorlofssjóður by <b>regular post</b> .		
5. Name of the other parent	National ID number of other parent	

### Birth, adoption and long-term fostering

6. a) Each parent has a 3 month <b>independent entitlement</b> (90 days). I intend to use this entitlement for a period of _____ days.
b) The <b>joint entitlement</b> of parents is 3 months (90 days). Of this period of joint entitlement I intend to use _____ days.
c) <b>One parent</b> the entitlement of a parent is 9 months (270 days). I intend to use this entitlement for _____ days. This applies to in such instances when one of the parents passes away during the pregnancy and the child is born alive, a single mother undergoes artificial insemination or a single parent adopts a child or takes a child for long-term fostering.
d) <b>Multiples</b> . Number of children: _____. For each additional child born alive or stillborn after a 22 week pregnancy, or who is placed for adoption or placed in long-term fostering a period of 3 months will be added (90) days. I intend to use _____ days.

### Stillbirth or miscarriage

7. a) Directly following a <b>miscarriage</b> after 18 weeks of pregnancy a 2 months (60 days) period of joint entitlement is created. I intend to use _____ days.
b) Directly following a <b>stillbirth</b> after 22 weeks of pregnancy a 3 months (90 days) period of entitlement is created for each parent independently. I intend to use _____ days.

8. a) The <b>pension fund contribution</b> is to be deducted from any payment. Name of the pension fund: _____
b) I wish that deductions will be made from the payments and paid into a <b>private pension fund</b> . Name of the private pension fund: _____ / _____ % of payments.
c) I wish that deductions will be made from the payments for <b>trade union membership fees</b> . The name of the trade union: _____ If trade union membership fees are not paid during the maternity/paternity leave all membership rights and entitlements with the trade union may be suspended.
d) I wish that payments be made into my <b>bank account</b> : Bank number _____ Hb. _____ Account no. _____
e) <b>Tax free income allowance</b> . In order to use the tax free income allowance at Fæðingarorlofssjóður, the application form with the title: „Request for the application of the tax free income allowance“ must be received at the latest on the 20th day of the month when the tax free income allowance is to be used.

**9. The Fæðingarorlofssjóður must receive the following documentation:**

- Notification concerning the schedule for the child birth leave (application forms can be downloaded from the Fæðingarorlofssjóður website).
- Copies of pay slips from past two months.
- Certification concerning the expected date of delivery of the child if applicable (obtained from the midwife).
- Self-employed parent needs to submit attestation for a reduction in presumptive employment income if applicable (obtained from the RSK-Directorate of Internal Revenue).

**10. If both of the parents apply for payments but are not married or in a registered cohabitation then either of the following must be submitted:**

- a) Agreement on joint custody attested by the district commissioner, or
- b) The signature of the custodial parent including a birth certificate of the child issued by Registers Iceland who attests to the paternity of the child.

The undersigned parent who has the custody of the child/children (mutipleths) agrees hereby that a non-custodial parent has visitation rights with the child/children during his or her maternity/paternity leave.

\_\_\_\_\_  
**Signature of the custodial parent**

**11. Other information that the applicant wishes to include:**

**12. By my signature I agree that Vinnumálastofnun – the Icelandic Directorate of Labour may gather any necessary information from the Commissioner of the Inland Revenue in the execution of the act.**

Staður og dagsetning

Undirskrift umsækjanda

**The Fæðingarorlofssjóður wants to welcome parents to study the following information which may be found on the Fund's website. [www.faedingarorlof.is](http://www.faedingarorlof.is)**

- What are the entitlements of parents with respect to maternity/paternity leave/parental allowance
- Which documentation must be submitted with the application
- The application process
- Management of payments during the maternity/paternity leave
- Miscellaneous information about the rights related to maternity/paternity leave/parental allowance

If you have any questions then please contact the staff at Fæðingarorlofssjóður in telephone no. 515-4800, or send an inquiry to the email address: [faedingarorlof@vmst.is](mailto:faedingarorlof@vmst.is) and we will gladly assist you.