



Name: _____ Social security nr.: _____

Address: _____ Postal code and place: _____

Phone nr.: _____ E-mail: _____

Bank info: _____

Application:

☐

Physical fitness

(gym, swimmingpool, golf membership
personal training, group training)

☐

IVF, adoption

☐

Psychotherapy

(psychologist, family therapist,
ADD diagnosis by a psychologist)

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Birth of a child

☐

Hearing aid

☐

Gait analysis/shoe inserts

☐

Glasses, contact lenses, laser surgery on eyes

☐

Death benefits

☐

Physiotherapy, chiropractor, medical massage

☐

Prevention care

(cancer screening, heart disease screening,
MRI, x-ray, dentist)

The application must be accompanied by a payment receipt and a verified invoice with name, social security number and information on what has been paid.

☐

I give my consent to Verkalýðsfélags Akraness (VLFA) employees to collect, record and process information regarding this application. The processing of personal information is based on the Act no. 90/2018 on personal data protection and processing of personal data. This consent may be withdrawn in writing, in whole or in part at any time and such withdrawal will not affect the processing of the application until then.

☐

I agree to the registration of my email address, phone number and other information which VLFA will use to provide information to members, e.g., information related to collective agreements, vacation options and other information the Union considers relevant.

With my signature, I declare that the above information is correct and given to the best of my knowledge. In addition, I will inform of any changes of circumstances that may affect the application, which will then be reviewed.

Date

Signature

Afgreiðsla umsóknar, fyllist út af Verkalýðsfélagi Akraness

Starfshlutfall sl. 12 mán. _____ %

Upphæð kostnaðar: _____ - _____ - _____

Akranesi, ____ / ____ 202

Samþykkt styrkuppþæð: _____ - _____ - _____

Staðf. starfsm. VLFA