

## Application for a maternity/paternity grant

- As a parent attending full-time educational programmes  
 As a parent who is not active in the labour market or employed in less than 25% of a full employment position



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

**Documentation may be returned to the e-mail address: 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> , 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	

### 6. Birth, primary adoption and permanent foster care:

a) <b>Independent entitlement.</b> I intend to use _____ months.	b) <b>Joint entitlement.</b> I intend to use _____ months.
c) <b>One parent.</b> I intend to use _____ months. (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 permanent foster care.)	
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 permanent foster care a period of 3 months will be added. I intend to use _____ months.	

### 7. Stillbirth or miscarriage

a) Directly following a <b>miscarriage</b> after 18 weeks of pregnancy a 2 months period of joint entitlement is created. I intend to use _____ months.	b) Directly following a <b>stillbirth</b> after 22 weeks of pregnancy a 3 months period of entitlement is created for each parent independently. I intend to use _____ months.
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### 8. Period of maternity/paternity grant and information regarding bank accounts

A parent who is entitled to a maternity/paternity grant can at the earliest commence receiving the grant in the child's month of birth and the grant is paid from the 1st day of each month. Maternity/paternity grants cannot be divided up into further periods. The right to a maternity/paternity grant expires when the child reaches the age of 24 months.

**Maternity/paternity grant period** from 1. \_\_\_\_\_ (month) in \_\_\_\_\_ (year). Payments are made at the end of each month.

**Bank account of applicant.** Bank no. \_\_\_\_\_ Hb. \_\_\_\_\_ Account no. \_\_\_\_\_

### 9. Necessary supporting documents

Confirmation from an educational institution stating that the parent was registered in a full-time programme of studies and met the requirements regarding academic progress during that period (if applicable).  
 Certificate of the expected date of delivery of the child if applicable (obtained from the midwife).  
 Notification of maternity/paternity leave arrangement if applicable (form available on the Maternity/Paternity Leave Fund website).  
 If a parent wishes to use personal tax credits at the Maternity/Paternity Leave Fund, the form "Claim for personal tax credits" needs to be submitted before the 20th day of the month it is intended to be used for (form available on the Maternity/Paternity Leave Fund website).

### 10. If parents are not married or in a registered cohabitation they need to submit:

An agreement on joint custody attested by the district commissioner's office (Sýslumaður)

**OR**

The signature of the custodial parent **as well as** a birth certificate of the child issued by Registers Iceland (Þjóðskrá Íslands) which attests to the paternity of the child.

The undersigned parent who has the custody of the child/children agrees hereby that a non-custodial parent has the right to access 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 confirm that I am aware that the Directorate of Labour will gather any necessary information from the Directorate of Internal Revenue's files in the execution of the act including calculation of payments and monitoring.**

Place and date	Signature of applicant
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**On the Maternity/Paternity Leave Fund website, [www.faedingarorlof.is](http://www.faedingarorlof.is), you can find further information, including on:**

- Parent's rights to maternity/maternity leave and payments from the Maternity/Paternity Leave Fund or maternity/paternity grants
- Exceptions and variations from the general principles
- The application process
- What documents you need to submit
- Monitoring of Maternity/Paternity leave payments
- Calculator

If you need further information, something is unclear or you need assistance with your application you can also reach us by phone at 515-4800, contact us by email at the address: [faedingarorlof@vmst.is](mailto:faedingarorlof@vmst.is) or visit one of our offices and we will be happy to assist in any way we can.