



Confirmation by the employer

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

It is hereby confirmed that							
Name		ID No.					
Address		Postcode	_				
was in Date	percent of a ful	-time position at Date					
from	to	and stopped receiving wage payments on					

Place	Date	Employ	er's stamp
On behalf of employer			