Proposal by VR for amendments to Article 49(a) of the Bylaws of ASÍ, submitted to the ASÍ Congress to be held on 14–16 October 2026. Proposed amendments are shown in red in the text

Chapter XII: Sickness Funds

Article 49

A person who has acquired entitlement to sickness benefits and death benefits from the sickness fund of one ASÍ or BSRB affiliated union shall acquire the corresponding entitlement from a new affiliated union, in accordance with the rules applicable there, after one month, provided that the person remained entitled to such benefits from the previous union up to that time. When applying for sickness benefits or death benefits from the sickness fund of a new ASÍ affiliated union, the applicant shall submit a statement of sickness benefits and death benefits received from the previous sickness fund during the preceding 12 months.

A person who has acquired entitlement to grants from the sickness fund of one ASÍ affiliated union shall acquire entitlement to grants from a new ASÍ affiliated union, in accordance with the rules applicable there, after one month, provided that the person remained entitled to such grants from the previous union up to that time. When applying for grants from a new ASÍ affiliated union, the applicant shall submit a statement of grants received from the sickness fund of the previous ASÍ affiliated union during the preceding 36 months.

All affiliated unions of the Confederation shall be required to adopt regulations for their sickness funds. Such regulations shall be subject to approval by the ASÍ Central Committee and shall comply with the minimum requirements laid down in the Bylaws of ASÍ. In its consideration of such regulations, the Central Committee shall have regard to its model guidelines. Amendments to sickness fund regulations shall be submitted to the ASÍ office.

The submission and preparation of annual accounts shall be governed by Article 47 of these Bylaws. At least once every five years, the board of the sickness fund shall commission an actuary or a certified public accountant to assess the fund's future financial position and prepare a report for the board on the assessment. The board of the fund shall submit this assessment to the ASÍ office together with the annual accounts for the year in question.

The sickness funds of affiliated unions shall guarantee members in respect of whom a 1% contribution has been paid for at least six months the following minimum benefits in the event of sickness or accident:

a. Sickness benefits in the event of absence due to sickness or accident for 120 days, following the expiry of payments under the sickness and accident provisions of collective agreements. Sickness benefits, together with social security benefits, payments from workers' accident insurance or other statutory insurance, shall not amount to less than 80% of the average total wages on which contributions have been paid during the preceding six months. Accident-related sickness benefits under this provision shall not be paid in respect of accidents and occupational diseases giving rise to liability for damages, including accidents involving motor vehicles. Sickness funds may arrange for an assessment by one or more specialists as to whether vocational rehabilitation is considered feasible. Where vocational rehabilitation

is deemed feasible on the basis of such an assessment and a fund member refuses to participate, payment of sickness benefits may be denied.

Explanation of the proposed amendments to Article 49(a) of the Bylaws of ASÍ

The main purpose of the proposed amendment to Article 49 of the Bylaws of ASÍ is to strengthen support for union members and improve the services provided by the sickness funds of ASÍ affiliated unions. It is proposed that ASÍ affiliated unions be permitted to provide in their sickness fund regulations that payment of sickness benefits may be denied where an applicant refuses to participate in vocational rehabilitation that has been assessed as feasible and likely to be successful. The proposal therefore grants affiliated unions the option of introducing such a provision but does not require them to do so.

In recent years, the incidence of sickness and absence from work has increased, creating a need for more targeted support and more effective measures to promote recovery and return to work. It is important that sickness funds are able to respond to this development through early intervention and enhanced services tailored to the needs of union members.

Assessment at an early stage of sickness is intended to ensure that individuals receive appropriate services at the right time. Such an assessment may establish whether vocational rehabilitation is a feasible option or whether other measures are better suited to supporting recovery and improved work capacity. In such cases, it is important that the individual receive appropriate guidance regarding the services and measures best suited to their circumstances. Any assessment of whether vocational rehabilitation is feasible shall always be based on the professional assessment of independent specialists. The assessment will therefore not be carried out by trade union staff, but by specialists in vocational rehabilitation, such as VIRK or other comparable bodies.

A comparison of the regulatory frameworks governing return to work and access to vocational rehabilitation in Iceland's neighbouring countries shows that Iceland differs significantly in terms of access to early vocational rehabilitation. Research and experience indicate that early intervention can increase the likelihood of a successful return to work, shorten periods of sickness absence and reduce the risk of permanent withdrawal from the labour market. The longer a person remains absent from work, the greater the barriers to returning, due to health-related, social and psychological factors. Early vocational rehabilitation can prevent individuals from becoming trapped in long-term sickness absence and increase the likelihood that they return to work sooner and on a more sustainable basis.

It is necessary for sickness funds to have the authority to deny payment of sickness benefits where an individual refuses to participate in vocational rehabilitation that has been assessed as feasible and likely to be successful. Experience shows that most individuals accept such services, but in some cases people do not consider themselves to be in need of vocational rehabilitation or wish to postpone participation. In certain cases, this may also be because the nature of the illness itself contributes to avoidance or postponement in addressing the problem, for example in cases involving anxiety or depression. Such delays may, however, reduce the likelihood of a successful outcome, as research indicates that the earlier appropriate measures are introduced, the greater the likelihood of a successful return to work.

The proposed authority is primarily intended to provide an incentive to participate in vocational rehabilitation where it has been assessed as feasible. The objective is not to deny individuals sickness benefits, but rather to encourage them to make use of the services considered most likely to support

recovery and return to work. The aim is thereby to create a meaningful incentive to begin vocational rehabilitation at the point at which it is most likely to be effective. It may be assumed that this authority would only be exercised in exceptional cases, as vocational rehabilitation entails additional support and services intended to improve health and work capacity. An individual will always have the option of participating in vocational rehabilitation and thereby avoiding the denial of sickness benefits.

The proposal is based on the principle that early intervention, professional assessment and targeted support increase the likelihood of a successful return to work. Its objective is to strengthen the services provided by sickness funds and increase support during the early stages of sickness by obtaining a specialist assessment of whether vocational rehabilitation is a feasible and effective option for the individual concerned. Where vocational rehabilitation is assessed as feasible and likely to be successful, the applicant is expected to participate in that service. Where other measures are considered better suited to supporting recovery and improved work capacity, it is important that the individual receive guidance and access to those services. The aim is thereby to ensure that union members receive appropriate support at the earliest possible stage of sickness, when the prospects of a successful outcome are greatest.