

Bus Employees' Friendly Society

Registered under the Friendly Societies Act 1974 Registered No. 1132F
 Suite2, Alma House, Alma Road, Reigate, Surrey RH2 OAX. Tel: 01737 226060

CLAIM NO.	FOR OFFICE USE ONLY
NEW	CONTINUATION

SICK BENEFIT CLAIM FORM

(Sections 1 and 4 must be completed)

Please refer to the guidance notes on the back of this form

SECTION 1

Member's Name (Block capitals) Mr/Mrs/Miss _____
 Address _____
 Grade _____ Employee No. _____ Location _____
 National insurance No. _____ Nature of Incapacity _____
 Benefit Claim from _____ to _____

SECTION 2

MEDICAL OFFICER'S CERTIFICATE

First or Intermediate Certificate

I certify that I have examined the above-named member on the date shown, and that in my opinion he/she was then incapable of work by reason of:

Doctor's Signature _____

Date of Examination _____

Date of Signing _____

Final Certificate

I certify that in my opinion the above-named member will be fit to resume work on _____

Doctor's Signature _____

Date of Signing _____

SECTION 3

EMPLOYER'S CERTIFICATE

Doctor's Certificate dated _____ Was produced to me on _____

Covering period from _____ to _____

Signature _____

Official.

PLEASE OVERSTAMP

SECTION 4

MEMBER'S DECLARATION

Being unable to follow my normal employment through incapacity, I hereby

a) declare on the funds of the Society. I last worked on _____

b) ~~make intermediate claim on the funds of the Society.~~ _____

c) make final claim on the funds of the Society, and declare that I am resuming work on _____

Signed by _____
 or on behalf of member _____

SECTION 5

STEWARD'S CERTIFICATE

(For use during intermediate periods of incapacity only)

Medical Officer's Certificate dated _____

Signed by Doctor _____

was produced on _____

Signature _____

Steward

SECTION 6

(FOR OFFICE USE ONLY)

Passed for Payment

_____ weeks _____ days @ £21.00 per week: £ _____

Date _____ Checked by: _____

APPLICATIONS FOR SICK BENEFIT

NOTES FOR GUIDANCE

Notification

1. Please notify the Society within the first seven days of the commencement of incapacity.
2. Members will normally notify the Society through their local Steward.
3. Notification of your employer is NOT notification to the Society.

Claim Forms and Certification

4. Please forward medical evidence as soon as possible.
5. "First" claims must be accompanied by medical evidence consisting of one of the following:
 - a) The completion of Section 2 overleaf by your Doctor:
 - b) A "Private" certificate completed by a doctor or hospital (either the original or a good photocopy): or
 - c) A good photocopy of any certificate issued by your doctor or a hospital.
6. During intermediate weeks of incapacity a claim form and supporting medical evidence must be submitted at least every two weeks except in cases where previous claim forms and medical evidence covered a longer period.
7. "Sett-certification" forms are not accepted in isolation but if submitted in conjunction with claims supported by either a), b) or c) above benefit will be paid from the first day of incapacity.
8. The benefit week is Monday to Saturday. Benefit is not paid for Sundays.
9. Claim forms will be issued on receipt of notification of incapacity and where a member knows that a resumption of work will not be possible before the end of a particular week the claim should cover the period up to and including the Saturday of that week.

General

10. Benefit is only paid where claims are supported by medical evidence as indicated above.
11. Please study the Rules of the Society and avoid infringements.
12. If you are in any doubt about any aspect of making a claim for sick benefit please contact either your local Steward of the Society's Head Office, the address and telephone number of which is shown on the front of this form.