JIB FOR PMES

SICKNESS BENEFIT



CLAIM FORM

RETURN	TO:

			_					
SICKNESS BENEFIT DEPT.			EMPLOYERS NAME & ADDRESS					
THE JOINT INDUSTRY BOARD	FOR PMES							
LOVELL HOUSE, SANDPIPER C	OURT							
PHOENIX PARK, EATON SOCO	N							
CAMBS PE19 8EP								
TEL: 01480 476925]					
DATE				DOCT CODE				
DATE / / POST CODE								
EMPLOYEE'S SURNAME					INITIALS			
ADDRESS				DATE OF BIRTH		/	/	
				N.I. No.				
				'				
POST CODE								
EMPLOYMENT COMMENCED	/	/		DST ELILI DAV OE	II I NECC	/	/	
LIVIPLOTIVILINT COMMUNICIONE	/	1	FIRST FULL DAY OF ILLNESS		1	/		
LAST DAY AT WORK	/	1	LAST	DAY OF ILLNESS	(if known)	/	/	
EMPLOYMENT CEASED / /		ANNU	IAL HOLS TO	FROM		то		
	-		BE PAI	D WHILST ILL	/ /		/ /	
CURRENT CREDIT (GRADE) CATEGORY (*Exclu		(*Exclud	de Weekends)	/ /		/ /		
			STATU	TORY HOLS				
			PAYABLE WHILST ILL					
ENTER LAST DAY OF PAID								
ILLNESS IF WITHIN 3								
MONTHS OF THIS ILLNESS	/	/	DATE RETURNED TO WORK			,	/ /	
EMPLOYER'S STATEMENT								
On behalf of the Emp	lover. I confi	rm that the	e Emplove	e has been off	f work throug	h illness	and	
that the above deta								
				photocopy		original		
SELF- CERTIFICATION CERTIFI	CATE - (Max.	. Of 7 Days))					
DOCTOR'S/MEDICAL PRACTIT	IONER'S CER	RTIFICATE						
HOSPITAL CERTIFICATE								
PRINT NAME OF SIGNATOR					ORY			
SIGNED]					
			J				ı	
POSITION IN COMPANY								
INSTRUCTIONS							1	
1 Complete in BLOCK	CAPITALS all	huff section	s of this fo	rm and TICK ho	xes for docume	nts sent		

- 2 On completion PRINT A COPY for your records and send this form to the JIB at the above address.
- Ensure that all the documentary evidence as TICKED is included with this claim. 3
- 4 No claim will be paid unless the required evidence is provided.
- 5 Claim conditions and Notes are shown on page 2

CLAIM CONDITIONS & NOTES

1 BENEFIT

- a) Subject to eligibilty and the claim conditions etc. below, JIB for PMES Sickness Benefit is payable to Employers by way of a discretionery grant as a means of recompensing them for payments made to Employees in respect of amounts due for sickness with pay under the National Working Rules (NWR)
- b) The amount of the Benefit will be equivalent to the appropriate daily rate of Sickness with Pay prevailing at the time of the 1st day of illness as laid down under the NWR dependent upon the category of Holiday Credit purchased.
- c) Benefit will not normally be paid for the first 3 days of illness, except as follows:
- If a period of conitnuous illness etc. lasts for more than 4 weeks from the first day of illness, then a retrospective payment will be made for the initial 3 waiting days.
- Where a further period of illness occurs, within 13 weeks of a previous sickness absence, the first 3 days will be paid as two periods and will be linked and treated as a continuous illness.
- d) The duration for which any payment will be made will be the limits as laid down for Sickness with Pay per the NWR prevailing at the time.

2 ELIGIBILTY

To be eligible to apply for the Benefit, the Employer must have included the relevant Employee, who is ill, in the JIB for PMES Holiday/Benefits Scheme.

3 CLAIM CONDITIONS

- a) Claims may only be submitted by EMPLOYERS and must be on official JIB Forms.
- b) With regard to the particula Employee who is ill, the Employer must provide proper medical evidence of illness to the JIB. This may be in the form of Self Certification (for the first 7 days), a Medical Practitioner's or Hospital certificate.
- c) All Holiday Credit invoices must be paid UP TO DATE at the time the claim is submitted.
- d) Application for Benefit must be made by the Employer within **ONE CALENDAR MONTH** of the Employee's 1st day of illness.

4 PAYMENT

- a) Payment will be made to the Employer and will be either by "crossed" cheque or by Bacs payment.
- b) In circumstances where an Employee's employment is terminated whilst he or she is absent from work through illness, the JIB may, at it's discretion, pay the appropriate Benefit direct to the Employee for the remainder of the illness, up to the time limits prescribed under the NWR. In such cases, payment will be subject to the deduction of Income Tax at the current rate.

5 NOTES FOR GUIDANCE

- a) Claims from Employers will only be considered provided the person who is ill is an Employee of the applicant on the 1st day the illness commenced.
- b) The Benefit is available by way of a Discretionary Grant and is not , in any way, a form of Insurance. It is provided for out of the Board's general funds.
- c) A SELF CERTIFICATION ONLY COVERS THE FIRST 7 DAYS OF ILLNESS. Where sickness first begins and extends over 2 weekends. A Medical Practitioner's Certificate will be required for any days in excess of 7