

Claim for standard sick pay benefit (SP1)

CLAIM MUST BE SUBMITTED WITHIN TWO MONTHS OF START OF ILLNESS/INJURY

Do not complete this form until you have carefully read the instructions and notes. Employees should complete Section A; your employer should complete Section B overleaf. Please complete in BLOCK CAPITALS. Your doctor does NOT need to sign this form.

A To be completed by the employee

Attach your completed doctor's certificate (see note below) or alternatively provide a copy of your Social Welfare Medical Certificates. Please ask your employer to complete Section B overleaf.

Name:	<input type="text"/>	Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Member ID:	<input type="text"/>		
Address:	<input type="text"/>	1st day of illness/injury:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Have you returned to work?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Telephone:	<input type="text"/>	If yes, when?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>				

I confirm that the information above is correct and authorise my doctor/employer to give the Construction Workers Sick Pay Trust any further information required. I understand that I am responsible for any fee for obtaining medical evidence.

Employee's signature:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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In order to pay your Sick Pay Benefit it is necessary to provide your bank details.

BANK ACCOUNT DETAILS

THIS CAN BE YOUR CURRENT, CREDIT UNION OR JOINT BANK ACCOUNT. IT MUST NOT BE A SAVINGS/DEPOSIT ACCOUNT.

Name of Bank:	<input type="text"/>				
Bank Address:	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Name on Account:	<input type="text"/>				
IBAN No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIC No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed:	<input type="text"/>			Date:	<input type="text"/>
					<input type="text"/>

Instructions of how to claim sick pay benefit - Claims must be made within two months of the date the illness/injury began

- Complete Section A of this form
- Obtain a doctor's certificate which must provide the following information:
 - date from which patient is deemed unfit for work
 - likely period of illness/injury from date unfit for work
 - doctor's signature, address and date of issue of certificate.Alternately, you can provide a copy of your Social Welfare Medical Certificates with the claim form. If you receive weekly Social Welfare Medical Certificates, a copy of each week's certificate should be supplied to the Scheme.
- Pass this form to your employer to complete

You should make sure that you provide your employer with up-to-date medical certificates. This will ensure that there are no delays in processing continuous claims for sick pay benefits.

B To be completed by the employer

Please return this form to the Scheme together with the employee's doctor's certificate or a copy of a Social Welfare Medical Certificate.

1st day of illness/injury: / /

Has he/she returned to work? Yes No

If employee has returned to work, please state date of return: / /

Date employee joined firm: / /

Member ID:

Is he/she still in your employment? Yes No

If no, give the date the employment terminated: / /

Give inclusive dates of any holidays (public or annual) occurring during period of illness/injury: from / / to / /

Your company name:

CWPS Employer ID no:

Work address:

Telephone: Email address:

Job title:

Employer signature: Date: / /

Employer's Stamp:

Instructions for employers on completing sick pay claim form

- Complete Section B
- Return this form with the employee's medical certificate to the address below
- When the initial claim has been paid to the member, we will send you a continuous claim form (SP2) for you to complete.
- If your employee is still absent from work, you must complete form SP2 and return it to the Scheme with any further medical evidence.
- No further payment will be made until you have returned both the SP2 and current medical evidence to the Scheme

Notes - General

1. Under the Rules of the Scheme, no benefit is payable for the first three working days of any period of illness and the maximum benefit payable is for 50 working days per year.
2. Benefit is not payable during official Builder holiday periods, however, if the employer was open for business and work was available had the claimant not been sick we will need a letter from the employer to confirm this.
3. If the claimant was attending a FÁS course for a certain period of time before the onset of illness, we will need a letter from the employer confirming the dates that the claimant attended the course.
4. Sick pay benefit is not payable for weekends and/or Public holidays.

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