Claim for continued sick pay benefit (SP2)

CWSPT
Construction Workers Sick Pay Trust

If the employee is claiming further benefit from the Scheme or has returned to work, you (the employer) must complete and sign this form and return it with the employee's medical evidence of continued illness/ injury to the Scheme at the address below as soon as you receive it.

For the attention of the employer

Please note that (employee name): Member Id:

has received: € in sickness benefit for the period: / / to: / /

If the employee has returned to work, please fill in the date of resumption and return this form, signed and dated, to the Scheme at the address below.

No further benefit will be paid until this form and continued medical evidence has been received by the Scheme. Please note this is a confirmation of the Sick Pay payment which the above employee has received.

To be completed by the employer

Company name:

Address:

Employee name: Member Id:

Please tick appropriate box.

☐ This employee has not yet returned to work and medical evidence of continued illness/injury is attached.

☐ If employment with your company has ceased, please give date of termination: / /

☐ This employee returned to work on: / /

Employer's signature: Date: / /

Employer's Stamp:

Please return the completed form to:

Construction Workers' Sick Pay Trust
Linden House, 4 Clonskeagh Square,
Clonskeagh, Dublin 14, D14 FH90
Telephone: (01) 497 7663
Email: sickpay@cwspt.ie