Rural
Insurance Group

Agricultural Wages Claim

Rural
The Hamlet
Hornbeam Park
Tel: 0344 55 77 177 Harrogate HG2 8RE Fax: 01423 874127

Agricultural Wages Board Sick Pay Scheme Claim Form

INSURED

Insured Name

Address

Policy No.

Home Tel. No.

Work Tel. No.

Mobile

Email

EMPLOYEE DETAILS

Name

Address

N.I. Number

Date of Birth

Date Employment Commenced

AWB Work Grade

Is employment:

Full time fixed hours? Yes No

Full time flexible hours? Yes No

Part time fixed hours? Yes No

Part time flexible hours? Yes No

If either flexible or part time please advise hours worked

When was last day employee worked

Is employees absence due to accident? Yes No

If 'YES' where did it occur?

Was this during working hours? Yes No

Was the employee travelling to or from work? Yes No

Is employees absence due to sickness? Yes No

If 'YES' what was cause of illness?

DETAILS (continued)

Dr / Consultant Name

Dr Practice / Hospital Name

Dr Practice / Hospital Address

Telephone No:

Fax No:

Prior to absence was employee under notice of redundancy / dismissal Yes No

If 'YES' when was notice due to take effect

Please advise statutory minimum wage paid £

Please advise gross weekly wage paid £

Please advise amount of S.S.P. paid £

PAYMENT OF CLAIM

To avoid postal delays and the risk of theft we will pay any agreed amount due to you in respect of your claim directly into your bank account.

Please complete the following details about your bank account

Bank Name

Bank Account Number

Sort Code

Bank Account Name

If you would however prefer to receive a cheque please tick here

DECLARATION

I/WE DECLARE THAT THE FOREGOING DETAILS TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date

Rural

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