



# Agricultural Wages Claim



## 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

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Sort Code

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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

The Hamlet  
Hornbeam Park  
Harrogate  
HG2 8RE

**T:** 0344 55 77 177

**F:** 01423 876 001

**E:** [enquiries@ruralinsurance.co.uk](mailto:enquiries@ruralinsurance.co.uk)

**W:** [ruralinsurance.co.uk](http://ruralinsurance.co.uk)

