



JIB FOR PMES

SICKNESS BENEFIT

CLAIM FORM



RETURN TO:

SICKNESS BENEFIT DEPT.
 THE JOINT INDUSTRY BOARD FOR PMES
 LOVELL HOUSE, SANDPIPER COURT
 PHOENIX PARK, EATON SOCON
 CAMBS PE19 8EP
 TEL: 01480 476925 FAX: 01480 403081

EMPLOYERS NAME & ADDRESS
POST CODE

DATE	/ /
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EMPLOYEE'S SURNAME		INITIALS	
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ADDRESS	
POST CODE	

DATE OF BIRTH	/ /
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N.I. No.	
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EMPLOYMENT COMMENCED	/ /	FIRST FULL DAY OF ILLNESS	/ /
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LAST DAY AT WORK	/ /	LAST DAY OF ILLNESS (if known)	/ /
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EMPLOYMENT CEASED	/ /	ANNUAL HOLS TO BE PAID WHILST ILL	FROM / /	TO / /
CURRENT CREDIT (GRADE) CATEGORY		(*Exclude Weekends)	/ /	/ /

STATUTORY HOLS PAYABLE WHILST ILL	
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ENTER LAST DAY OF PAID ILLNESS IF WITHIN 3 MONTHS OF THIS ILLNESS	/ /	DATE RETURNED TO WORK	/ /
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EMPLOYER'S STATEMENT

On behalf of the Employer, I confirm that the Employee has been off work through illness and that the above details are correct. I enclose the following evidence in support of this claim

	photocopy	original
SELF- CERTIFICATION CERTIFICATE - (Max. Of 7 Days)	<input type="checkbox"/>	<input type="checkbox"/>
DOCTOR'S/MEDICAL PRACTITIONER'S CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>
HOSPITAL CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>

SIGNED

PRINT NAME OF SIGNATORY

POSITION IN COMPANY

INSTRUCTIONS

- 1 Complete in **BLOCK CAPITALS** all buff sections of this form and **TICK** boxes for documents sent.
- 2 On completion **PRINT A COPY** for your records and send this form to the JIB at the above address.
- 3 Ensure that all the documentary evidence as **TICKED** is included with this claim.
- 4 No claim will be paid unless the required evidence is provided.

CLAIM CONDITIONS & NOTES

1 BENEFIT

- a) Subject to eligibility and the claim conditions etc. below, JIB for PMES Sickness Benefit is payable to Employers by way of a discretionary 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 continuous 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 ELIGIBILITY

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 particular 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 its 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

