

AGRICULTURAL WAGES COMPENSATION - SUPPLEMENTARY FORM

This form is to be completed in addition to, and submitted with, the Employers' Liability Claim Form.

ABOUT THE POLICYHOLDER

Name of Policyholder

Policy No.

ABOUT THE INJURY OR ILLNESS

When did the injury happen, or the illness start?

ABOUT THE EMPLOYEE

What is the name of the employee?

What is the address of the employee?

Date of birth.

National Insurance Number

INFORMATION & DOCUMENTATION REQUIRED

Has the employee been continuously employed by the Policyholder for at least 52 weeks prior to the incident? Documentary evidence of this may be required.

What was the date of the first full day of absence from work?

Medical Certificates will be required to confirm the absence from work. **Are these being submitted with this form?**

The policy will reimburse the Policyholder for sick pay paid to the employee during absence from work, up to 50% of the Average Weekly Wage of the employee.

Documentary evidence to confirm the normal basic weekly wage (exclusive of overtime) for the 26 weeks prior to the date of the injury or illness will be required. **Is this being submitted with this form?**

The policyholder must supply documentary evidence of the sick pay paid to the employee during the absence. **Is this being submitted with this form?**

DECLARATION

I/We declare that the information given on this form is true to the best of my/our knowledge and belief. I/We understand that information may be requested from other parties to check the information that has been given.

Signature

Date

Print name

Position