

UNISON ACCIDENT BENEFIT CLAIM FORM: GUIDELINES

Criteria

To claim this benefit a member must:

- Have been a member for 4 weeks prior to the accident.
- Have no arrears of contributions.
- Claim the benefit within 12 months of the date of the accident.
- Have had an actual accident in the course of their employment, or whilst travelling to or from work or upon union business.

N.B. Members having received the maximum amount of accident benefit shall not be entitled to a further claim in any calendar year.

Guidelines

Please note all questions have to be answered in full. Failure to do so will cause a delay in paying this claim.

For rates of benefit please see the Rule Book, Schedule B, Members Benefits, point, 2.7.2

Member's details

This section is to enable us to confirm membership. If you are unable to find the answer to any of the questions in this section you must first contact your local branch official.

Accident details

This section informs us of your accident details and allows us to determine whether you are eligible for benefit.

- Date of accident – enter the exact date you had your accident.
- Date left work – enter your last working day before going sick (this can sometimes be after your date of accident).
- Accident details – please provide a brief explanation of how your injuries were sustained and what your injuries actually are.
- Date of return to work – when completing the form if you are still off from work and unsure when you will be returning enter the expiry date on your last doctors certificate. This will enable us to calculate the total benefit to be paid.
- To claim UNISON's accident benefit you must have been absent from work for a minimum of one working day.
- If you are going to be absent from work for 6 weeks or longer, then you should wait before submitting the form so that the maximum can be paid.

Bank details

UNISON makes all payments by BACS. Please ensure your bank details are written clearly in the boxes provided to prevent delays in payment. We will also require the email address to be completed in *Member's details* to enable us to send you a remittance advice.

All information is confidential and kept secure.

Claimant's signature

The person claiming the benefit needs to sign the form here to confirm all details are correct.

All paperwork must be returned to the branch official.

Branch authorisation

Once the form has been completed the form must be returned to the branch official for checking and authorisation. No forms can be processed unless they have been signed by the branch official.

If your branch official is unknown please contact UNISON Direct on 0800 0 857857.

Do not send them direct to national office without this signature as it will delay payment.

Once authorised the branch will then send the forms to the payments section at UNISON Centre where they can be processed.



UNISON ACCIDENT BENEFIT CLAIM FORM

Please note all questions have to be answered in FULL. Failure to do so will cause a delay in paying this claim.

Before completing the claim form please read the criteria and guidelines overleaf.

Branch name	Branch number
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MEMBER'S DETAILS

Member's full name (Mr/Mrs/Miss/Ms)	
Membership number	National insurance number
Member's address:	Date of joining
	Contact telephone number
Post code	Email address

ACCIDENT DETAILS

Date of accident	Date left work (last working day)
Full details of accident and injury sustained	
Did your accident happen whilst travelling to or from work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of return to work __/__/____ (If you do not know your date of return, then the expiry date on your last Doctors certificate) __/__/____	

BANK DETAILS

Bank name and address																				
Bank account number												Sort code			-			-		

I certify that the above information is correct and that I have been a member of the union for at least 4 weeks prior to suffering the accident.

Claimant signature	Date
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BRANCH AUTHORISATION

Signature of branch official	Print name
Branch address	Membership number
	Date

OFFICE USE

Supplier no.	Registration ref.	
Dates	Total number of days	Amount payable