

BRITAIN'S BEST UNION
YORKSHIRE & NORTH DERBYSHIRE REGION
Grove Hall - 60 College Grove Road - Wakefield - WF1 3RN
Tel: 0345 337 7777 Fax: 01924 - 887272



NATIONAL ACCIDENT BENEFIT CLAIM FORM

This form must be completed and sent to Regional Office through your Branch Secretary with copy of medical certificate/evidence, immediately after an accident is sustained by a member.

Claims for Benefit can only be made after 10 working days for a maximum of 11 weeks.

Date: 20 Pay No:

Name of Branch:..... Membership No:

Full name of injured Member: D.O.B:

Address: Postcode:

Tel No: Email Address:

Occupation:

Name & address of Employer:

The accident happened at:

On:day, the day of 20 at am/pm

Time and date of ceasing work: at:am/pm

Cause of accident:

Did the accident occur at work?

Nature of injury:

Date of joining union: Contribution rate:

How many weeks' arrears on ceasing work?

Signature of Member:

Signature of Branch Secretary:

This form and the medical evidence should be submitted to regional office within 28 days from the date of the accident. In cases where the claim and/or medical evidence are delayed, such claims should be referred to the regional committee in order that it may be determined whether or not there has been a good cause for delay.