



NATIONAL UNION OF RAIL, MARITIME & TRANSPORT WORKERS Application for Accident Benefit

(Rule 17)

Branch (Block letters).....

Name (Block letters).....

National Insurance No.

| | | | | |
|--|--|--|--|--|
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|--|--|--|--|--|

Membership Number..... Date Joined Union.....

Address.....

.....

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Post Code.....

Date of Accident.....

Last Day at Work..... Resumed Work.....

First Day for which Benefit is claimed.....

Last Day for which Benefit is claimed.....

Nature of Injury.....

Details of Accident must be given below. Claims must be reported within Rule, ie within 26 weeks of the date of the incident

MANAGEMENT CONFIRMATION

STAMP

I confirm that the above named was absent from duty between the dates stated

Signed

To enable us to get payment to you as quickly as possible, we can transfer payment directly into your bank account. This saves time between our posting a cheque and your receiving it, the delay in cheque clearance and the possibility of the cheque being lost in the post or otherwise mislaid. It must be your own bank account; we cannot take responsibility for payment on your behalf into someone else's account.

For payment by this method, please complete the following details:

| Name of bank | Branch | Sort Code | Account Number | | | | | | | |
|--------------|--------|-----------|----------------|--|--|--|--|--|--|--|
| | | - - | | | | | | | | |

GIVE FULL PARTICULARS OF ACCIDENT BELOW

(How and where the accident happened should be clearly stated)

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.....
.....(if necessary continue overleaf)

Member's signature..... Grade/Job Title..... Employer.....

I certify that the above named has a valid claim to the best of my knowledge

Signature of Branch Secretary/Organiser.....

Branch Stamp

THE MAXIMUM AMOUNT OF BENEFIT PAYABLE SHALL NOT EXCEED 26 WEEKS FOR ANY ONE ACCIDENT

The term "accident" shall mean an unforeseen event, but shall not mean any unusual event or misfortune arising from the member's bodily or mental condition, or from the natural result of disease.

Payment is also made for accidents while travelling between home and place of work. Branch Secretaries/Organisers must ensure that details are correct and that Form F.21 is signed by Local Management.