

**BRITAIN'S BEST UNION**  
**YORKSHIRE & NORTH DERBYSHIRE REGION**  
Grove Hall - 60 College Grove Road - Wakefield - WF1 3RN  
Tel: 0845 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.