

## **SICKNESS INSURANCE SCHEME 2004/2005**

### **GUIDANCE NOTES FOR COMPLETION OF CLAIM FORM**

**Please find enclosed new Sickness Insurance forms for 2004-2005.  
Check that insurance options printed on the forms are correct.**

#### **MAIN POINTS**

<b>Yellow claim form</b>	To be returned immediately after the end of each <b><u>calendar</u></b> month to Management Accounts. Both sides should be completed.
<b>Claims</b>	All claims must relate to the calendar month which the claim form covers. Please do not include claims that fall into other calendar months, as they may not be paid.
<b>Nil Claims</b>	A claim form must be returned every month, even if there are no claims being made. (Mark 'NIL').
<b>Additional forms</b>	These are available on request from Management Accounts: Martin Brock 01603 222432 Jayne Dyndal 01603 223496 Maria Fox 01603 228838 Jeanette Norcutt 01603 638033

#### **Completing the claim form**

##### **Columns A & B – Surname & First Name**

These must contain the full name of the employee.

##### **Column C – Employed As**

Enter the job title of the absent employee.

##### **Column D – First date of absence**

The first date of absence should be entered here, even for continuing absences.

##### **Column E – Last date of absence**

Fill in the last date of absence, or if the employee has not returned to work by the end of the month please enter "Still Absent".

##### **Column F – No. of days (exc weekend & holidays)**

Enter the total number of working days that the employee has been absent. Do not include weekends or holidays.

##### **Ctd... Column G – Number of days payable**

Enter the number of days that are being claimed for, according to the insurance option you have chosen. E.g. If you have chosen A1(3), your insurance will not start until the 3<sup>rd</sup> day, so you will need to deduct the first 2 working days. For 1<sup>st</sup> day cover, this figure will be the same as column F.

Ctd...

**Column H – F.T.E %**

Claims are made pro-rata to the percentage of hours worked, so each staff member's F.T.E. (full time equivalent) needs to be shown.

Calculate the number of hours worked per week as a percentage of 37 hours (a full week).

For example:

School Secretary employed for 15 hours per week     FTE =15/37 = 0.41

A figure of 41% would be entered in column H

For a full time employee, enter the FTE as 100%.

NB: If you need verification on any staff's FTE, you can contact your Personnel Assistant. Do NOT leave blank.

**Column J – Date of Half Pay or Frozen Pay**

For members of staff on long term sick leave, Education Personnel will inform the school of the commencement date for either half pay or frozen pay. The amount claimed will be affected accordingly. For those that have gone on to half pay the amount of days claimed will be halved, and no days can be claimed if the pay has been frozen.

**Column K – Actual days claimed**

This will be the number of days payable (column G) multiplied by the FTE (column H), and taking into account half or frozen pay. For schools with 1<sup>st</sup> day teaching insurance, a whole day may be claimed if the absence occurs on a day when that teacher would normally work for the full day. However, where the number of consecutive days off is more than that persons equivalent of FTE, then the FTE will be applied as usual. This exception does not apply to other types of insurance, nor does it apply to non-teaching staff.

**NB**

If the enhanced headteacher option has been chosen, A2(1), A2(3), A2(6), A2(11), A2(21) or B2(1), then the separate section should be used for headteacher claims.

Please ensure for part-time staff that do not work every day, the full period of absence is entered not just the days that they would have worked.

**Amount due**

All claims are paid to the nearest penny. If the claim has been completed correctly, then this will be the amount shown on the period end download.

**Late claims**

Claims submitted 60 days or more after the monthly period of account will incur a 10% handling charge, which will be deducted from the payment for the claim.

**Check your downloads!**

Check that the amount on the download agrees to the claim. If this is not the case, and you can not agree to the amount on the download after following this guidance, please call one of the contacts below.

Martin Brock	01603 222432
Jayne Dyndal	01603 223496
Maria Fox	01603 228838
Jeanette Norcutt	01603 638033

# NORFOLK COUNTY COUNCIL EDUCATION DEPARTMENT - SICKNESS INSURANCE CLAIM FORM

SCHOOL: ANY SCHOOL LOC. CODE 1234 PERIOD ENDING: 28 MAY 2003

## TEACHING STAFF

TEACHING OPTION A1(1)

Surname <small>A</small>	First Name <small>B</small>	Employed As <small>C</small>	First date of absence <small>D</small>	Last date of absence <small>E</small>	No. of days (exc weekend & holidays) <small>F</small>	Number of days payable <small>G</small>	F.T.E % <small>H</small>	Date of Half Pay or Frozen Pay <small>J</small>	Actual days claimed <small>K</small>

TOTAL DAYS <sup>(L)</sup>  
 AMOUNT PER DAY <sup>(M)</sup> X £141  
 TOTAL <sup>(LxM)</sup>  
 AMOUNT DUE

## ENHANCED HEADTEACHERS (SELECTED PRIMARY SCHOOLS ONLY)

Surname <small>A</small>	First Name <small>B</small>	Employed As <small>C</small>	First date of absence <small>D</small>	Last date of absence <small>E</small>	No. of days (exc weekend & holidays) <small>F</small>	Number of days payable <small>G</small>	F.T.E % <small>H</small>	Date of Half Pay or Frozen Pay <small>J</small>	Actual days claimed <small>K</small>

TOTAL DAYS <sup>(L)</sup>  
 AMOUNT PER DAY <sup>(M)</sup> X £200  
 TOTAL <sup>(LxM)</sup>  
 AMOUNT DUE

