Berkshire Hathaway Specialty Insurance

Accident & Health

WEEKLY BENEFITS CLAIM FORM

CLAIMING FOR WEEKLY BENEFITS

Are you self-employed? ☐ Yes ☐ No

If yes, confirmation of earnings must be submitted with your claim form (income tax return, profit & loss statement etc.)

If you are employed as a wage earner the section below must be completed by your employer.

I hereby certify that _____ has been unable to attend his/her usual occupation with the company as a result of an Injury/Sickness suffered whilst_____on _____.

The employee has been incapacitated since: _____

And is expected to/did resume duties on: _____

The employee's gross salary, exclusive of bonuses, commission, allowances etc. at the date of injury/sickness was: $_____ per week

Please specify the pay type: (sick leave, annual leave etc.) _____

If any form of pay was received, please provide full details of pay history:

Name of Company: _____

Company Address: _____

Name of Supervisor or Payroll completing this form: _____

Telephone Number: _____

Email Address: _____

_____ _____

Signature of Supervisor or Payroll Date