



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