



Claims  
 Primary General Insurance Limited  
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 M60 3DH  
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 Fax : 0844 209 0998  
 e-mail : [claims@primarygeneral.co.uk](mailto:claims@primarygeneral.co.uk)

## Earnings Information

### EMPLOYERS DETAILS

Policyholders Name						
Claim Ref.						
Date of Accident						
Policy No.						
Address						Postcode
Trade/ Business						
Telephone No						
Person to contact						

### EMPLOYEES DETAILS

Name						
Income Tax Code		National Ins No.				
Address of DSS Office						Postcode
Handling Benefits						

Please list below the earnings of the employee for the 13-week period prior to the first absence due to the accident/disease.

	Week Ending	Gross Pay (£)	Income Tax (Deductions & Refunds) (£)	NI Contributions (£)	Net pay after Tax & NI (£)	Comments (e.g. Reasons for absence, Unusually high/ low pay.)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
<b>TOTAL</b>						

Please indicate total amounts paid to the employee during the period of absence

Company Sick Pay (£)	Total Statutory Sick Pay (£)	Holiday Pay (£)	Total Income Tax Paid or Refunded (£)	National Insurance Contributions (£)	Other Payments (£)	Net Total Payments (£)

Please indicate the date of the last payment taken into account in the above  
 Does the employee contribute to any company sick pay scheme

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	Yes/No

**IF THE EMPLOYEE HAS NOT RETURNED TO WORK**

Is he/she entitled to any further payments? Yes/No

If 'Yes' please indicate:

\*Delete as required

a) the rate of SSP	£	per week	From	20	To	20
b) Company sick pay	£	per week/month*	From	20	To	20
c) Permanent Health Insurance	£	per week/month*	From	20	To	20
d) Any other entitlements	£	per week/month*	From	20	To	20

Has there been any change in the rate of pay for the employee's job since the accident? Yes/No

If 'Yes' please advise change From £ To £ Per hour/week/month\*

Has employee indicated any date when he/she expects to return to work? Yes/No

If 'yes' please indicate date 20

**IF THE EMPLOYEE HAS RETURNED TO WORK**

Indicate precise period of absence From 20 To 20

Please complete wage details below for the 13 weeks immediately following resumption of work.

	Week Ending	Gross Pay (£)	Income Tax (Deductions & Refunds) (£)	NI Contributions (£)	Net pay after Tax & NI (£)	Comments (e.g. Reasons for absence, Unusually high/ low pay.)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
<b>TOTAL</b>						

**DECLARATION**

I/we declare that the foregoing statement is a true account to the best of my/our knowledge and belief.

Signature(s)

Position

Date

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