

Claim for Supplementary Sick Pay Benefits (SP3)



Please complete this form using **BLOCK** Capitals

1. Employee Details

Full Name: _____

Address: _____

Date of Birth: ____ / ____ / ____ Tel: _____

CWPS Member ID: _____

2. Employer Details

Company Name: _____

Address: _____

Tel: _____

3. Have you submitted a claim for Standard Sick Pay Benefit in respect of this illness?

Yes: No:

If you select No, you must complete an SP1 form to claim Standard Sick Pay Benefit before you can claim supplementary benefit.

4. Are you receiving or entitled to Social Welfare Benefit in respect of this illness?

Yes: No:

If No, please submit:

- Written evidence from the Department of Social Welfare specifying why you are not entitled to the Social Welfare benefits.
- Details of your dependants (spouse and children) by completing the table overleaf .

Please return completed forms to: Construction Workers' Sick Pay Trust (CWSPT), Linden House, 4 Clonskeagh Square, 4 Clonskeagh Square, Clonskeagh Road, Dublin 14, D14 FH90 | t: (01) 497 7663 | e: sickpay@cwspt.ie | w: www.cwspt.ie



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Name of Spouse: _____

If you have a spouse, are they working? **Yes:** **No:**

Children's Details (If Applicable):

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Signature: _____

Date: ____ / ____ / ____

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