

## Sick Pay Entitlement Form

### Part 1: To be completed by Employee

Please accept this letter as authority to obtain any information in confidence from my employer relating to the sick pay and death in service/life insurance I would receive from them.

Name..... Signature.....

Current annual income..... Date.....

Address.....

.....  
.....  
.....

### Part 2: To be completed by Adviser for Employers attention

Please find above an authority from my client, and your employee, to request from you full details of the monetary amounts received from their employer in the event of both short term and long term ill health, and death in service.

Please would you be able to complete and return the below information to me at your earliest convenience

Via email to: \_\_\_\_\_@\_\_\_\_\_

OR via fax for my attention on: \_\_\_\_\_

If you have any questions regarding this request please contact me at my office number above.

### Part 3: To be completed by Employer for Advisers attention

#### Employer - Sickpay benefit:

Full pay:.....days / months

Half pay:.....days / months

Other:.....days / months

#### Income Protection Insurance (if applicable)

Full pay:.....days / months

Half pay:.....days / months

Other:.....days / months

#### Employer – Death In Service

Amount.....

#### Life Insurance (if applicable)

Amount.....

All information and enquiries are treated in strictest confidence