

racingsindustryaccidentbenefit scheme

(riabs) April 2018 – March 2019

Group Scheme for Temporary Total Disablement and Group Capital Benefits Insurance Scheme, For Paid Stable Workers **Claim Form**

All claim forms must be sent as soon as possible after the accident and within three months from the date of the accident. Send to: **Crawford SLS, 7 King Square, Bristol BS2 8JD** Contact Michelle Dean ☎ **0117 970 5926** E-mail: riabs@slscrawco.co.uk

Switchboard Telephone: 0117 970 5920 Fax: 0117 970 5925

1. A claim for injury benefit will only be considered if your injury arose out of and in the course of an accident either:
 - a. whilst carrying out duties for a trainer or
 - b. during a bona fide journey between your normal place of residence and work and
 - c. the claimant is certified to be unable to return to work due to the accident
2. On acceptance of your claim, benefit is payable under the Racing Industry Accident Benefit Scheme commencing from the 4th day of your incapacity, up to and including the 104th week from the date of the accident, providing that during that time you are certified unfit to return to work as a result of the accident.
3. If you are still disabled 28 weeks after the date of your accident you are advised to notify your local Department of Workers and Pensions (DWP) office with a view to claiming Incapacity Benefit. Telephone 0800 882200 or Textphone 0800 243355 or e-mail: BEL-Customer-Services@dwp.gsi.gov.uk online at www.direct.gov.uk/disability-money
4. If you think your injury might have some ill-effect in the future you should, in respect of an accident at work, apply to your local DWP office for a declaration form (Bi100A) to record that it was an industrial accident. www.dwp.gov.uk/advisers/claimforms/bi100a_print.pdf
5. All notifications received from the DWP in respect of any claim you make should be forwarded to Crawford SLS, Loss Adjusters for Racing Industry Accident Benefit Scheme, for scrutiny (these will be returned to you).
6. You are reminded that the purpose of the Racing Industry Accident Benefit Scheme is to maintain your pre-accident net wage (subject to the maximum), with allowance for any statutory benefits. It is therefore important to inform the Loss Adjusters of all statutory benefits which you receive arising from your accident, in order to ensure that no overpayment of benefit is made. In addition you must notify the Loss Adjusters of any partial or phased return to work, and the income so received.
7. In the event of a benefit overpayment arising as a result of incorrect information being supplied to the scheme by the claimant the overpayment will be re-payable in full.
8. It should be noted that no person has any right to receive or require the payment of benefits under the Scheme and that all benefits and payments of benefits are ex-gratia.
9. In the event of death, permanent total disablement from any occupation and partial disablement claims for Death and Capital Benefit will only be considered where a specific request has been made in writing identifying the category under which benefit is sought.

NOTE: Employers are required to pay **Statutory Sick Pay (SSP) for up to 28 weeks** to employees who are unable to work through incapacity due to, inter alia, to bodily disablement. The amount of SSP varies according to the employee's wage. After 28 weeks employers should complete form SSP1 (http://www.dwp.gov.uk/advisers/claimforms/ssp1_print.pdf) and forward it to the local DWP office. Employees will then receive, from the 29th week, an invalidity benefit direct from the DWP.

Secretary: Mr J R Arnold, National Trainers Federation, 9 High Street, Lambourn, Hungerford, Berkshire, RG17 8XL
Tel: 01488 71719 email: riabs@racehorsetrainers.org www.racehorsetrainers.org
Trustees: Mr J Eddis (Chairman) Mr M R Q Henriques Mrs S Geake Mr G McGrath (NARS) Dr J Disney
The Racing Industry Accident Benefit Scheme ("RIABS") is a registered charity – number 281686

PART A - TO BE COMPLETED BY CLAIMANT AND TRAINER

FULL NAME	
DATE OF BIRTH	
CORRESPONDENCE ADDRESS	
NATIONAL INSURANCE NUMBER	
TELEPHONE NUMBER	
EMAIL ADDRESS	
STABLE REGISTRATION CARD NUMBER (this can be found on the trainer pool money sheet or the employee stable pass)	
JOB TITLE	
YOUR INCOME	Please confirm that your gross annual income is less than £35,000 YES/NO – If no, please provide details
ARE YOU AN APPRENTICE OR CONDITIONAL JOCKEY? IF YES HOW MANY RIDES DURING CURRENT SEASON DURING THE PREVIOUS TWO SEASONS	YES/NO (.....) ()()
EMPLOYED BY - TRAINER'S FULL NAME	
EMPLOYED BY - TRAINER'S ADDRESS	

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CLAIMANT SHOULD NOTE that the purpose of the scheme is to maintain the pre-accident net wage (subject to the maximum) - see paragraph 6 on page 1. Any money paid to the claimant by the trainer under the National Agreement (paragraph 3) in advance of the payments received from the Racing Industry Accident Benefit Scheme which result in the claimant being paid more than his/her pre-accident net wage, must be refunded to the trainer.

<p>Details of claimant's accident</p> <p>a. Date of accident</p> <p>b. Time of accident</p> <p>c. Place of accident</p> <p>d. How did the accident happen</p> <p>e. Nature of claimant's injury</p> <p>f. Nature of duties being carried out</p>	
<p>NAME AND ADDRESS OF TRAINER WHO YOU WERE CARRYING DUTIES OUT FOR IF NOT YOUR REGISTERED EMPLOYER</p>	
<p>DID THE CLAIMANT CEASE WORK IMMEDIATELY AFTER THE ACCIDENT?</p>	<p>YES OR (.....) (DATE)</p>
<p>DATE OF CLAIMANT'S EXPECTED RETURN TO WORK</p>	
<p>DWP STATEMENT OF FITNESS FOR WORK</p> <p>HAS A STATEMENT OF FITNESS TO WORK BEEN ISSUED</p>	<p>YES / NO</p>
<p>IF "YES" TO THE ABOVE, IS THE TRAINER ABLE TO ACCOMMODATE THE CLAIMANT WITH AMENDED DUTIES OR HOURS?</p>	<p>YES / NO</p> <p>IF YES THE LOSS ADJUSTERS WILL CONTACT YOU TO DISCUSS DETAILS</p>

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JOINT DECLARATION BY CLAIMANT AND TRAINER

We hereby declare that the above particulars are true and complete and that the claim is in respect of an accident that occurred whilst carrying out duties for a trainer/bona fide journey between normal place of residence and place of work.

Claimant's Signature..... Date.....

Trainer's Signature..... Date.....

Trainer's Signature Date.....
(Of trainer if not registered employer)

ENCLOSE A COPY OF THE PAYSリップ (FOR THE WEEK/MONTH PRIOR TO THE ACCIDENT)	A longer duration may be required for part time employees and where appropriate the loss adjusters will contact you to discuss details
GROSS AMOUNT PAYABLE BY WAY OF SSP (SEE NOTE ON PAGE 1)	£ PER WEEK
IS PAYMENT TO BE MADE TO THE CLAIMANT	YES / NO
IS PAYMENT TO BE MADE TO THE TRAINER	YES / NO

HEALTH AND SAFETY

HAS THE ACCIDENT BEEN REPORTED TO THE HEALTH & SAFETY EXECUTIVE OFFICE?

RIDDOR – REPORT AN ACCIDENT ONLINE OR

Telephone: 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm)

HAS INDUSTRIAL ACCIDENT DECLARATION FORM BI 100A BEEN COMPLETED?

SEE PAGE 1, ITEM 4

The 24 hour Racing Welfare support helpline number is 0800 6300 443

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PART B – MUST BE ACCOMPANIED BY PART A (pages 1-4)

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The Scheme is administered on behalf of the NTF by Crawford SLS, 7 King Square, Bristol BS2 8JD.

Direct Tel: 0117 970 5926, Switchboard Tel; 0117 970 5920, Fax: 0117 970 5925 E-mail: michelle.dean@siscrawco.co.uk

CLAIM FOR BENEFIT IN RESPECT OF AN ACCIDENT WHILST CARRYING OUT DUTIES FOR A TRAINER

PART B - TO BE COMPLETED BY CLAIMANT'S DOCTOR

1. STATE THE DATE ON WHICH YOU FIRST ATTENDED THE CLAIMANT FOR THE PRESENT INJURIES	
2. HAVE YOU SEEN THE CLAIMED ACCIDENT CIRCUMSTANCES ON PAGE 2 OF THIS FORM	YES / NO..... IF NO, WHAT DO YOU UNDERSTAND THE ACCIDENT CIRCUMSTANCES TO BE
3. GIVE PARTICULARS OF THE NATURE AND EXTENT OF THE INJURIES	
4. IS THE CLAIMANT'S INCAPACITY SOLELY DUE TO THE ACCIDENT	YES / NO IF NO GIVE FULL DETAILS

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<p>5. DO ANY PRIOR ACCIDENTS, ILLNESSES OR CONDITIONS HAVE A BEARING ON THE LIKELIHOOD OR SEVERITY OF INJURY</p>	<p>YES / NO IF YES GIVE FULL DETAILS</p>
<p>6. PLEASE STATE YOUR OPINION AS TO THE PROBABLE DURATION OF CLAIMANT'S INCAPACITY TO RETURN TO WORK FROM THE DATE OF THIS CERTIFICATE</p>	
<p>7. IF A STATEMENT OF FITNESS TO WORK (DWP) HAS BEEN ISSUED PLEASE STATE ADVISED CHANGES</p>	

Name: Signature:

Qualifications..... Date Completed:.....

Address:.....

.....

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