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| AHA/AAA/SDA Scheme Claim Form | | | | |
| **The notice from SSC/HRD/Adelphi stating that AHA/AAA/SDA has ceased MUST be included with this form.**  The payment of any benefit under this scheme will be made only in compliance with the rules to the scheme as agreed by the NEC. A copy is available from the website or on request. | | | | |
|  | | | | |
| Name: |  | | Mr/Mrs/Miss/Ms: |  |
| ISU Membership Number (if Known): |  | | | |
| Home Address: |  | Official Address: |  | |
| Date Absence Started: |  | Date Allowance Ceased: |  | |
| Date Returned to Duty: |  | | | |
| Do you have a separate insurance or other policy from which you are able to make a claim for benefit? Y/N  Details | | | | |
| Was your absence as a result of the actions of a third party which may give or has given rise to a claim at law? Y/N  Details   |  |  |  |  | | --- | --- | --- | --- | | **Bank Details** | | | | | Bank Name |  | Account Name |  | | Account Number |  | Sort Code |  |   Please indicate the financial hardship which has resulted from the loss of this allowance.  NB It is entirely up to members what information they supply with regard to health, finances or family circumstances; but the NEC will find it difficult to approve a claim without sufficient evidence of the facts. | | | | |

Signature of member:

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Date:

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**This form when completed should be returned to:**

**ISU, Phillips House, 12 Church Street, Harwich, Essex, CO12 3DS.**