

### Dentists – Claim for Long- Term Sickness Payments

---

**Please read these notes before completing this form.**

1. Full details of payment are set out in Determine VII of the Statement of Dental Remuneration. please read the Determination before you fill in this form.
2. Please fill in this form as fully as possible to help us decide if you are entitled to payment, and if so the amount.
3. If you were employed in England, Scotland or Wales you are required to provide in writing, evidence of your period of employment and details of your gross earnings during the test period. The Employing Authority should verify this information.
4. If you need more space to answer any of the questions, please use a separate sheet of paper and show which part of the form it relates to.
5. “Test period” means the period of 2 years immediately before the commencement of the period of sickness.

---

**Part 1 – Personal Details.**

1. Surname \_\_\_\_\_
2. Forename(s) \_\_\_\_\_
3. Address for correspondence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_
4. Date from which you wish to claim payments \_\_\_\_\_  
(*This cannot be for the first month of sick leave or beyond the sixth month.*)
5. Date you last worked \_\_\_\_\_
6. All present contract numbers. \_\_\_\_\_

---

**Part 2 – Conditions for Payment.**

1. What are your gross GDS earnings for the 2 Years ending the date your sick leave began?

Dates	Surgery Address(es)	Contract Nos.	Gross Earnings

8. Have you been on a Dental List for a total of at least 2 years before your sick leave began? *(This should be as a principal, including associate, but may include 1 year as a vocational trainee).*

YES

NO

If you answered yes at part 8, please list below the address(es) and contract number(s) if different from those shown at Part 7.

If you answered no at Part 8, you will not be entitled to a sickness payment. Please check Determination VII if you are not sure.

Dates	Surgery Address(es)	Contract Nos.	Gross Earnings

---

**Part 3 – Other Information.**

This is intended to reduce correspondence about practice arrangements during your absence.

9. Please tell us the name and address of the deputy or assistant, if any, who will be responsible for providing general dental services during your absence.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Do you wish to seek the consent of the Business Services Organisation to employ an assistant for more than 2 months while you are away from the practice?

YES

NO



---

**Part 4 – Claim and Declaration**

I hereby claim long-term sickness payments and declare that *(Please indicate by inserting Y, N or NA in each applicable box) :-*

1. I am unable to work at the moment and claim long-term sickness payments in accordance with Determination VII.
2. I have not claimed, and will not claim, benefit from any other Health Service Authority for this absence.
3. I will provide a medical certificate for periods covered by this claim.
4. I will notify the Business Services Organisation if I return to work or if I retire before the end of the sixth month of this absence.

5. I enclose a medical certificate from the first date of this claim.
6. My gross earnings for the test period are more than the figures shown at Determination VII, Part 2(2) of the Statement of Dental Remuneration. **(If your response to this is no (N) please complete 7 below).**
7. 90% of my gross earnings from the practice of dentistry during the test period were attributable to Health Service gross earnings. **(Only complete if your response to 6 was no (N)).**

I declare that the information given on this form is correct and complete and I understand that if it is not, action may be taken against me. For the purpose of verification of this claim and the prevention and detection of fraud I consent to the disclosure of relevant information, including accounts prepared by the accountant responsible for my audited accounts, to and by the HSC Counter Fraud Unit and the Health & Social Care Board.

**Signature :-** \_\_\_\_\_ **Date :-** \_\_\_\_\_

If for reasons of ill health the dentist is unable to fill in or sign this form, a spouse, partner or relative can do it for them. When someone else signs this form they **MUST** state their relationship here :- \_\_\_\_\_ .

---

**Part 5 – Information for the Dentist.**

- The Business Services Organisation will consider the information you have given and decide if you are entitled to long-term sickness payments. If you are, the Business Services Organisation will calculate the weekly amounts in accordance with Determination VII and authorise this to be included with any fees schedule. In any event, the Agency will let you know its decision.
- Long-term sickness payments will be paid at the same intervals as your normal schedule if no fees are scheduled while you are entitled to payments.
- Payments will be monthly in arrears but a payment cannot be made until the appropriate medical certificate is received by the Business Services Organisation.
- Please contact the Business Services Organisation if you have any queries about this application.

---

**For Business Services Organisation Use Only.**

Date Sick Pay 02 received \_\_\_\_\_