



### Important Notice

If you are submitting a paper application for **Illness or Injury Benefit**, please complete the following additional questions, if you are employed. This must be posted along with your application form to **Illness Benefit Section, Social Welfare Services, PO Box 1650, D01 WY03**.

PPS Number 

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Employer name: 


Have you been working for this employer for more than 13 weeks?

Yes

No

If **yes**, please complete the following Questions:

Before this illness, have you taken any sick days in this job since the 1<sup>st</sup> of January this year?

Yes

No

If **yes**, how many sick days have you taken?