

# INSOLVENCY BENEFIT CLAIM FORM

Please **ONLY** complete this form if your former employer:

1. is insolvent, **and** has failed to give you any of the following: **wages, holiday pay, redundancy pay, or notice pay**

We use the word 'insolvent' in this claim form in situations where a formal insolvency is underway, including where an employer has been made bankrupt, entered into administration, receivership or liquidation or an employer's property has been declared *en désastre*. An employer who has ceased trading **is not** necessarily insolvent.

In order to make a claim you will need to do all of the following:

- complete this claim form
  - have the form signed by one of the following authorised Insolvency Officials, either an Insolvency Practitioner, Viscount or Trustee in Bankruptcy
  - provide all the necessary documentation listed below
- ☐ Copy of your contract of employment **or** verification from an authorised Insolvency Official of your start of employment date, basic working hours per week and rate of pay
- ☐ Copies of your **most recent** payslips:  
4 payslips if you were paid weekly,  
3 payslips if you were paid monthly
- ☐ Evidence of the date your employment ended or when notice was given to you
- ☐ Evidence of your Tax Rate and Tax Reference Number

Please note that there are NINE parts to this form. **All claimants MUST complete sections 1 and 6** and all other sections applicable to the benefit they are claiming for: **Section 7 & 8 must only be completed after the date when the notice period ends.** Section 9 is optional.

<b>Section 1.</b>	Personal & Employment details	<b>Section 6.</b>	Additional Information
<b>Section 2.</b>	Redundancy	<b>Section 7.</b>	<b>Declaration</b>
<b>Section 3.</b>	Holiday Pay	<b>Section 8.</b>	Notice Pay (2)
<b>Section 4.</b>	Wages Owed	<b>Section 9.</b>	Notice Pay Declaration
<b>Section 5.</b>	Notice Pay		

**Insolvency benefit has a maximum payable value of £10,000 taking into account all of the above.**

Your liability for Social Security Contributions and Income Tax (ITIS) payments on any amounts of benefit due to you will be deducted prior to payment being made.

# INSOLVENCY BENEFIT CLAIM FORM

## SECTION 1: PERSONAL & EMPLOYMENT DETAILS

<b>Social Security Number</b>																							
<b>Title:</b>	<b>Surname:</b>			<b>First name:</b>																			
<b>Date of birth:</b>	<b>Daytime number:</b>		<b>Mobile number:</b>			<b>Email address:</b>																	
<b>Address:</b>																							
<b>Bank details for payment of Insolvency benefit:</b>  Account Holder name:  Bank Name & Branch:  Sort code: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> A/C No: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
Have you started legal proceedings (including with the Jersey Employment Tribunal) in Jersey, or outside Jersey, in pursuit of your claim for any amounts owed to you by your former employer and/or associated companies or persons, and/or against the Insolvency Practitioner?    Yes <input type="checkbox"/> No <input type="checkbox"/>																							
<b>Employer name:</b>																							
<b>Employer address:</b>																							
<b>Name of Authorised Insolvency Official dealing with your claim:</b>																							
<b>Name &amp; address of Insolvency Practice:</b>																							
<b>Insolvency date:</b>																							
<b>Contracted hours per week:</b>				<b>Hourly rate of pay:</b>																			
<b>How Many Days per week did you work?</b>				<b>List the days i.e. Monday to Friday.</b>																			
<b>Effective tax rate %</b>				<b>Tax Reference No.</b>																			

(Official Confirmation from Tax Required if not detailed on your payslips)

Government of Jersey, Union Street, St Helier, JE2 3DN

Tel: +44 (0)1534 444444

E: CLSinsolvency@gov.je

# INSOLVENCY BENEFIT CLAIM FORM

## SECTION 2: REDUNDANCY PAY

**Please complete this section.** If you have at least 2 years continuous service, redundancy pay entitles you to a lump-sum payment consisting of one week's pay, up to a **maximum of £1000** per week (From 24<sup>th</sup> September 2024), for every full year of service.

### Example:

You started work for the company on the 1<sup>st</sup> May 2018 and you last worked for the company on the 15<sup>th</sup> June 2020. Your normal weekly pay was £500 based on your pay immediately prior to your employment ending. This means you will receive 2 (years' service) x £500 (Wages) = £1000. However, if your salary were £1200 per week you would only receive £1000 x 2 = £2000.

Start date of continuous employment:

		/			/				
--	--	---	--	--	---	--	--	--	--

When was the last day you worked for this employer?

		/			/				
--	--	---	--	--	---	--	--	--	--

What date did your employment end (this may be different from your last date worked)?

		/			/				
--	--	---	--	--	---	--	--	--	--

Have you been employed with this employer for a period of at least 2 continuous years?

Yes		No	
-----	--	----	--

Were there any breaks in your employment history during your employment with this employer?

Yes		No	
-----	--	----	--

If yes, please provide details below. For example, *breaks may include unpaid maternity or sick leave, periods where you worked for a different employer, or where your employer was not able to offer you work, (such as seasonal).*

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# INSOLVENCY BENEFIT CLAIM FORM

## SECTION 3: HOLIDAY PAY

**Please complete this section.** Holidays and leave relate to the 12 months prior to your employment ending; amounts owed in respect of leave taken but unpaid, and accrued holiday pay which would have become payable to you under your contract if your employment had continued until you became entitled to a holiday. Leave includes public holidays (including Christmas) and bank holidays, if those days were not already included in your total contractual holiday entitlement.

### Example:

If you were entitled to 24 days holiday per year and your holiday period ran from the 1<sup>st</sup> of April and your employment ended on the 7<sup>th</sup> July you would apply the following: 24 (days holiday) / 12 (months) = 2 days per month x 3 months worked = 6 days. If you had taken 2 days holiday between the 1<sup>st</sup> April and the 7<sup>th</sup> July, you would be owed 4 days holiday. If you had **not been paid** for the 2 days holiday taken, then you are owed 6 days.

Based on your contract of employment how many days holiday were you entitled to per year?

What annual period does your above holiday entitlement cover? E.g. 1<sup>st</sup> January to 31<sup>st</sup> December or 1<sup>st</sup> April to 31<sup>st</sup> March.

From

To

How many days holiday, excluding public holidays, have you **taken** this holiday year?

Have you been paid for all these holidays?

Yes ☐ No ☐

If **not**, how many days are you owed?

Have you been paid for all the public holidays

Yes ☐ No ☐

If **not** how many days are you owed?

How many days holiday are you owed in total?

**In order to calculate how many days holiday you were entitled to, divide the number of days annual Leave by 12 and multiply it by the number of months worked and deduct the number of days taken (if paid).**

# INSOLVENCY BENEFIT CLAIM FORM

## SECTION 4: UNPAID WAGES

### Please complete this section.

If you are claiming for unpaid wages relating to the 12-month period prior to your employment ending.

#### Example:

**Your employment ended on the 10<sup>th</sup> April**

**You were last paid 31<sup>st</sup> March for the whole of that month.**

Your salary due to be paid to you at the end of April covering the period 1<sup>st</sup> to 10<sup>th</sup> will not be paid to you. Therefore, you are owed wages for the number of **working days** during this period. So, if you worked Monday to Friday inclusive and the 1<sup>st</sup> April was a Wednesday this means there were 8 working days during this period.

Divide your weekly salary by 5 and multiply it by 8 to get your wages owed total.

i.e. £450 per week / 5-day week = £90 x 8 working days = £720 owed.

How much in **wages** does your former employer owe you for the months below? **Please give exact dates that the wages are owed for below the amounts.**

Month	Jan	Feb	Mar	Apr	May	Jun
Amount owed						
Dates covered						

Month	Jul	Aug	Sep	Oct	Nov	Dec
Amount owed						
Dates covered						

Did you receive any other money from your employer other than detailed on your last pay slip?

Yes ☐ No ☐ If yes, please give details:

Do you owe your former employer any amounts in respect of wages that you were overpaid?

Yes ☐ No ☐ If yes, please give details:

# INSOLVENCY BENEFIT CLAIM FORM

## SECTION 5: NOTICE PAY (1)

Will you be claiming for lieu of notice pay?

Yes ☐ No ☐

**If yes, please complete page 8 - 11 at the end of your notice period only.**

(If you need help calculating this date please visit [Gov.je/Insolvencybenefit](http://Gov.je/Insolvencybenefit) and click on the link to the Notice Period Calculator or email [CLSinsolvency@gov.je](mailto:CLSinsolvency@gov.je)).

Have you registered with Social Security as actively seeking work?

Yes ☐ If yes, please provide the date   /   /

**You must keep your losses to a minimum by doing your best to find a new job and register with Social Security as actively seeking work. Failure to do so will result in your application for Notice Pay being rejected.**

No ☐ If no, please explain why in the space below

## SECTION 6: ADDITIONAL INFORMATION

Please give details below of any information that may help with processing your claim.

# INSOLVENCY BENEFIT CLAIM FORM

## **SECTION 7: DECLARATION**

### **WARNING**

Any person who knowingly makes a false statement or false representation for the purpose of obtaining benefit commits a criminal offence for which they may be taken to court and may also be required to repay the money received. **Read the declaration carefully before you write your full name and sign and date the form.**

### **DECLARATION**

This is my claim for Insolvency Benefit and I declare that the information given on this form is complete and correct. I understand that if I supply information that I know to be false or withhold information for the purpose of obtaining benefit, I am committing a criminal offence for which I could be prosecuted for fraud. I understand that I may also have to repay any amounts that I have fraudulently obtained. This is my only application for Insolvency Benefit for this employment.

I authorise the Social Security Department to share such information as may be necessary with the States of Jersey Taxes Office (Income Tax) in order to administer the deduction of any ITIS payments on any amounts of benefit due prior to payment being made.

I authorise my former employer, their representatives, the relevant officer holder in insolvency and other government departments and agencies, as well as any new employer that I work for during my period of notice to release to the Social Security Department only such information as may be necessary to verify the details I have given on this form.

**Signature** ..... **Date (dd/mm/yyyy):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Print Name** .....

### **PRIVACY STATEMENT**

Social Security is registered as a Controller under the Data Protection (Jersey) Law 2018 as we collect and process personal information about you. For more information on how we use your data please go to our privacy statement on [www.gov.je](http://www.gov.je) or request a written copy by phoning 01534 444444.

# INSOLVENCY BENEFIT CLAIM FORM

## AUTHORISED INSOLVENCY OFFICIAL ONLY

### CONFIRMATION OF ELIBIGILITY & MONIES OWED

I confirm the eligibility of the above claimant for Insolvency benefit. Based on all information available information, I have checked the dates employed, details of wages, holidays, redundancy and notice pay owed to the claimant, and to the best of my knowledge confirm these are correct. Any amendments are shown below.

Signature..... Date (dd/mm/yyyy):\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print Name..... Company Name.....

### AMENDMENTS ENDORSEMENT

#### PAGE 2 – SECTION 1

Names of Authorised Insolvency Official .....  
.....  
Insolvency Date .....  
Contracted Hours per week .....  
Hourly Rate of Pay .....  
.....

#### PAGE 3 – SECTION 2: Redundancy

Start Date of Continuous Employment .....  
Last /Date Worked or Date employment Ended .....  
Breaks in Continuous Employment .....  
.....

#### PAGE 4 – SECTION 3: Holiday Pay

Contracted Holiday Days .....  
Holiday Days Taken (Paid) .....  
Days Owed .....  
.....



# INSOLVENCY BENEFIT CLAIM FORM

## **PAGE 5 – SECTION 4: Wages Owed**

Wages owed - Dates .....

.....

Wages owed – Calculation .....

.....

.....

**Authorised Insolvency Official Name:** .....

**Insolvency Company Name:** .....

I confirm I have checked the above details and these accurately reflect the claim.

**Authorised Insolvency Official signature:** .....

**Date:** .....

I confirm I agree with the above amendments made by the Authorised Insolvency Official.

**Employee signature:** .....

**Date:** .....

## INSOLVENCY BENEFIT CLAIM FORM

### SECTION 8: NOTICE PAY (2)

Social Security Number									
Title:	First name:				Surname:				

Please complete this section if you are claiming for notice pay and **only if you are at the end of your notice pay period.**

To be entitled to this component, you must be available for and registered as actively seeking work with the Department during your period of notice. You are required to keep your losses to a minimum by **doing your best to find a new job**. We can compensate you only for the income you have lost during the notice period. We will therefore deduct from your claim, pound for pound, any earnings from new employment during your notice period and income from certain Social Security benefits and self-employment. You **MUST** complete this form to tell us about any income that you have received, that you will receive, or that you are entitled to receive, in respect of your notice period. If you are entitled to any remaining statutory notice pay after any relevant income has been deducted, you will receive one further payment in respect of that period.

Your **full statutory notice period** is one week if you have more than one week but less than two years continuous service. Thereafter, your **full statutory notice period** is one week for every continuous year of service, up to a maximum of 12 weeks if you have 12 or more years' service.

Do you want to claim compensation for your loss of notice?

Yes ☐ No ☐

Were you given notice that your employment was to end, or that the business would close?

Yes ☐ No ☐ If yes, date notice of dismissal was given  /  /

Did your employer give you your **full statutory notice of your job ending**?

Yes ☐ No ☐

Did your employer give you any **pay in lieu** of the statutory notice that you were due as part of your notice payment?

Yes ☐ No ☐ If yes, how many weeks

# INSOLVENCY BENEFIT CLAIM FORM

## SECTION 8: NOTICE PAY (2) contd.....

Since you were given notice and during your statutory notice period, have you been employed in any of the following capacities?

**Please tick at least one response and include start and end dates and gross weekly income values for each response ticked.**

☐ Continued with the job as instructed by the Insolvency Practitioner or former employer.

Start date                      End date                      Gross weekly income

/  /  /  /     £

☐ I set up my own business

Start date                      End date                      Gross weekly income

/  /  /  /     £

☐ I increased my hours of self-employment

Start date                      End date                      Gross weekly income

/  /  /  /     £

☐ I increased my hours in another job(s) I held

Start date                      End date                      Gross weekly income

/  /  /  /     £

# INSOLVENCY BENEFIT CLAIM FORM

## SECTION 8: NOTICE PAY (2) contd.....

☐ I Started a new job(s)

Name and Contact details of Employer:

Start date

/   /

End date

/   /

Gross weekly income

£

How much pay did you receive or will you receive or are entitled to receive in total from all your additional work during this period of statutory notice, including all overtime and bonuses, before deduction of income tax and social security contributions?

£

☐ I have had no additional employment or self-employment during my statutory notice period

Have you claimed, or do you intend to claim any of the benefits below in respect of this period of your statutory notice?

<u>Benefit</u>	<u>Yes</u>	<u>No</u>
Parental Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Short Term Incapacity Allowance (STIA)	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Pension	<input type="checkbox"/>	<input type="checkbox"/>
Home Carers Allowance	<input type="checkbox"/>	<input type="checkbox"/>

Have you claimed, or do you intend to claim any **Income Support** in respect of this period of statutory notice?

Yes ☐ No ☐

Have you been in prison, on remand or in custody during your period of statutory notice?

Yes ☐ No ☐ If yes, please provide the dates:   /   /

Have you been absent from Jersey for any time during your period of statutory notice?

Yes ☐ No ☐ If yes, please provide the details below:

Government of Jersey, Union  
Tel: +44 (0)1534 444444  
E: CLSinsolvency@gov.je

# INSOLVENCY BENEFIT CLAIM FORM

## INSOLVENCY BENEFIT CLAIM FORM:

### SECTION 9: NOTICE PAY DECLARATION

#### WARNING

Any person who knowingly makes a false statement or false representation for the purpose of obtaining benefit commits a criminal offence for which they may be taken to court and may also be required to repay the money received.

**Read the declaration carefully before you write your full name and sign and date the form.**

#### DECLARATION

This is my claim for Insolvency Benefit and I declare that the information given on this form is complete and correct. I understand that if I supply information that I know to be false or withhold information for the purpose of obtaining benefit, I am committing a criminal offence for which I could be prosecuted for fraud.

I understand that I may also have to repay any amounts that I have fraudulently obtained.

I understand that I must tell the Social Security Department immediately of any change of circumstances that may affect this claim.

This is my only application for Insolvency Benefit – Notice Pay for this employment.

I authorise the Social Security Department to share such information as may be necessary with the States of Jersey Taxes Office (Income Tax) in order to administer the deduction of any ITIS payments on any amounts of benefit due prior to payment being made

I authorise my former employer, their representatives, the relevant office holder in insolvency and other government departments and agencies, as well as any new employer that I work for during my period of notice to release to the Social Security Department only such information as may be necessary to verify the details I have given on this form.

Signature .....

Print Name .....

Date (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### PRIVACY STATEMENT

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