

CLAIM FOR COMPENSATION/DISABILITY PAYMENTS FOR CONSULTANTS UNDER MCS

CLAIMANT TO COMPLETE *(typewritten or in block letters)*

Claimant's Surname, First Name	Index No.	Age	Division	Duty Station
Type of Appointment <input type="checkbox"/> Consultant <input type="checkbox"/> Personal Service Agreement Subscriber <input type="checkbox"/> National Professional Project Personnel <input type="checkbox"/> Short-Term Staff, including conference staff (less than 12 months) <input type="checkbox"/> WAE Consultant – copy of Attendance Report to be attached				Email : _____ _____@_____ Address: _____ _____ Phone: _____ _____

CLAIM FOR SALARY PAYMENTS FOR TEMPORARY TOTAL DISABLEMENT

Dates of temporary total disablement from: _____ to: _____
 Temporary total disablement due to illness accident
 Number of calendar days of temporary total disablement: _____

a) At the full rate: not exceeding end of appointment: _____

b) At half rate: not exceeding 13 weeks thereafter: _____

Name of Personnel Officer: _____

Date: _____ Signature: _____

NOTE: I understand that submission of a false or fraudulent claim is grounds for disciplinary action and voiding of the claim.

Date: _____ Claimant's Signature: _____

FOR COMPLETION BY THE DIVISIONAL PERSONNEL OFFICER or FAOR for locally recruited national consultants/NPPS

I certify that:

- Claimant was employed when claim arose
 Claimant was covered by MCS (please attach copy of the contract)
 Net salary daily rate (in US\$ equivalent) is _____
 Salary account code is _____
 FAO Oracle: (Fund) ___ (Org) _____ (Activity) _____ (Account) _____
 Dates of appointment are from: _____ to: _____

Name of Personnel Officer/FAOR: _____

Date: _____ Signature: _____

IMPORTANT: THIS FORM IS NOT TO BE USED FOR EXPENSES RELATED TO SERVICE INCURRED ACCIDENT OR ILLNESS WHICH ARE REIMBURSABLE UNDER MANUAL SECTION 342 SHOULD BE SUBMITTED TO THE SECRETARY, ADVISORY COMMITTEE ON COMPENSATION CLAIMS, AFHS, TOGETHER WITH COMPLETED FORM “ADM 62” – REPORT OF ACCIDENT, ILLNESS OR DEATH.

INSTRUCTIONS FOR COMPLETION OF FORM

1. **When the claim is for salary payments for periods of Temporary Total Disablement** the following documents must be attached:
 - a) Doctor’s certificate with diagnosis stating date of commencement and date of cessation of disablement. The reverse side of form ADM 62 – Report of Accident, Illness or Death, may be used for this purpose;
 - b) in case of accident a completed form ADM 62.
2. The full postal address to which the broker should send the cheque should be indicated. Any question regarding the settlement of claims should be addressed to DeBesi-DiGiacomo SpA, Room D-006, c/o FAO, Viale delle Terme di Caracalla, 00100 Rome, Italy or e-mail address mcs-mcsns@debesidigiacomito.it or Medical-Insurance@fao.org. In case of dispute on medical questions copies of the correspondence should be sent to Social Security Branch, AFHS, FAO Headquarters.
3. In case of temporary total disablement resulting from illness, DeBesi-DiGiacomo’s liability does not cover the first four days (see Manual Section 343 VI regarding payments by FAO for these days).
4. The claim is paid to the Organisation for the period of employment. If the consultant continues to be disabled at the end of his/her contract, the claim is paid to the consultant under the terms of the plan. The Personnel Office must complete the 24 digits for the full Oracle code to allow the insurance payment to be properly credited.