



**THE  
LEEDS DRIVING  
INSTRUCTORS ASSOCIATION**

**THE DAVE LAWRENCE  
SICKNESS AND ACCIDENT SCHEME  
TERMS AND CONDITIONS**

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# THE DAVE LAWRENCE SICKNESS AND ACCIDENT SCHEME

## Introduction

The Dave Lawrence Sickness and Accident Scheme (hereafter referred to as the DLSAS) is designed to benefit it's members at a time when they would most require financial support.

The scheme is very simple in its operation. As a member you will have the support of your colleagues to give you an income of up to £250 per week. Your only commitment would be to give your support if any member of the scheme makes a claim.

Unlike other similar schemes run by insurance companies, no member of the scheme makes any contributions on a regular basis. Your only commitment to the scheme, other than the 'one off' joining fee (refundable when leaving the scheme, please see section 1e of 'terms and conditions') is to pay up to a maximum of £5 per week, per claim for a maximum of six weeks, in the event of a claim or multiple claims being made.

The scheme only pays out if a member cannot work in any capacity, for a period longer than two weeks. In the case of short term illness the member must make his/her own provision for income.

The scheme only pays out up to a maximum of six weeks, after which time the member should have made their own provision for income.

Here is an example of how the scheme operates. In the past the DLSAS has supported two of its members. The first example was from a member who suffered a triple heart bypass operation and was unable to work for three months. The second claim was from a member who was admitted to hospital and had an operation preventing him from working for nine weeks. In both cases each of the claimants had peace of mind that they had a source of income at such a difficult time. In each case the only commitment from the other members of the scheme was to pay £5 per week, per claim.

Security - The scheme will **NEVER** pay any member for more than six weeks (the maximum claim period). By joining the scheme you will never be asked for more than a maximum of £5 per week, per claim. In the unlikely event that we receive more than one claim at any one time your commitment will be only £5 per week, per claim until all claims are settled. For example if two claims arise at the same time and one claimant requires payment for five weeks and the other claimant requires payment for three weeks, you will be required to pay £5 maximum per week, per claim to satisfy both claims.

**THE DAVE LAWRENCE**  
**SICKNESS AND ACCIDENT SCHEME**  
**TERMS AND CONDITIONS**

1. The Dave Lawrence Sickness and Accident scheme (hereafter referred to as the DLSAS) will be available to all members of the LDIA provided that they are:
- a) Fully paid up member, with annual subscriptions up to date.
  - b) Classified as a life member of the LDIA (excluding retired ADI's).
  - c) Have read and agree to be bound by the terms and conditions, have signed a witnessed copy of the application form and returned it to the DLSAS Coordinator.
  - d) To participate in the scheme LDIA members must have a qualifying period of 6 months DLSAS membership before they become eligible to participate in the scheme.
  - e) In order to join the scheme members must pay a 'one off' £30 joining fee, refundable when leaving the scheme.

2. Once the member has accepted the terms and conditions, and has signed the application form, witnessed by any other LDIA member, confirmation will be verified by an 'acceptance certificate' to the DLSAS member from the DLSAS Coordinator, soon after. Only members who have completed their application form and are in receipt of a 'acceptance certificate' will be able to make a claim. Therefore it is the member's responsibility to ensure they are in receipt of such confirmation. Each year at the AGM a new application form must be signed and a copy of the members' ADI certificate (both sides) submitted after which a new 'acceptance' certificate will be sent out, (Subject to LDIA subscriptions being up to date). This will enable us to keep our records up to date. Whilst the acceptance certificates are being sent out the member will have **THIRTY FIVE DAYS** to complete the DLSAS rejoining procedure, following the date of the AGM. Therefore if a member does become ill he/she will still be covered until the new rejoining procedure has been completed, and will still remain liable for all and any claims made against the scheme, to date.

**A SICK NOTE WILL BE REQUIRED**

3. In the event of a member having an accident or an illness that means he/she is unable to work in any capacity, that member **MUST** contact the DLSAS Coordinator **IMMEDIATELY**. If this is not practical, due to the nature of the illness/accident, then in all circumstances contact must be made within **SEVEN** days, subsequently followed by a completed and returned claim form (attached). The claim form **MUST** be supported by a sick note or letter confirming that the member cannot work in any capacity from either, the hospital or GP. The effective date of commencement for the claim will be determined from the date of the original/initial sick note.

4. No payments will be paid for the first **TWO** weeks of any accident or sickness episode, so if a member has only a minor illness or injury a claim cannot be made or supported by the DLSAS. Members who are unable to work in any capacity due to injury or illness will receive assistance from the scheme starting at the third week following the date of the claim up to a maximum of six weeks.

**THE CLAIM WILL CEASE AFTER SIX PAYMENTS ARE MADE OR WHEN THE CLAIMANT RETURNS TO WORK, WHICHEVER IS THE SOONEST.**

5. Payment will be made to the claimant by cheque from the DLSAS. Contributing members will be informed of their liabilities, in writing/E mail by the DLSAS Coordinator and any monies due should be paid direct to the DLSAS Coordinator. (Cheques made payable to the 'LDIA')

**LIABILITY**

6. All duly pledged members of the (DLSAS) become liable immediately upon receipt of their written confirmation/E mail as detailed in clause 5 above. Upon receipt of his/her written confirmation/E mail the said member has a maximum period of **THIRTY FIVE** days to fully discharge his/her liability to the DLSAS Coordinator. After the **THIRTY FIVE** day period has elapsed if the said member fails to discharge his/her liability as requested he/she will be removed from the (DLSAS) and **UNDER NO CIRCUMSTANCES** will he/she be invited to rejoin.

**HOW MUCH WILL I BE PAID?**

7. The maximum amount any claimant will receive is dependent on the number of participants in the scheme. There is however a maximum pay out of £250 per week (Subject to the sufficient number of participating members). There needs to be 51 members or more to achieve the maximum pay out. If the number of participants in the scheme is less than 51, any member making a claim will receive £5 per participating member for a maximum of six weeks. So for example if there are only 41 members in the scheme, the claimant would receive 40 X £5 = £200 per week. The number of DLSAS participants will be stated (and updated only) in the LDIA newsletter, to enable you to work out the value of the scheme.

## **ONE CLAIM ONLY PER YEAR**

**8. SCHEME MEMBERS MAY ONLY MAKE ONE CLAIM, IN ANY 12 MONTH PERIOD. THE 12 MONTH PERIOD STARTS FROM THE LAST DAY OF ANY PREVIOUS CLAIM.**

**9. EXCULSIONS** Any accident, sickness or injury caused as a result of :

**SPORTING ACTIVITIES**

**COSMETIC AND ELECTIVE SURGERY**

**ANY ILLEGAL ACTIVITIES**

**PREGNANCY (Normal pregnancy related claims are excluded from the scheme however all due consideration will be given in extenuating circumstances).**

**THE COMMITTEE RESERVES THE RIGHT TO CHALLENGE ANY CLAIM AT ANY TIME WITHOUT PREDJUDICE.**

## **HOW MUCH WILL IT COST ME?**

9. By signing the acceptance form I agree to be bound by the terms and conditions as set down in the Dave Lawrence Sickness and Accident Scheme. In particular, I agree to support any fellow member of the DLSAS who has a legitimate claim and will pay any monies due by me in respect of clause six. The maximum I will have to pay under the scheme will be £5 per week, per claim up to the maximum period of six weeks. If more than one claim arises at any given time I agree to continue to pay £5 per week, per claim until all claims have been settled

## **LONG TERM ILLNESS/ACCIDENT**

10. The scheme is designed to give security and peace of mind to all participants. Accident or illness can strike without warning at any time. If a member contracts a terminal illness or very long term injury/illness he/she will still be supported by the scheme up to the maximum number of six weeks. This period, known as the claim period, would help the DLSAS member with a long term injury/illness whilst they sought other benefits that might be available to them. After the six week period the DLSAS scheme would not be liable or able to offer any further financial assistance. Any member who does make a claim on the LDIA DLSAS scheme has to make their own arrangements with regard to income after the six week claim period has elapsed.

## **SUDDEN DEATH**

11. In the event of sudden death, unrelated to any previous claim within the current claim period a single payment equivalent to the total of six weeks benefit will be paid to the DLSAS member's next of kin.

**The LDIA Committee reserves the right to amend these terms and conditions at any time. They can only be amended at a properly convened Committee meeting and must have the backing of at least seven members in addition to the Chairman. All members of the scheme will be informed of any changes or amendments to these terms and conditions in writing/E mail or at the earliest opportunity following a committee meeting, for subsequent implementation from the date of the next AGM.**



**THE DAVE LAWRENCE**  
**SICKNESS AND ACCIDENT SCHEME**

**CLAIM FORM**

**(PLEASE PRINT CLEARLY)**

Fill in this form **ONLY** if you are making a claim. Then send it to the address below.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DRIVING SCHOOL \_\_\_\_\_

HOME TEL No: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

ADI/PDI No. ----- E Mail Address \_\_\_\_\_

**(Please remember to enclose your sick note & a photo copy of your ADI/PDI licence both sides)**

PLEASE STATE YOUR DLSAS ACCEPTANCE NUMBER \_\_\_\_\_

Date of Accident/Illness \_\_\_\_\_

Brief Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treated by \_\_\_\_\_

**(PRINT name of GP or Hospital)**

Sick note obtained on (date) \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Send this form as soon as possible to:

Mike Bell  
DLSAS Coordinator  
6 Red Hall Green  
Leeds  
LS14 1EA



**THE DAVE LAWRENCE  
SICKNESS AND ACCIDENT SCHEME**

**APPLICATION FORM**

1. I would like to participate in the Dave Lawrence Sickness and Accident Scheme (DLSAS).
2. I have read, understand and fully accept the terms and conditions, of the DLSAS and by signing this application form agree to be bound by them.
3. My attention is drawn in particular, to clauses **six** and **eight (as detailed below)**.
4. I fully understand that I can only make a claim if I am in receipt of an acceptance certificate issued by the DLSAS Coordinator which acknowledges the safe receipt of my DLSAS acceptance form. I am aware that a claim will only be accepted if my LDIA subscriptions are up to date and a valid copy (both sides) of my ADI certificate is produced.
5. I agree to pay to the DLSAS, any monies due under the terms and conditions, with particular reference to clauses **six** and **eight**, (as detailed below) if any bone fide member of the scheme has a claim accepted and sanctioned by the Committee.
6. It is my responsibility to ensure that I am in receipt of a valid DLSAS Acceptance Certificate, issued by the DLSAS Coordinator.
7. I acknowledge my responsibility to advise the DLSAS Coordinator of any change in my personnel circumstances i.e. Name, Address, Marital status, change of driving school etc.
8. I understand that if I wish to make a claim it must be verified by a sick note from a Hospital or GP.
9. My entitlement to any monies due ceases after six payments, or when I can return to work whichever is soonest.
- 10. The LDIA DLSAS reserves the right to refuse or suspend any claim at any time which it considers or appears to be fraudulent in nature, until proven otherwise.**

**(PLEASE PRINT CLEARLY)**

Name.....

Address.....

Postcode..... Driving School .....

Tel No.....Mobile.....

E-Mail address..... ADI/PDI No .....

**(IMPORTANT Please enclose a photo copy of your ADI/PDI licence both sides)**

Signed..... Dated.....

Witness (Print) ..... Sign.....  
(Must be witnessed by an LDIA member)

Sign and return this form to  
**Mike Bell**  
**DLSAS Coordinator**  
**6 Red Hall Green**  
**Leeds**  
**LS14 1EA**

<b>FOR COORDINATOR USE ONLY</b>	<b>YES</b>	<b>NO</b>
NEW MEMBER		
RENEWAL		
JOINING FEE		