

**HUMBERSIDE POLICE FEDERATION**  
**UNSOCIABLE HOURS BENEFIT CLAIM FORM**

1. The unsociable hours benefit is payable to members for any period of sickness where you were due to be working unsocial hours i.e. between the hours of 20:00 and 06:00 (subject to the 14 day excess period and applicable policy limits).
2. The benefit is payable for a maximum of 24 weeks **after** the 14 day excess period.
3. The benefit payable is £1.00 per unsocial hour up to a limit of £60 per week.
4. Please enclose a copy of your pay slips, for each month you are claiming, to confirm your hourly rate.
5. Please ensure your supervisory officer signs the appropriate declaration before you submit your claim form.

**Please complete this form and return it to: - Humberside Police Federation, 1a Redland Drive, Kirk Ella, East Yorkshire, HU10 7UE**

---

**Claim Details: -**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rank: \_\_\_\_\_ Collar Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel Number: \_\_\_\_\_

First date of absence from duty: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First date of claim (this must be after 14 days of absence): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last date of absence from duty: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Details of illness causing absence: \_\_\_\_\_

**Declaration: -**

- I declare that during the above period of sickness the total number of unsocial hours I am claiming is: -  
\_\_\_\_\_ (Based on the hours I was scheduled to work at the time of onset of absence)
- I confirm that as a result of not being able to work these hours I have suffered a loss of unsocial hours pay
- I have been off sick during this period and have been in receipt of Statements of Fitness to Work confirming I am not fit to work from my doctor

**Insured Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**To be completed by your Supervisory Officer: -**

I certify that the above was scheduled to work the unsocial hours as detailed above and has been off work during this time due to sickness.

Supervisory Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_ Rank: \_\_\_\_\_

**BANK DETAILS:**

When your payment has been approved we will make the payment to you directly to your bank account.

Name and Address of your bank: \_\_\_\_\_ Branch Sort Code: \_\_\_\_\_

\_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_\_\_ \*\*Account Name(s): \_\_\_\_\_

\_\_\_\_\_

**\*\*Please ensure you provide us with the exact account name as it appears on your bank account. Failure to do so will result in a delay in us processing your payment**

**To be completed by a Trustee of the Scheme: -**

I certify that the claimant is a member of the Scheme

Date of Joining Scheme:- \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Name: \_\_\_\_\_

## **DATA PROTECTION NOTICE**

Philip Williams (G Ins) Management Ltd collects and uses your data in accordance with current data protection law (which includes, from 25 May 2018, the General Data Protection Regulation (Regulation (EU) 2016/679)) ("data protection law"). We maintain records in regard to policy claims on computer and/or paper files. Information will only be disclosed to third parties in whatever format is considered appropriate by us. By signing this form, you consent to Philip Williams (G Ins) Management Ltd using your data and the information you have provided to process the claim. Further information can be found in our Privacy Policy at <https://www.philipwilliams.co.uk>

## **Privacy Notice**

**Please Note:** Our Privacy Notice can be viewed on our website at [www.philipwilliams.co.uk](http://www.philipwilliams.co.uk)  
A hard copy can be provided upon request.