

**LANCASHIRE 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 deferred 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 hour up to a limit of £60 per week. Payment of the benefit will be made by BACS transfer.
4. Please enclose a copy of your medical certificates covering your period of absence
5. Please ensure your supervisory officer signs the appropriate declaration before you submit your claim form.
6. Please enclose a copy of your pay slips, for each month you are claiming and for the 2 months before your claim date.
7. Please return this form to Lancashire Police Federation, Saunders Lane, Hutton, Preston, PR4 5SB

**Claim Details:** - **Serving Officer / Police Staff\*** (Delete as applicable)

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

Date of Birth: \_\_\_\_\_ Rank: \_\_\_\_\_ Collar Number: \_\_\_\_\_

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

\_\_\_\_\_

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

Email Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

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 disablement)
- 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:** \_\_\_\_\_

**When your claim has been approved the payment will be credited direct to your bank account. Please complete the following details:-**

Name and Address of your Bank:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Sort Code: \_\_\_\_\_

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

**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:** \_\_\_\_\_

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