result of an accident (maximum of 7	NEFIT CLAIM FORM ou are detained in hospital overnight as a
Norwich NR1 1ES	
	OMPLETE IN BLOCK CAPITALS
	Date of Birth
Postcode	Date of joining scheme
	Email address
	t lent, stating clearly how your injuries were sustained
(It is not necessary to complete this section form in respect of this accident):	on if you have already completed a personal accident claim
	(continue overleaf if necessary)
Please give details of your injuries	
admission	ely follow your accident, please state purpose of
	(continue overleaf if necessary)
	d to
Date and time of admission	
	I am a subscribing member of the above scheme and to atements are true and without reservation.
Signature of insured	Date
Officer's full name Officer's Force no	Date Officer joined scheme
account.	verleaf to enable payment direct to your bank
To be completed by the Federa	tion Office, confirming scheme membership.
SIGNED	(For the JBB Secretary)

Norfolk Police Federation Partner Hospital Benefit claim form (continued...)

Please complete the following section to enable benefit payments to be made direct to your nominated bank account:

Bank name and address		 	
Branch sort code:	/	 /	
Account name:		 	
Account number:		 	

DATA PRIVACY NOTICE

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