Norfolk Police Federation Group Insurance Scheme Unsocial hours benefit claim form



You are eligible to claim this benefit if you have been off sick for more than 14 days and were scheduled to work unsocial hours between 20.00hrs and 06.00am. Benefit is payable from the 15th day of absence and for a maximum of 8 weeks, within 24 weeks from the date of disablement.

The maximum benefit you can claim is dependent on your weekly contracted working hours.

For example: 40 contracted hours per week = 320 hours benefit (8 weeks x 40 hours)

20 contracted hours per week = 160 hours benefit (8 weeks x 20 hours)

Unsocial hours benefit is applicable to your unsocial hours enhancement at 7.5% of basic salary, up to a weekly limit of £60 - Constables, £75 - Sergeants or £95 - Inspectors (as applicable).

If you wish to claim unsocial hours benefit please complete this form in BLOCK CAPITALS and send it to: Norfolk Police Federation, Vox House, 43 Thorpe Road, Norwich, NR1 1ES

Full name.					Date of	Birth		
Home addr	ess							
		Post	code	Colla	r number		Rank	
_								
First date o	of absence							
First date o	of claim (th	is must be	after 14 da	ys ot abse	nce)			
Last date o	f absence							
Under this Please sele 14 day exc	policy, a weet the wee	eek is coneks you we) and deta	unsociable sidered to r ere rostered il these shif laimed per uns	un from M to work th ts below:	onday to e highest	Sunday. number of	[:] unsociab	ole hours (after the
commencing								Total Unsociable Hours
:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	claimed (per week):
								Week 1:
								Week 2:
								Week 3:
								Week 4:
								Week 5:
								Week 6:
								Week 7:
								Week 8:
					Total nu	umber of hou	rs claimed :	

Copies of payslips covering the dates claimed together with a copy of your unsocial hours shift pattern, showing your position in the pattern at the first date of your claim must accompany this form as supporting evidence for your claim.

If you do not have a shift pattern with your name on clearly showing the above hours, we will accept confirmation by email or letter from your Line Manager in support of your claim.

Please continue overleaf.

Normal Hourly Rate of Pay £.....

Week (date)

I hereby declare that:

• The number of hours I am claiming are based on the hours I was scheduled to work

I was a subscribing member of the Norfolk Police Federation group insurance

I have suffered a loss of unsocial hours benefit

scheme for the period of this claim	
Signature	Date
Please note that the Federation office may pass in only that which is necessary in connection with y	•
Signed on behalf of the JBB	
(confirming scheme membership on the dates the	e unsocial hours benefit is being claimed for)

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:							
· ·	Date of benefits direct to the above account)						

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