

WEST MERCIA POLICE FEDERATION
SICK PAY BENEFIT

1. The sick pay benefit is only payable to members who are notified by the Force that their pay is to be reduced because of absence due to sickness or injury.
2. If you have been notified that your pay is to be reduced please complete this form and return it to the Federation Office.
3. Payment of the benefit will be made by BACS transfer to you on a monthly basis.
4. Benefit ceases after the period determined by the Insurance policy or on earlier return to duty, or on earlier resignation or retirement from the Force.
5. The benefit will be 20% of your basic salary payable whilst you are on half pay. If you are placed on to nil pay the benefit will be 30% of your basic salary. The maximum benefit period is 52 weeks (the 30% benefit level is restricted to a maximum of 26 weeks). Benefits are free of tax under current law and legislation and Inland Revenue practice.
6. After the initial payment you will receive a supplementary claim form which must be returned to Philip Williams and Co. together with your next payslip.
7. The benefit may be terminated if you turn down any reasonable recuperative duties.
8. Your Statutory Sick Pay will cease at week 28 of sickness. It becomes your own responsibility to make a claim to the Department of Work and Pensions for Employment Support Allowance.

WEST MERCIA POLICE FEDERATION INSURANCE SCHEME
SICK PAY BENEFIT – CLAIM FORM

SURNAME: _____ FORENAME(S): _____

RANK: _____ COLLAR NUMBER: _____

DIVISION: _____ SECTION/DEPT: _____

HOME ADDRESS: _____

POSTCODE: _____

EMAIL ADDRESS: _____ TEL NO: _____

I have been absent from duty since: **(date)** _____ / _____ / _____

Suffering from: **(condition)**

And as a result I have been notified that my pay is to be reduced with effect from: **(date)**

_____ / _____ / _____

I have appealed to the Chief Constable against the decision to reduce my pay: - **YES / NO***
(*delete accordingly)

If YES, please give details:

I have returned to work on: **(date)** _____ / _____ / _____

I attach a copy of the Force Notification of my reduction in pay together with a copy of my last monthly full pay slip and a copy of the first monthly reduced pay slip.

I claim benefit under the scheme and I will notify the underwriters should I return to work, retire or resign. If I am reinstated on full pay I will inform Philip Williams and Co immediately.

If I receive full pay from the force for any period for which I have been paid benefit under the scheme by the insurers, I undertake to refund the benefit paid in full.

Signed: _____ **Date:** _____

BANK DETAILS

Your benefit payment will be made by BACS transfer, please complete the details below: -

Name and address of your Bank: _____ Branch Sort Code: ____/____/____

_____ Account Number: _____

_____ Account Name(s): _____

FOR SCHEME TRUSTEES USE ONLY

I certify that the details stated above are correct and that the claimant is a subscribing member of the police federation insurance scheme. I claim benefit in respect of this member on behalf of the Trustees.

Signed: _____ **Date:** _____

(ON BEHALF OF THE TRUSTEES)

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
A hard copy can be provided upon request.