

# Norfolk Police Federation

## GROUP INSURANCE SCHEME

### PARTNER - HOSPITAL BENEFIT CLAIM FORM

This form should be submitted if you are detained in hospital overnight as a result of an accident (maximum of 7 nights stay).

Please complete and return to: Norfolk Police Federation, Vox House, 43 Thorpe Road, Norwich NR1 1ES



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#### PLEASE COMPLETE IN BLOCK CAPITALS

Name ..... Date of Birth.....

Home address.....

Postcode..... Date of joining scheme.....

Telephone No..... Email address.....

Place where accident occurred.....

Date and approximate time of accident .....

Please give a description of your accident, stating clearly how your injuries were sustained  
(It is not necessary to complete this section if you have already completed a personal accident claim form in respect of this accident):

.....

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.....

.....  
(continue overleaf if necessary)

Please give details of your injuries .....

.....

If hospital admission did not immediately follow your accident, please state purpose of admission.....

.....

(continue overleaf if necessary)

Name and address of hospital admitted to.....

.....

Date and time of admission.....

Date and time of discharge.....

#### 7 NIGHTS MAXIMUM PAYABLE

I, the undersigned, hereby declare that I am a subscribing member of the above scheme and to the best of my knowledge the above statements are true and without reservation.

Signature of insured ..... Date .....

Officer's full name ..... Date Officer joined scheme.....

Officer's Force no.....

Please complete the section overleaf to enable payment direct to your bank account.

To be completed by the Federation 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:        \_\_\_\_\_

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