

**NORTHAMPTONSHIRE POLICE FEDERATION
HOSPITALISATION BENEFIT
CLAIM FORM**

Member's details:

Full Name: _____

Rank: _____ Collar Number: _____

Home Address: _____

_____ Postcode: _____

Email: _____

Telephone Number: _____ Date of Birth : _____

Claim details:

I was a hospital in-patient at: **(Name of hospital and ward)** _____

Date admitted to a ward: _____ / _____ / _____

Date discharged: _____ / _____ / _____

Totaling: _____ nights **(maximum payable 7 nights)**

Suffering from: _____

Date and details of accident / emergency: _____

Name of consultant: _____

Please indicate below if your admission was:-

☐

Unplanned Admission **(as a direct and immediate result of an accident or emergency)**

☐

Planned Admission **(as a direct result of accident or sickness which is not an unplanned admission)**
Note: Planned Admission Benefit is payable after first 3 nights

Member Declaration:

I declare that the above statements are true and complete and that I remained in a hospital bed in a ward or intensive care unit **between midnight and seven o'clock** for each night claimed (for a minimum period of at least 24 hours).

I attach a copy of the hospital admission and discharge certificate.

Signed: _____ Date: _____

Trustee Declaration:

I certify that the details stated above are correct and that the claimant is a subscribing member of the **Northamptonshire Police Federation Insurance Scheme** and submit this claim on behalf of the Trustees.

Signed: _____ Date: _____

Name: _____

BANK DETAILS:

If your payment has been approved we will make the payment to you directly to your bank account. Please complete the following:

Name and Address of your bank:

Branch Sort Code: _____

Account Number: _____

Account Name(s): _____