

NORTHAMPTONSHIRE INSURANCE SCHEME – SICK PAY BENEFIT

Application for continued entitlement

SERVING OFFICER / POLICE STAFF * (*delete as applicable)

Rank: _____ **Collar / Payroll No:** _____

Members Name: _____

Address: _____

_____ **Postcode:** _____

Telephone No: _____ **Email:** _____

I have been paid sick pay benefit up to: _____ / _____ / _____ **(Date)**

I wish to apply for further payments to cover my next pay period ending on:

_____ / _____ / _____ **(Date)**

I am still on half pay

I am on nil pay

Payslip attached

(please tick as appropriate)

Should my circumstances change after submission of this form I will inform Philip Williams & Co immediately.

I wish to inform you that:-

(a) I was or will be placed on nil pay with effect from _____

(b) I did or will return to full pay on _____

(c) I will be taking normal / medical* retirement on _____
(*delete as appropriate)

- I confirm that I have not turned down any reasonable offer of recuperative duties
- 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:** _____
(Original signature required, we are unable to accept typed signatures)

When completed please email with your payslip to: travel-claim@philipwilliams.co.uk

Or send to: - Philip Williams & Co, 35, Walton Road, Stockton Heath, Warrington, Cheshire, WA4 6NW.