## Avon & Somerset 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).

								and send it to: orth Somerset
Full name.					Date of	Birth		
Home add	ress							
Home telep	ohone no		code					
First date c	of absence							
First date of	of claim (th	is must be	after 14 da	ys of abse	nce)			
Last date o	of absence							
Under this Please sele	policy, a weet the wee	veek is con eks you we l) and deta	unsociable isidered to refer rostered il these shiftaimed per uns	un from Mo to work th ts below:	onday to e highest	Sunday. number of	unsociab	le 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	imbor of hour	c claimad :	

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 have suffered a loss of unsocial hours benefit

(Authorising the payment of benefits direct to the above account)

insurance scheme for the perior	the Avon & Somerset Police Fedel d of this claim	ration group						
Signature		(You will need to print this form to sign it)						
Please note that the Federation officently that which is necessary in con	ce may pass information held by th	e Force to the brokers but						
Signed on behalf of the JBB								
confirming scheme membership on the dates the unsocial hours benefit is being claimed for)								
Please complete the following payments to be made direct Bank name and address	to your nominated bank ac	count:						
Account name:								
Account number:								
Signed	Date							

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