

## Group Insurance Scheme

### Regulation 28 claim form – Half pay/No pay (delete as applicable)

Please complete this form as soon as you know you will be placed on half/no pay in accordance with Regulation 28 and return it to this office: **Avon & Somerset Police Federation Office, 1 St David's Court, Windmill Road, Clevedon, North Somerset BS21 6UP**

#### PLEASE COMPLETE IN BLOCK CAPITALS

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

Home Address.....

.....Postcode.....

Telephone no.....Email.....

Force number.....Rank.....

Date you were reduced to half/no pay.....

Gross annual salary: £.....

**A copy of your last payslip prior to reduction in pay must accompany this form.**

Please provide a brief description of disability giving rise to reduction in pay:.....

.....

.....

**NOTE: You must notify George Burrows as soon as you return to work.**

**If full pay is reinstated and backdated, benefits received in respect of the applicable period must be repaid to the insurers.**

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

Signature.....Date.....

**Please note that the Federation office may pass information held by the Force to the brokers, but only that which is necessary in connection with your claim and membership of the scheme.**

**Please ensure you complete the section overleaf to enable your benefit payments to be made to you**

To be completed by the Federation office

The above named person is a member of the scheme and has been a scheme member for at least 6 months prior to pay being reduced.

Signed..... For the JBB Secretary

**Avon & Somerset Police Federation**  
**Regulation 28 claim form - Half pay / No pay (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:     \_\_\_\_\_

Signed..... Date.....

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

**George Burrows are acting on behalf of insurers, which enables us to handle certain claims on their behalf.**

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