

## Group insurance scheme

## Planned admission

## Hospitalisation claim form

This form is applicable if you are admitted to hospital through a pre-booked, planned appointment. There is no cover for the first three nights of your stay (per condition, per year).

Benefit is payable for a maximum of 30 nights per condition, per year.

On completion, return this form to:

**Avon & Somerset Police Federation Office, 1 St David's Court, Windmill Road, Clevedon, North Somerset BS21 6UP.**

### PLEASE COMPLETE IN BLOCK CAPITALS

Mr/Mrs/Ms/Miss First Name ..... Surname .....

Date of birth..... Force no .....

Home address .....

..... Postcode .....

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

Please give details of the treatment for which you were admitted to hospital:

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Name and address of hospital to which you were admitted:

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Time and date of admission .....

Time and date of discharge .....

**A copy of the hospital discharge sheet or 'In Hospital' certificate should be returned with this form in support of your claim**

**The first three nights of planned hospitalisation are not covered. Please provide any other dates for which you were admitted to hospital for planned treatment in respect of this condition during the last year:**

From:..... To:..... From:..... To:.....

From:..... To:..... From:..... To:.....

I certify that I am a subscribing member of the scheme and to the best of my knowledge the statements made in this claim form are true and without reservation. I agree that the information on this form, including sensitive (medical) information, may be stored and shared with the Avon & Somerset Police Federation, the insurers/underwriters, their agents and the scheme brokers, but only for the purposes of processing and recording my claim.

Signature of Officer.....Date.....

**Please complete the section below to enable benefit payments to your bank account:**

Bank name and address.....  
.....

Bank sort code: ...../...../.....

Account name: .....

Account number: .....

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

**DATA PRIVACY NOTICE**

George Burrows is a trading name of Arthur J. Gallagher Insurance Brokers Limited (Gallagher).

We are the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies. We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes.

Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at <https://www.ajg.com/uk/brokerage-privacy-policy/>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.

If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.

**When completed, please return this form to the Federation office**

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***This claim form must be submitted by the Federation office.***  
***By submitting this claim via email to George Burrows, we hereby confirm that the claimant was a member of our Group Scheme at the date of the incident and is therefore an eligible claimant.***



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