

**POLICE TREATMENT CENTRE**  
**CLAIM FORM**



The Cumbria Police Federation Group Insurance Scheme includes a convalescence benefit for the purposes of assisting members with travel expenses should they need to stay as an inpatient at the police treatment centre (after 1<sup>st</sup> May 2023).

This form requires filing in by a member of the Police Treatment Centre staff on attending and returning to the Police Federation Office on completion.

**I certify that the below named person attended the Convalescent Home at:**

\_\_\_\_\_

**From:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**on the recommendation of either a medical practitioner or other suitably qualified medical person.**

**OFFICER: -**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_

**Rank:** \_\_\_\_\_ **Collar No:** \_\_\_\_\_

**We will settle claims by BACS Transfer. Please complete the member's bank details below:-**

**Branch Sort Code:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Name(s):** \_\_\_\_\_

**Please ensure you provide us with the exact account name as it appears on your bank account. Failure to do so will result in a delay in us processing your payment.**

**To be completed by PTC Staff member**

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Member Declaration**

I declare that the above statements are true and complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY TRUSTEE OF SCHEME:**

I certify that the claimant is a member of the Scheme and that the claim details are correct.

Date of Joining Scheme:- \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

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