

# Devon and Cornwall Police Federation

## Travel Insurance Premium rebate request form

This form is applicable to officers and retirees who reside together as spouses or co-habiting partners and are both paying for full membership of the Devon and Cornwall Police Federation Group Insurance Package in their own right.

**The rebate will take into account duplicated premium payments in respect of the family travel insurance element of this scheme during the period 1 April 2024 to 31 March 2025.**

Note: premium rebates will not be backdated and must be claimed annually by completion of this form **no later than 31 May 2025.**

Please supply one of the following in support of this request:

- Copy of bank statement
- Screenshot from your banking app (provided Payee is the same as policy holder)
- Scanned copy of a voided paying-in-slip or cheque

**Details of member wishing to claim rebate (Please complete in BLOCK CAPITALS):**

Forename:

Surname:

Warrant number:

Address:

Post code:

Telephone number(s):	Home: <input type="text"/>
	Mobile: <input type="text"/>

Email address:

**Details of spouse or co-habiting partner (Please complete in BLOCK CAPITALS):**

Forename:

Surname:

Warrant number:

Address:

Post code:

I confirm that we both subscribe as full members of the group insurance scheme and I would like to claim reimbursement for premiums I have paid in the 12 month period detailed below:

From (1 April 2024 or later): <input type="text"/>	To: <input type="text"/>	31 March 2025
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Signature of claimant:  Date:

**Please complete the section overleaf to enable payment to be made to your Bank account.**

**The section below to be completed by the Federation in support of your claim:**

**We confirm that the persons detailed above have been full subscribing members of the group insurance scheme for the period indicated and authorise the requested refund.**

Signed on behalf of the Devon and Cornwall Police Federation:.....

Position held at Federation..... Date:.....

## Devon and Cornwall Police Federation Premium rebate request form (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:        \_\_\_\_\_

**GeorgeBurrows**   
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