

Group Insurance Scheme

Sickness Benefit claim form - Police Staff and Special Constables

Please complete this form in BLOCK CAPITALS and return it to: **Hampshire Police Federation, 1490 Parkway, Solent Business Park, Whiteley, Hampshire PO15 7AF.**

Benefit is payable when you have been incapacitated for 26 weeks as a result of your illness and your pay has been reduced.

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

Home Address.....

.....Postcode.....

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

Force / Payroll number..... Station.....

Date when pay was reduced.....

First date of incapacity.....

Please provide full description of disability giving rise to reduction in pay:

.....
.....
.....

Special Constables will need to supply pay slips evidencing reduction in pay together with supporting GP sickness certificates.

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

If full pay is reinstated and back dated, benefits received during the applicable period must be repaid to the insurers.

Name and address of your GP.....

.....

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 may pass information they hold to the brokers but only that which is necessary in connection with your claim and membership of the scheme.

To be completed by the Federation:

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

Please ensure you complete the section overleaf to enable benefit payment to be made to you.

Reduced pay claim 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: _____

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