

## Group Insurance Scheme

# Unsocial hours benefit claim form - Serving Officers

You are eligible to claim this benefit if you have been off sick for more than 7 days and were scheduled to work unsocial hours between 20.00hrs and 06.00am. Benefit is payable from the 8th day of absence and for a maximum of 8 weeks, within 24 weeks from the date of disablement.

The maximum benefit you can claim is dependent on your weekly contracted working hours.

For example: 40 contracted hours per week = 320 hours benefit (8 weeks x 40 hours)

20 contracted hours per week = 160 hours benefit (8 weeks x 20 hours)

Unsocial hours benefit is applicable to your unsocial hours enhancement at 10% of basic salary, up to a weekly limit of £60.

If you wish to claim unsocial hours benefit please complete this form in BLOCK CAPITALS and send it to:  
**Hampshire Police Federation, 1490 Parkway, Solent Business Park, Whiteley, Hampshire PO15 7AF**

Full name..... Date of Birth.....

Home address.....

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

Home telephone no..... Mobile no.....

Email address.....

First date of absence.....

First date of claim (*this must be after 7 days of absence*).....

Last date of absence.....

You can claim up to 8 weeks of unsociable hours within a 24 week period.

Under this policy, a week is considered to run from Monday to Sunday.

Please select the weeks you were rostered to work the highest number of unsociable hours (after the 7 day excess period) and detail these shifts below:

Week commencing (date):	Total hours claimed per unsociable hours shift (8.00pm – 6.00pm)							Total Unsociable Hours claimed (per week):
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
								Week 1:
								Week 2:
								Week 3:
								Week 4:
								Week 5:
								Week 6:
								Week 7:
								Week 8:

Total number of hours claimed :

Normal Hourly Rate of Pay £.....

**Copies of payslips covering the dates claimed together with a copy of your unsocial hours shift pattern, showing your position in the pattern at the first date of your claim must accompany this form as supporting evidence for your claim.**

If you do not have a shift pattern with your name on clearly showing the above hours, we will accept confirmation by email or letter from your Line Manager in support of your claim.

**Please continue overleaf.**

I hereby declare that:

- The number of hours I am claiming are based on the hours I was scheduled to work
- I have suffered a loss of unsocial hours benefit
- I was a subscribing member of the Hampshire Police Federation group insurance scheme for the period of this claim

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.**

Signed on behalf of the JBB.....

**(confirming scheme membership on the dates the unsocial hours benefit is being claimed for)**

**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)

### **DATA PRIVACY NOTICE**

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