POLICE TREATMENT CENTRE CLAIM FORM



The Lancashire 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.

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 th	nat the bo	elow nan	ned perso	on attend	ed the Co	nvalescent H	ome at:	
From:		/	to:			_		
on the re		ndation (of either	a medic	al practiti	oner or othe	r suitably	qualified
OFFICER	<u>:</u> -							
Name:								
Address:								
						Postcode:		
Email:					Tel	No:		
Rank:					Col	lar No:		
We will so	ettle clai	ms by B	ACS Trar	nsfer. Pl	ease com	plete the me	mber's baı	nk details
Branch S	ort Code	:			_			
Account I	Number:				_			
Account I								
Please ensu	ire you pro	ovide us w	ith the exac	t account	name as it a	ppears on your	bank accoun	t. 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:								

DATA PROTECTION NOTICE

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PRIVACY NOTICE

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