

## Norfolk 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 full premiums in their own right.

**The rebate will take into account duplicated premium payments in respect of the family travel insurance element of the group insurance package.**

Note: premium rebates will not be backdated and must be claimed annually by completion of this form.

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

Forename:

Surname:

Warrant number:

Address:

Post code:

|                      |         |  |
|----------------------|---------|--|
| Telephone number(s): | Home:   | <input style="width: 95%;" type="text"/> |
|                      | Mobile: | <input style="width: 95%;" 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: | <input style="width: 95%;" type="text"/> | To: | <input style="width: 95%;" type="text"/> |
|-------|--|-----|--|

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 Norfolk Police Federation:.....

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

**Norfolk 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:        \_\_\_\_\_

