



Convalescent Benefit Claim Form

The North Wales Police 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 a Police Rehabilitation Centre on the recommendation of a registered Medical Practitioner. This form requires filing in by a member of the Police Rehabilitation Centre staff on attending and returning to the North Wales Police Group Insurance Scheme on completion.

Please complete the following in BLOCK CAPITALS:

I certify I attended the Police Rehabilitation Centre at:

From: ____ / ____ / ____ to ____ / ____ / ____

on the recommendation of either a medical practitioner or other suitably qualified medical person.

Full Name: _____

Home Address: _____

Postcode: _____

Email: _____ Tel No: _____

BANK DETAILS:

When your payment has been approved, we will make the payment to you directly to your bank account.

Branch Sort Code: _____

Account Number: _____

Account Name(s): _____



TO BE COMPLETED BY POLICE REHABILITATION CENTRE:

Signed: _____ Date: _____

Name: _____

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 current participant of the Scheme and that the claim details are correct.

Date of Joining Scheme: _____ / _____ / _____

Signed: _____ Date: _____

Name: _____

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