CYNLLUNYSWIRIANT
GRŴP HEDDLU GOGLEDD CYMRU

NORTH WALES POLICE GROUP
INSURANCESCHEME

Unsocial Hours Benefit Claim Form

- *The unsociable hours benefit is payable to members for any period of sickness where you were due to be working unsocial hours i.e., between the hours of 20:00 and 06:00 (subject to the 14-day deferred period and applicable policy limits).*
- *The benefit is payable for a maximum of 24 weeks after the 14-day excess period.*
- *The benefit payable is £1.00 per hour up to a limit of £60 per week. Payment of the benefit will be made by BACS transfer.*
- *Please enclose a copy of your medical certificates covering your period of absence*
- *Please ensure your supervisory officer signs the appropriate declaration before you submit your claim form.*
- *Please enclose a copy of your pay slips, for each month you are claiming and for the 2 months before your claim date.*

Serving / Police Staff * (*Delete as applicable)

CLAIMANT DETAILS

Full Name: _____

Date of Birth: _____ / _____ / _____

Station: _____ Rank: _____ Number: _____

Home Address: _____

_____ Postcode: _____

Email Address: _____ Tel No: _____

CLAIM DETAILS

First Date of Absence from Duty: _____ / _____ / _____

First Date of Claim **(this must be after 14 days of absence)**: _____ / _____ / _____

Last Date of Absence from Duty: _____ / _____ / _____

Details of Illness Causing Absence: _____

_____

_____

_____

Cynllun Yswiriant Grŵp Heddlu Gogledd Cymru
311 Ffordd Abergele, Hen Golwyn, Bae Colwyn, LL29 9YF
Ebost: FedAdmin@northwales.police.uk
Ffôn: 01492 805400

North Wales Police Group Insurance Scheme
311 Abergele Road, Old Colwyn, Colwyn Bay, LL29 9YF
Email: FedAdmin@northwales.police.uk
Telephone: 01492 805400

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DECLARATION

- I declare that during the above period of sickness the total number of unsocial hours I am claiming is: _____ (Based on the hours I was scheduled to work at the time of onset of disablement)
- I confirm that as a result of not being able to work these hours I have suffered a loss of unsocial hours pay.
- I have been off sick during this period and have been in receipt of Statements of Fitness to Work confirming I am not fit to work from my doctor.

Signed: _____ Date: _____

TO BE COMPLETED BY SUPERVISORY OFFICER:

I certify that the above was scheduled to work the unsocial hours as detailed above and has been off work during this time due to sickness.

Signed: _____ Date: _____

Full Name: _____ Rank & Number: _____

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): _____

Name and Address of your bank: _____

_____

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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