

# **CONVALESCENT BENEFIT** **CLAIM FORM**



The Nottinghamshire 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 a Police Rehabilitation Centre on the recommendation of a registered Medical Practitioner (after 1<sup>st</sup> Sept 2022). This form requires filling in by a member of the Police Rehabilitation Centre staff on attending and returning to the Police Federation Office on completion.

All claims will be paid in accordance with the policy terms, conditions and limits (see policy for full details)

**I certify that the below named person attended the Police Rehabilitation Centre at:**

\_\_\_\_\_

**From:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**SERVING OFFICER: -**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_

**Rank:** \_\_\_\_\_ **Collar No:** \_\_\_\_\_

**We will settle claims by BACS Transfer. Please complete the member's bank details below: -**

**Branch Sort Code:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Name(s):** \_\_\_\_\_

Please ensure you provide us with the exact account name as it appears on your bank account. 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: \_\_\_\_\_

**Please return the completed claim form to: -**

Nottinghamshire Police JBB,  
Federation Office,  
1 North Lodge,  
Sherwood Lodge,  
Arnold,  
Nottingham,  
NG5 8PP.

**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**

Philip Williams (G Ins) Management Ltd collects and uses your data in accordance with current data protection law (which includes, from 25 May 2018, the General Data Protection Regulation (Regulation (EU) 2016/679)) ("data protection law"). We maintain records in regard to policy claims on computer and/or paper files. Information will only be disclosed to third parties in whatever format is considered appropriate by us. By signing this form, you consent to Philip Williams (G Ins) Management Ltd using your data and the information you have provided to process the claim. Further information can be found in our Privacy Policy at <https://www.philipwilliams.co.uk>

# Privacy Notice (also known as “Fair Processing Notice”)

## Data Controller:

Philip Williams (G Ins) Management Limited, 35 Walton Road, Stockton Heath, Warrington WA4 6NW

## Contact for queries:

Data Protection Manager, Tel. 01925 604421. Email [dataprotection@philipwilliams.co.uk](mailto:dataprotection@philipwilliams.co.uk)

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## How will we use the information you give us?

We will only use your information on the basis that it is necessary to administer your insurance contract or help you make a claim. Where we need to pass information to other firms, it will only be for that purpose. These firms will be Insurers, other insurance brokers, firms handling claims, finance providers and firms that process or administer our records, including Federations / Trust Administrators.

When we contact you, it will either be for the above reason, or because we have a legitimate interest in marketing related products. For any other marketing it will only be with your consent and you will be able to withdraw your consent or unsubscribe easily at any time.

If we have to transfer information to a third country outside the EU, we will only do so if a similar level of protection applies. If we need to obtain information which is by nature sensitive, we will only do so on the basis that it is in the public interest - for example to fight crime, prevent fraud or to make sure insurance is available.

## What type of personal information do we need?

- We may need personal details which might include details of lifestyle, family, finances, business or education.
- We will only collect what is necessary and will only keep it for as long as we are required to do in line with our data retention policy.

## What other types of information do we need?

- Under certain circumstances we may also need to obtain information about Race or Origin, Gender, Religion, Health, Politics, Genetics, Trade Union Membership, Sex or Sexual Orientation.
- We might also need details of criminal convictions.
- We will only collect what is necessary and protect it with appropriate security measures.

## How do we obtain your information?

- We may gather it from information you submit to a website, by telephone, mail, face to face or by email.
- We may receive it from insurers, other insurance brokers, firms handling claims, finance providers and firms that process or store our records, including Federations / Trust Administrators.

## What are my legal rights?

- You can obtain a copy of your personal information from us without charge by contacting us at the address above. This may include the right to transfer information to other providers.
- You have the right to ask us to correct information.
- You have the right to ask us to delete your information or stop using it, unless it is necessary for us to retain it for insurance or financial purposes as set out in our document retention policy.
- You may have the right to object if decisions about you are made solely by a computer.
- You have the right to complain to the Information Commissioner at [www.ico.org.uk](http://www.ico.org.uk), Tel 0303 123 1113.