

POLICE TREATMENT CENTRE **CLAIM FORM**



The West Mercia 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. 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 I attended the Police Treatment 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: -

West Mercia Police Federation, Federation Office, United House, 1 De Salis Drive, Hampton Lovett,
Droitwich, Worcs. WR9 0QE

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

Please Note: Our Privacy Notice can be viewed on our website at www.philipwilliams.co.uk
A hard copy can be provided upon request.