

CUMBRIA POLICE FEDERATION
UNSOCIABLE HOURS BENEFIT CLAIM FORM

1. The unsociable hours benefit is payable to members for any period of sickness (**after 1st May 2023**) 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).
2. The benefit is payable for a maximum of 24 weeks **after** the 14 day excess period.
3. 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.
4. Please enclose a copy of your medical certificates covering your period of absence
5. Please ensure your supervisory officer signs the appropriate declaration before you submit your claim form.
6. Please enclose a copy of your pay slips, for each month you are claiming and for the 2 months before your claim date.
7. Please return this form to: Cumbria Police Federation, 12 The Green, Carleton Hall, Penrith, Cumbria, CA10 2BA.

Claim Details: - **Serving Officer / Police Staff*** (Delete as applicable)

Surname: _____ Forename(s): _____

Date of Birth: _____ Rank: _____ Collar Number: _____

Home Address: _____

_____ Postcode: _____

Email Address: _____ Tel No: _____

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: _____

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

Insured Members Signature: _____ **Date:** _____

To be completed by your 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.

Supervisory Officer Signature: _____ **Date:** _____

Please print name: _____ **Rank:** _____

When your claim has been approved the payment will be credited direct to your bank account. Please complete the following details:-

Name and Address of your Bank:

Account Number: _____

Sort Code: _____

Account Name: _____

To be completed by a Trustee of the Scheme: -

I certify that the claimant is a member of the Scheme

Date of Joining Scheme:- ____ / ____ / ____

Signed: _____ **Date:** _____

Name: _____

DATA PROTECTION NOTICE

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