

SURREY POLICE FEDERATION
UNSOCIABLE HOURS BENEFIT CLAIM FORM

1. 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 excess 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.
4. Payment of the benefit will be made by BACS transfer.
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, to confirm your hourly rate.**

Claim Details: -

Surname: _____ Forename(s): _____

Date of Birth: _____ Rank: _____ Collar No: _____

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 absence)
- 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: _____

BANK DETAILS:

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

Name and Address of your bank: _____ 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.**

Please return this form to:

Surrey Police Federation Office, Federation House, Highbury Drive, Leatherhead, Surrey, KT22 7UY
Or email to: admin@surrey.polfed.org

To be completed by the Federation office:

I confirm the above named person is a member of the Insurance Scheme.

Signed: _____ (For the JBB Secretary)

Name: _____ Date: _____

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

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A hard copy can be provided upon request.