# WEST MERCIA POLICE FEDERATION HOSPITALISATION CLAIM FORM

**Serving / Police Staff ***
**(*Delete as applicable)**

**Members Name:** ____________________________________________

**Date of Birth:** ________ / ________ / ________ **Collar No:** ________

**Address:** ____________________________________________

____________________________________ **Postcode:** ______________

**Email Address:** ______________________ **Tel No:** ______________

**Date of Accident / Illness:** ________ / ________ / ________

**Details of Accident / Illness:** ____________________________________

____________________________________________

____________________________________________

**Caused by:** ____________________________________________

____________________________________________

____________________________________________

____________________________________________

Period of hospitalisation from: ______/______/______ to: ______/______/______

**Note: this must be immediately following accident or illness**

Totaling: ______________ nights **(maximum payable 7 nights)**

Have you sustained injuries of this nature previously? YES / NO

**Member Declaration:**

I declare that the above statements are true and complete and that I remained in a hospital bed in a ward or intensive care unit **between midnight and seven o'clock** for each night claimed.

**I attach a copy of the hospital admission and discharge certificate.**

Signed: ______________________________________________ Date: ____________________

**BANK DETAILS:**

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

Name and Address of your bank:

_______________________________________

_______________________________________

_______________________________________

Branch Sort Code: ______________

Account Number: ______________

Account Name(s): _______________

**Please return the completed form to: -**
West Mercia Police Federation, Federation Office, United House, 1 De Salis Drive, Hampton Lovett, Droitwich, Worcs. WR9 0QE

**Trustee Declaration:**

I certify that the details stated above are correct and that the claimant is a subscribing member of the **West Mercia Police Federation Insurance Scheme** and submit this claim on behalf of the Trustees.

Signed: ______________________________________________ Date: ___________________

Name: _______________________________________________

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