Hampshire Police Federation
GROUP INSURANCE SCHEME
Accident / illness -   HOSPITAL BENEFIT CLAIM FORM

This form is applicable following immediate confinement to hospital as a result of an illness or if you are detained in hospital overnight as a result of an accident. Maximum: up to 7 consecutive nights stay.

Please complete and return to: **Hampshire Police Federation, Federation House, 440 The Grange, Romsey Road, Michelmersh, Romsey SO51 0AE**
PLEASE COMPLETE IN BLOCK CAPITALS

Name ....   Age ....

Home address...

....

Postcode...

Collar number…............   Rank…...........................   Telephone No.......................................

Email address…........................... Place where accident occurred……………………………….

Date and approximate time of accident ....

Accident claims: please state clearly how your injuries were sustained:

....

....

....

Please give details of your injuries …...

....

....

Please state purpose of hospital admission…...

....
(continue overleaf if necessary)

Illness claims: please give details of your illness including date of diagnosis and the purpose of hospital admission: …...

....

....
(continue overleaf if necessary)

Name and address of hospital admitted to…..

....

Date and time of admission…..

Date and time of discharge…......................………... (**7 NIGHTS MAXIMUM PAYABLE**)

I, the undersigned, hereby declare that I am a subscribing member of the above scheme and to the best of my knowledge the above statements are true and without reservation.

Signature of insured ....   **Date** ....

To be completed by the Federation office confirming scheme membership:

SIGNED…………………………….….……………………………….. (For the JBB Secretary)

GeorgeBurrows

Hospital benefit claim form (continued)

Your hospital benefit payment can be made to you by cheque or direct to your bank account.

To enable benefit payments to be made direct to your nominated bank account please complete the following:

Bank name and address_____

_____

Branch sort code:_____/_____/_____

Account name:_____

Account number:_____

The space below can be used for additional information about your claim, as required:

For office use only:

Name: Claim number:

GeorgeBurrows