

Hampshire Police Federation

Group Insurance Scheme

Regulation 28 claim form – Half pay

Please complete this form as soon as you know you will be placed on half pay in accordance with Regulation 28 and return it to this office:

Hampshire Police Federation, Federation House, 440 The Grange, Romsey Road, Michelmersh, Romsey SO51 0AE

PLEASE COMPLETE IN BLOCK CAPITALS

Name..... Age.....
Home address.....
.....Postcode.....
Telephone no.....Email.....
Collar number.....Rank.....

Date you were reduced to half pay.....

Note: A copy of your last pay slip prior to reduction in pay must accompany this form.

Please provide a description of disability giving rise to reduction in pay.....
.....
.....

NOTE: You must notify George Burrows as soon as you return to work.

If full pay is reinstated and back dated, benefits received during the applicable period must be repaid to the insurers.

Name and address of your GP.....
.....

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

Signature.....Date.....

Please note that the Federation office may pass information held by the Force to the brokers but only that which is necessary in connection with your claim and membership of the scheme.

To be completed by the Federation office

The above named person is a member of the scheme and has been a scheme member for at least 6 months prior to pay being reduced.

Signed..... For the JBB Secretary

Please ensure you complete the section overleaf to enable benefit payment to be made to you.

Regulation 28 claim form – Half pay (continued....)

Please complete the following section to enable benefit payments to be made direct to your nominated bank account:

Bank name and address _____

Branch sort code: _____ / _____ / _____

Account name: _____

Account number: _____

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