

# Hampshire Police Federation

## Group Insurance Scheme

### Special Constables sickness benefit claim form



Please complete this form and return it to the Federation office when your pay has been reduced and you have been incapacitated for 26 weeks as a result of your illness. You must provide evidence of sickness periods and a letter from your employer confirming reduction in pay in support of your claim.

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

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PLEASE COMPLETE IN BLOCK CAPITALS

Full name..... Age.....  
Home address.....  
..... Postcode.....  
Telephone no..... Email.....  
Payroll number..... Station.....

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Date when pay was reduced.....  
First date of incapacity.....

**Please provide full dates on the reverse of this form of all periods of incapacity relating to this illness if not over a 26 consecutive week period.**

Please give a full 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 for the applicable period must be repaid to the insurers.**

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

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**Please complete the section overleaf to enable payment direct to your bank account.**

#### 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. **Evidence in support of this claim is attached.**

Signed..... For the JBB Secretary

## Special Constables Sickness Benefit claim form (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:        \_\_\_\_\_

