

POLICE FEDERATION
HOSPITALISATION CLAIM FORM



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

Name of Force: _____

Division: _____ Rank: _____ No: _____

Members Name: _____

Address: _____

_____ Postcode: _____

Telephone No: _____ Email: _____

Claimants Name: _____ Age: _____

Date of Accident / Illness: _____

Details of Accident / Illness: _____

Caused by: _____

Period of hospitalisation from: ____ / ____ / ____ to: ____ / ____ / ____

(Note: this must be immediately following accident or illness)

PLEASE ATTACH CONFIRMATION FROM THE HOSPITAL

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

Signed: _____ Date: _____

To be completed by the Trustees of the Federation Insurance Scheme

I certify that the beneficiary is a subscribing member of the scheme and is entitled to cover provided under it

Signed: _____ Position: _____

Date: _____

BANK DETAILS

When your claim has been approved we will make the payment to you directly to your Bank Account by BACS transfer.

Please complete the following: -

Name and address of your Bank:

Branch Sort Code: ____ / ____ / ____

Account Number: _____

Account Name(s): _____