

HAMPSHIRE POLICE FEDERATION INSURANCE SCHEME
SICK PAY BENEFIT

1. The sick pay benefit is only payable to members who are notified by the Force that their pay is to be reduced because of absence due to sickness or injury.
2. If you have been notified that your pay is to be reduced please complete this form and return it to the Federation Office.
3. Payment of the benefit will be paid into your nominated bank account on a monthly basis in line with the policy terms and conditions (including the required sickness absence period).
4. Benefit ceases after the period determined by the Insurance policy or on earlier return to duty, or on earlier resignation or retirement from the Force.
5. The benefit may be terminated if you turn down any reasonable recuperative duties.
6. In order that your claim can be correctly reviewed and paid each month Philip Williams and Co must be advised if: -
 - You return to work / retire / resign
 - You receive a change in salary
 - You are reduced to nil pay
 - You are reinstated to full pay for any reason
 - You change any personal details (e.g. address, email, bank account)
7. Your Statutory Sick Pay will cease at week 28 of sickness. It becomes your own responsibility to make a claim to the Department of Work and Pensions for Employment Support Allowance.

SERVING OFFICER / POLICE STAFF / SPECIAL CONSTABLE* (Delete as applicable)

SURNAME: _____ FORENAME(S): _____

COLLAR NUMBER: _____ RANK: _____

HOME ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

I have been absent from duty since (date): _____

Suffering from (condition): _____

And as a result I have been notified that my pay is to be reduced with effect from (date) _____

I have returned to work on (date): _____

I am being considered for Medical Retirement: **Yes / No**

I attach a copy of the Force Notification regarding the Half Pay decision together with copies of my last monthly full pay-slip and a copy of the first monthly reduced pay-slip.

I claim benefit under the scheme and I will notify the underwriters should I return to work, retire or resign. If I am reinstated on full pay I will inform Philip Williams and Co immediately. If I receive full pay from the force for any period for which I have been paid benefit under the scheme by the insurers, I undertake to refund the benefit paid in full.

Signed: _____ **Date:** _____

FOR FEDERATION USE:

I certify that the details stated above are correct and that the claimant is a subscribing member of the Group Insurance Scheme

Signed: _____ **Date:** _____

On behalf of the Trustees

BANK DETAILS

When your claim 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): _____
