

**HAMPSHIRE POLICE FEDERATION**  
**UNSOCIABLE HOURS BENEFIT CLAIM FORM**

1. The unsociable hours benefit is payable to members for any period of sickness where you were due to be working unsocial hours i.e. between the hours of 20:00 and 06:00 (subject to the 7 day deferred period and applicable policy limits).
2. The benefit is payable for a maximum of 8 weeks (not necessarily consecutive), but not beyond 26 weeks from your first date of absence due to the disablement.
3. The benefit payable is 10% of your basic salary up to a limit of £60 per week. Payment of the benefit will be made by BACS transfer.
4. Please enclose a copy of your medical certificates covering your period of absence and your pay slips, for each month you are claiming, to confirm your hourly rate.
5. Please ensure your supervisory officer signs the appropriate declaration before you submit your claim form.

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**Claim Details: -**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Rank: \_\_\_\_\_ Collar Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel Number: \_\_\_\_\_

First date of absence from duty: \_\_\_\_\_

First date of claim (this must be after 7 days of absence): \_\_\_\_\_

Last date of absence from duty: \_\_\_\_\_

Details of illness causing absence: \_\_\_\_\_

**Declaration: -**

- I declare that during the above period of sickness the total number of unsocial hours I am claiming is: \_\_\_\_\_ (Based on the hours I was scheduled to work at the time of onset of disablement)
- I confirm that as a result of not being able to work these hours I have suffered a loss of unsocial hours pay
- I have been off sick during this period and have been in receipt of Statements of Fitness to Work confirming I am not fit to work from my doctor

**Insured Members Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by your Supervisory Officer: -**

I certify that the above was scheduled to work the unsocial hours as detailed above and has been off work during this time due to sickness.

**Supervisory Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**To be completed by a Trustee of the Scheme: -**

**I certify that the claimant is a member of the Scheme**

**Date of Joining Scheme:-** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**When your claim has been approved the payment will be credited direct to your bank account. Please complete the following details:-**

**Payee's Bank Details: -**

Name of your Bank/Building Society: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Bank Sort Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name(s): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and return it to: -**

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