

POLICE TREATMENT CENTRE
CLAIM FORM



The Bedfordshire Police Federation Group Insurance Scheme includes a convalescence benefit for the purposes of assisting members with travel expenses should they need to stay as an inpatient at the police treatment centre **(after 1st January 2023)**.

This form requires filing in by a member of the Police Treatment Centre staff on attending and returning to the Police Federation Office on completion.

I certify I attended the Convalescent Home at:

From: ____/____/____ **to:** ____/____/____

on the recommendation of either a medical practitioner or other suitably qualified medical person.

OFFICER: -

Name: _____

Address: _____

_____ **Postcode:** _____

Email: _____ **Tel No:** _____

Rank: _____ **Collar No:** _____

We will settle claims by BACS Transfer. Please complete the member's bank details below: -

Branch Sort Code: ____/____/____

Account Number: _____

Account Name(s): _____

Please ensure you provide us with the exact account name as it appears on your bank account. Failure to do so will result in a delay in us processing your payment.

To be completed by PTC Staff member

Signed: _____

Name: _____

Date: _____

Member Declaration

I declare that the above statements are true and complete.

Signed: _____ Date: _____

TO BE COMPLETED BY TRUSTEE OF SCHEME:

I certify that the claimant is a member of the Scheme and that the claim details are correct.

Date of Joining Scheme: - ____/____/____

Signed: _____ Date: _____

Name: _____

DATA PROTECTION NOTICE

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Privacy Notice

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A hard copy can be provided upon request.