

INITIAL SICK PAY BENEFIT CLAIM FORM



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.
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. After the initial payment you will receive a continuation claim form which must be returned to Philip Williams and Co together with a copy of your next payslip.
6. The benefit may be terminated if you turn down any reasonable recuperative duties.
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.
8. Please return this claim form to your Federation Office.

SICK PAY BENEFIT CLAIM FORM

Claimant Details

Surname	Forename	
Force	Collar/employee no.	
Police rank/staff rank or grade	Serving officer	Police staff
Address		Postcode
Email address	Telephone	
Date of birth		

Claim Details

Date employment with the force commenced

I have been absent from duty since

Suffering from

As a result I have been notified that my pay is to be reduced with effect from

I have returned to work on

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

Bank Details

Your benefit payment will be made by BACS transfer, please complete the details below:

Name and full postal address of your bank or building society

Name(s) of account holders*

Bank/building society account number

Postcode

*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.

Branch sort code

For Scheme Trustees Use Only

I certify that the details stated above are correct and that the claimant is a subscribing member of the Police Federation Insurance Scheme. I claim benefit in respect of this member on behalf of the Trustees.

Date joined scheme

Signed

Date

DATA PROTECTION NOTICE

Philip Williams & Co collects and uses your data in accordance with current data protection law (which includes, from 25 May 2018, the General Data Protection Regulation (Regulation (EU) 2016/679) ("data protection law"). We maintain records in regard to policy claims on computer and/or paper files. Information will only be disclosed to third parties in whatever format is considered appropriate by us. By signing this form, you consent to Philip Williams & Co using your data and the information you have provided to process the claim. Further information can be found in our Privacy Policy at www.philipwilliams.co.uk

PRIVACY NOTICE

Please Note: Our Privacy Notice can be viewed on our website at www.philipwilliams.co.uk
A hard copy can be provided upon request.



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