

POLICE TREATMENT CENTRE BENEFIT CLAIM FORM



The Group Insurance Scheme includes a benefit for the purposes of assisting members with travel expenses should they need to stay as an inpatient at a Police Rehabilitation Centre on the recommendation of a registered Medical Practitioner.

This form requires filling in by a member of the Police Rehabilitation Centre staff on attending.

All claims will be paid in accordance with the policy terms, conditions and limits (*see policy for full details*).

Please complete this form and return it to your Federation office.

Certification

I certify I attended the Police Treatment Centre at

From _____ to _____

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

Please note: Benefit is only payable once for each complete medically recommended stay. If your stay is split then this is not classified as two stays.

Serving Officer

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

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 PTC Staff Members Use Only

Surname

Forename

Signed

Date

Member Declaration

I declare that the above statements are true and complete.

Surname

Forename

Signed

Date

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

ACCESS TO MEDICAL REPORTS ACT 1988

Rights and Procedures

Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (*Northern Ireland*) Order 1991

We need your consent before we can approach any doctor for a medical report about you. This is given by signing the declaration on this form. Before you sign, you should read this section carefully. It details your rights under the Act.

1. You do not have to give your consent. If you do not give your consent, we may be unable to proceed with your claim.
2. You can request to see the report before it is sent to us. We will inform the doctor that you want to see the report before it is sent to us and confirm your request in writing. You will then have 21 days to arrange with the doctor to see the report. If you haven't arranged to see the report within this period the doctor will send it to us.
3. If you indicate that you don't want to see the report, we do not have to tell you if we apply for one. You can, however, ask to see a copy of the report within six months of it being sent to us.
4. The doctor may charge you a reasonable fee if you ask to see a copy of the report.
5. If you have seen the report before it is sent to us, the doctor will require your written consent to send it to us. You have the right to ask the doctor to change anything that you consider to be incorrect or misleading. The doctor can, however, refuse to make any alterations. If the doctor refuses to change the report you may attach a note giving your views.
6. The doctor can refuse to let you see all or part of the report if, in their opinion, it is likely to:
 - Adversely affect your physical or mental health or that of others,
 - Indicate the doctor's intentions to you,
 - Reveal the identity of a third party who has given information about you unless they have consented to its disclosure or it has been supplied by a health professional involved in caring for you.

In such cases the doctor must notify you. You will only be able to see the remaining part of the report. If the whole report is affected the doctor will advise you and not send it to us without your written consent. If you refuse to give your consent we may be unable to proceed with your claim.

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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