

# 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 14-day deferred period and applicable policy limits).*
2. The benefit is payable for a maximum of 24 weeks after the 14-day excess period.
3. The benefit payable is £1.00 per hour 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
  - A copy of your pay slips for the two months before your claim date
  - A copy of your pre-scheduled shift rota
5. Please ensure your supervisory officer signs the appropriate declaration before you submit your 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

First date of absence from duty	Last date of absence from duty
First date of claim <i>(this must be after 14 days of absence)</i>	

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.

Signed

Date

## Supervisory Officer Use Only

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.

Name

Rank

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

Name

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](http://www.philipwilliams.co.uk)

## PRIVACY NOTICE

Please Note: Our Privacy Notice can be viewed on our website at [www.philipwilliams.co.uk](http://www.philipwilliams.co.uk)

A hard copy can be provided upon request.



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