



Part of **HOWDEN**

POLICE TREATMENT CENTRE BENEFIT CLAIM FORM

The Bedfordshire Police Federation 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 and returning to the Police Federation Office on completion.

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

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.

SERVING 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: _____

**Please return the completed claim form to: -
Bedfordshire Police Federation, 217 Bedford Road, Kempston, Bedford, MK42 8DA**

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.