



## Group insurance scheme

## Accident / Emergency admission

## Hospitalisation claim form

This form is applicable if you are admitted to hospital as a result of an accident or emergency. Benefit is payable for a maximum of 30 nights.

On completion, return this form to:

Avon & Somerset Police Federation Office, 1 St David's Court, Windmill Road, Clevedon, North Somerset BS21 6UP.

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### PLEASE COMPLETE IN BLOCK CAPITALS

Mr/Mrs/Ms/Miss First Name ..... Surname .....

Date of birth..... Force no .....

Home address .....

..... Postcode .....

Telephone no..... Email .....

**You can ignore the following section if you are also completing a Personal Accident claim form:**

Date and location of emergency.....

Approx. time.....

Please explain why you were admitted to hospital:

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**All claimants must complete the remaining sections of this form:**

Please provide a brief description of your illness:

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Name and address of hospital to which you were admitted:

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Time and date of admission .....

Time and date of discharge .....

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I certify that I am a subscribing member of the scheme and to the best of my knowledge the statements made are true and without reservation. I agree that the information on this form, including sensitive (medical) information, may be stored and shared with the Avon & Somerset Police Federation, the insurers/underwriters, their agents and the scheme brokers, but only for the purposes of processing and recording my claim.

Signature of Officer.....Date.....

**Please complete the section below to enable benefit payments to your bank account:**

Bank name and address.....  
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Bank sort code: ...../...../.....

Account name: .....

Account number: .....

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**When completed, please return this form to the Federation office**

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To be completed by the Federation office:

The above named was a member of the of the scheme at the time of the accident / admission to hospital.

Signed ..... For the JBB Secretary

GeorgeBurrows 