



Group insurance scheme

Planned admission

Hospitalisation claim form

This form is applicable if you are admitted to hospital through a pre-booked, planned appointment. There is no cover for the first three nights of your stay (per condition, per year). Benefit is payable for a maximum of 30 nights per condition, per year.

On completion, return this form to:

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

PLEASE COMPLETE IN BLOCK CAPITALS

Mr/Mrs/Ms/Miss First Name Surname

Date of birth..... Force no

Home address

..... Postcode

Telephone no..... Email

Please give details of the treatment for which you were admitted to hospital:

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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

The first three nights of planned hospitalisation are not covered. Please provide any other dates for which you were admitted to hospital for planned treatment in respect of this condition during the last year:

From:..... To:..... From:..... To:.....

From:..... To:..... From:..... To:.....

I certify that I am a subscribing member of the scheme and to the best of my knowledge the statements made in this claim form 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.....

Bank sort code:/...../.....

Account name:

Account number:

DATA PRIVACY NOTICE

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We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.georgeburrows.com. If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.

When completed, please return this form to the Federation office

To be completed by the Federation office:

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

Signed For the JBB Secretary

