

**Group Insurance Scheme**

**Regulation 28 claim form – Half pay/No pay (delete as applicable)**

Please complete this form as soon as you know you will be placed on half/no pay in accordance with Regulation 28 and return it to this office: **Avon & Somerset Police Federation Office, 1 St David's Court, Windmill Road, Clevedon, North Somerset BS21 6UP**

**PLEASE COMPLETE IN BLOCK CAPITALS**

Name..... Date of Birth.....  
Home Address.....  
.....Postcode.....  
Telephone no..... Email.....  
Force number..... Rank.....  
Date you were reduced to half/no pay.....

**A copy of your last payslip prior to reduction in pay must accompany this form.**

Please provide a brief description of disability giving rise to reduction in pay:.....  
.....  
.....

**NOTE: You must notify George Burrows as soon as you return to work.**

**If full pay is reinstated and backdated, benefits received in respect of the applicable period must be repaid to the insurers.**

GP's name:.....  
Practice address:.....  
.....

I certify that I am a subscribing member of the scheme and to the best of my knowledge the above statements are true and without reservation.

Signature.....Date.....

**Please note that the Federation office may pass information held by the Force to the brokers, but only that which is necessary in connection with your claim and membership of the scheme.**

**Please ensure you complete the section overleaf to enable your benefit payments to be made to you**

To be completed by the Federation office

The above named person is a member of the scheme and has been a scheme member for at least 6 months prior to pay being reduced.

Signed..... For the JBB Secretary

**Avon & Somerset Police Federation  
Regulation 28 claim form - Half pay / No pay (continued....)**

**Please complete the following section to enable benefit payments to be made direct to your nominated bank account:**

Bank name and address \_\_\_\_\_  
\_\_\_\_\_

Branch sort code:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Account name:        \_\_\_\_\_

Account number:    \_\_\_\_\_

Signed..... Date.....

(Authorising the payment of benefits direct to the above account)

**DATA PRIVACY NOTICE**

George Burrows is the trading name of Arthur J. Gallagher Insurance Brokers Ltd (AJG). We are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, reinsurers, other brokers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

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](http://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.

