

Group Insurance Scheme Unsocial hours benefit claim form

You are eligible to claim this benefit if you have been off sick for more than 14 days and were scheduled to work unsocial hours between 20.00hrs and 06.00 am.

Benefit is payable for a maximum of 8 weeks (not necessarily consecutive) but not beyond 24 weeks from the date of disablement.

Unsocial hours benefit is applicable to your unsocial hours enhancement at 7.5% of basic salary, up to a limit of: £60 per week (Constable), £75 per week (Sergeant) or £95 per week (Inspector).

If you wish to claim unsocial hours benefit, please complete and 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

Full name.....Date of Birth.....

Home address.....

.....Postcode.....

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

Force number.....Rank.....

First date of absence.....

First date of claim (*this must be after 14 days of absence*).....

Last date of absence.....

Number of hours claimed.....

I hereby declare that:

- the number of hours I am claiming are based on the hours I was scheduled to work
- my normal hourly rate is..... (please attach a copy of your most recent pay slip in support of this claim)
- I was a subscribing member of the Avon & Somerset Police Federation group insurance scheme for the period of this claim

I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if they are not correct this could mean a claim is rejected.

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 benefit payments to be made to you.

To be completed by your Line Manager:

I certify that the above was scheduled to work the unsocial hours detailed above and has been off work during this time due to illness / injury.

Signed..... Date..... Rank.....

Federation signature in confirmation of scheme membership:

Signed..... For the JBB Secretary

Avon & Somerset Police Federation

Unsocial hours benefit claim form (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)

Claimants full name: _____

Once completed please print this form and sign it.

Fully completed forms should be sent to the Federation office at the address overleaf.

DATA PRIVACY NOTICE

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