

Surrey Police Federation Sickness claim form

If you are reduced to half pay under Police sickness regulations you can claim 25% of your weekly pay (up to a maximum of £500 per week) for a maximum of 52 weeks. Benefit is paid monthly in arrears.

Should you have any queries then please contact us on 0151 242 7648

1: Personal Details

Full Name:

Address inc postcode e :

Mobile:

Email:

Date of Birth: / /

Rank:

Fin no:

2: Claim Details:

Date current period of sickness commenced:

Date Half/Nil pay commenced:

Previous dates of absence in the last 12 months:

Please give brief details of illness:

Estimated period of disablement:

3: Declaration

I declare:

- I am a subscribing member of my Police Federation Group Insurance Scheme.
- I have completed this claim form as fully and accurately as possible.
- I understand that the Federation office may pass information to Police Mutual/the Insurers about me that is held by the Force, but only to assist in administration of any claim made.
- That if my pay is reinstated I will reimburse Police Mutual/the Insurers for any payments for the period to which reinstatement applies.

Signature of claimant:

Date: / /

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4: Payment of your claim

Payment will be made direct into your bank account and confirmation of the payment will be sent to you. Please provide the following information.

Name of your bank	Account Name
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Bank sort code	Account Number
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Please return the completed form with the following: -

- Sick certificates covering the period from the date you were reduced to half pay
- A copy of the letter from the Force confirming you are being reduced in pay under Police Sickness Regulations
- A copy of your latest payslip

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To: Police Mutual, 5th Floor, 20 Chapel Street, Liverpool, L3 9AG