

COURT ATTENDANCE COMPENSATION
CLAIM FORM

Required Attendance at Court during a Scheduled Night Shift

- The Benefit is only payable to members who are notified by the Force that they are required to attend a Court hearing whilst scheduled to work a night shift and as a result lose their entitlement to Unsociable Hours benefit for that night.
- Unsocial Hours are scheduled hours between 20:00 and 06:00
- The benefit payable is £10.00 per night shift up to a maximum of 5 nights.
- Payment of benefit will be by BACS transfer

Please complete this form and return it to: - schemes@philipwilliams.co.uk

PLEASE COMPLETE THE FOLLOWING: -

Serving / Police Staff / Special Constable * (*Delete as applicable)

Surname: _____ Forename: _____

Date of Birth: _____ Collar No: _____

Home Address: _____

_____ Postcode: _____

Email: _____

Tel No: _____

Date of Court Attendance:

From: _____ To: _____

Declaration:

I declare that the above statements are true and correct

Signature: _____ Date: _____

The scheme is administered by Philip Williams & co and underwritten by Millstream Underwriting Limited on behalf of Arch insurance (Europe) Ltd.
Millstream Underwriting Limited, 150 Leadenhall Street, London, EC3V 4QT
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To be completed by your Supervisory Officer: -

I certify that I have checked the information provided on this claim form and can confirm it is correct

Supervisory Officer Signature: _____ Date: _____

Please print name: _____ Rank: _____

To be completed by a Trustee of the Scheme: -

I certify that the claimant is a member of the Scheme

Date of Joining Scheme:- ____/____/____

Signed: _____ Date: _____

Name: _____

BANK DETAILS

When your claim has been approved we will make the payment to you directly to your Bank Account.

Please complete the following: -

Name and address of your Bank:

Branch Sort Code: ____/____/____

Account Number: _____

Account Name(s): _____