

**POLICE FEDERATION**  
**HOSPITALISATION CLAIM FORM**



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

Name of Force: \_\_\_\_\_

Division: \_\_\_\_\_ Rank: \_\_\_\_\_ No: \_\_\_\_\_

Members Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Claimants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Accident / Illness: \_\_\_\_\_

Details of Accident / Illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Caused by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Period of hospitalisation from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Note: this must be immediately following accident or illness)

**PLEASE ATTACH CONFIRMATION FROM THE HOSPITAL**

Have you sustained injuries of this nature previously? YES\* / NO\*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Trustees of the Federation Insurance Scheme**

I certify that the beneficiary is a subscribing member of the scheme and is entitled to cover provided under it

Signed: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

**BANK DETAILS**

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

Please complete the following: -

Name and address of your Bank:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Branch Sort Code: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Account Number: \_\_\_\_\_

Account Name(s): \_\_\_\_\_