

HUMBERSIDE POLICE FEDERATION INSURANCE SCHEME – SICK PAY BENEFIT

1. The sick pay benefit is only payable to members who are notified by the Force that their pay is to be reduced because of absence due to sickness or injury.
2. If you have been notified that your pay is to be reduced please complete this form and return it to the Federation Office.
3. Payment of the benefit will be paid into your nominated bank account on a monthly basis.
4. Benefit ceases after the period determined by the Insurance policy or on earlier return to duty, or on earlier resignation or retirement from the Force.
5. The benefit will be £75.00 per week payable up to 26 weeks whilst you are on half pay and a further benefit of £100.00 per week payable up to a maximum of 8 weeks whilst on nil pay. Benefits are free of tax under current law and legislation and Inland Revenue practice.
6. After the initial payment you will receive a supplementary claim form which must be returned to Philip Williams and Co. together with a copy of your next payslip.
7. The benefit may be terminated if you turn down any reasonable recuperative duties.
8. Your Statutory Sick Pay will cease at week 28 of sickness. It becomes your own responsibility to make a claim to the Department of Work and Pensions for Employment Support Allowance.

HUMBERSIDE POLICE INSURANCE SCHEME SICK PAY BENEFIT – CLAIM FORM

FORM A

SURNAME: _____ FORENAME(S): _____

FORCE NUMBER: _____ RANK: _____

SECTION/DEPT: _____ SERVING OFFICER/POLICE STAFF* **(Delete as applicable)**

HOME ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

I have been absent from duty since (date): _____

Suffering from (condition): _____

And as a result I have been notified that my pay is to be reduced with effect from (date) _____

I have returned to work on (date): _____

I attach a copy of the Force Notification regarding the Half Pay decision together with copies of my last monthly full pay-slip and a copy of the first monthly reduced pay-slip.

I claim benefit under the scheme and I will notify the underwriters should I return to work, retire or resign. If I am reinstated on full pay I will inform Philip Williams and Co immediately. If I receive full pay from the force for any period for which I have been paid benefit under the scheme by the insurers, I undertake to refund the benefit paid in full.

Signed: _____ **Date:** _____

FOR FEDERATION USE:

I CERTIFY THAT THE DETAILS STATED ABOVE ARE CORRECT AND THAT THE CLAIMANT IS A SUBSCRIBING MEMBER OF THE GROUP INSURANCE SCHEME.

Signed: _____ **Date:** _____

ON BEHALF OF THE TRUSTEES

BANK DETAILS

When your claim has been approved we will make the payment to you directly to your Bank Account. This payment method is both speedier and safer than payment by cheque.

Please complete the following: -

Name and address of your Bank: _____ **Branch Sort Code:** ____/____/____

_____ **Account Number:** _____

_____ **Account Name(s):** _____
