

**INSURANCE SCHEME – SICK PAY BENEFIT**

**Application for continued entitlement**

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

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

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

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

\_\_\_\_\_

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

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

I have been paid sick pay benefit up to: \_\_\_\_\_

I wish to apply for further payments to cover my next pay period ending on: \_\_\_\_\_

I am still on half pay

I am on nil pay

Payslip attached

(please tick as appropriate)

**Should my circumstances change after submission of this form I will inform Philip Williams & Co immediately.**

I wish to inform you that:-

(a) I was or will be placed on nil pay with effect from \_\_\_\_\_

(b) I did or will return to full pay on \_\_\_\_\_

(c) I will be taking normal / medical\* retirement on \_\_\_\_\_  
(\*delete as appropriate)

- I confirm that I have not turned down any reasonable offer of recuperative duties
- 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: \_\_\_\_\_

(Original signature required, we are unable to accept typed signatures)

When completed please email with your payslip to: [schemes@philipwilliams.co.uk](mailto:schemes@philipwilliams.co.uk)

Or send to: -

Philip Williams & Co, 35, Walton Road, Stockton Heath, Warrington, Cheshire, WA4 6NW.