

HUMBERSIDE POLICE FEDERATION
UNSOCIABLE HOURS BENEFIT CLAIM FORM

1. The unsociable hours benefit is payable to members for any period of sickness where you were due to be working unsocial hours i.e. between the hours of 20:00 and 06:00 (subject to the 14 day excess period and applicable policy limits).
2. The benefit is payable for a maximum of 24 weeks **after** the 14 day excess period.
3. The benefit payable is 7.5% of your basic salary (policy limits apply).
Payment of the benefit will be made by BACS transfer.
4. Please enclose a copy of your pay slips, for each month you are claiming, to confirm your hourly rate.
5. Please ensure your supervisory officer signs the appropriate declaration before you submit your claim form.

Claim Details: -

Surname: _____ Forename(s): _____

Date of Birth: _____ Rank: _____ Collar Number: _____

Home Address: _____

_____ Postcode: _____

Email Address: _____ Tel Number: _____

First date of absence from duty: _____

First date of claim (this must be after 14 days of absence): _____

Last date of absence from duty: _____

Details of illness causing absence: _____

Declaration: -

- I declare that during the above period of sickness the total number of unsocial hours I am claiming is: -
_____ (Based on the hours I was scheduled to work at the time of onset of absence)
- I confirm that as a result of not being able to work these hours I have suffered a loss of unsocial hours pay
- I have been off sick during this period and have been in receipt of Statements of Fitness to Work confirming I am not fit to work from my doctor

Insured Members Signature: _____ **Date:** _____

To be completed by your Supervisory Officer: -

I certify that the above was scheduled to work the unsocial hours as detailed above and has been off work during this time due to sickness.

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: _____

When your claim has been approved the payment will be credited direct to your bank account. Please complete the following details:-

Payee's Bank Details: -

Name of your Bank/Building Society: _____

Bank Address: _____

Postcode: _____

Bank Sort Code: _____ Account Number: _____

Account Name(s): _____

Signed: _____ Date: _____

**Please complete this form and return it to: -
Humberside Police Federation,
1a Redland Drive,
Kirk Ella,
East Yorkshire,
HU10 7UE**