

LANCASHIRE POLICE FEDERATION HALF PAY SCHEME

Accident/Sickness Claim Form

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 made by cheque to you on a monthly basis.
4. Benefit ceases after the period determined by the insurance policy or on earlier return to duty, or upon resignation or retirement from the Force.
5. Benefit shall be payable on the basis of a seven day week or proportion thereof.
6. The benefit will be 20% of your scale pay, payable for up to 26 weeks whilst you are on half pay, 50% of your scale pay payable for up to 8 weeks whilst on nil pay. Benefits are free of tax under current law and Inland Revenue practice. The level of pay on which benefit is met is set at the date of your claim and does not adjust should there be any pay increments during the claim period.
7. After the initial payment you will receive a supplementary claim form which must be returned to Roland Smith Limited with a copy of your next pay slip.
8. You may be ineligible for this benefit if you have refused any reasonable recuperative duties.
9. The benefit may be terminated if you turn down any reasonable recuperative duties whilst actually claiming the benefit.

Insured: _____

Area/Dept: _____ Collar/Staff Number: _____

Address: _____

Postcode: _____

Telephone Number: Home: _____ Work: _____

ABSENCE

Reason for Absence **Illness/Injury** (delete as appropriate)

If injury, was it sustained on duty? Yes No

If injury, please state where and when it occurred and give full details of the nature of the accident and injuries:

If illness, state nature of sickness: _____

Date on which ceased working: _____ Date on which reduced to half pay: _____

Are you insured against accident or sickness with any other Insurer Yes No

If 'yes' state name of Insurer: _____

DECLARATION

'I ATTACH A COPY OF MY LAST FULL PAYSリップ AND THE FIRST PAYSリップ SHOWING MY REDUCED PAY'

I claim benefit under the scheme and I will notify the Underwriters should I return to work, retire or resign. In the event of any overpayment, I undertake to refund the amount due.

Signature: _____ 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

Signature: _____ Date: _____