

Devon and Cornwall Police Federation Travel Insurance Premium rebate request form

This form is applicable to officers and retirees who reside together as spouses or co-habiting partners and are both paying for full membership of the Devon and Cornwall Police Federation Group Insurance Package in their own right.

The rebate will take into account duplicated premium payments in respect of the family travel insurance element of this scheme during the period 1 April 2025 to 31 March 2026.

Note: premium rebates will not be backdated and must be claimed annually by completion of this form **no later than 31 May 2026**

Please supply one of the following in support of this request:

- Copy of bank statement
- Screenshot from your banking app (provided Payee is the same as policy holder)
- Scanned copy of a voided paying-in-slip or cheque

Details of member wishing to claim rebate (Please complete in BLOCK CAPITALS):

Forename:

Surname:

Warrant number:

Address:

Post code:

Telephone number(s):	Home:	<input style="width: 95%;" type="text"/>
	Mobile:	<input style="width: 95%;" type="text"/>

Email address:

Details of spouse or co-habiting partner (Please complete in BLOCK CAPITALS):

Forename:

Surname:

Warrant number:

Address:

Post code:

I confirm that we both subscribe as full members of the group insurance scheme and I would like to claim reimbursement for premiums I have paid in the 12 month period detailed below:

From (1 April 2024 or later): <input style="width: 95%;" type="text"/>	To:	<input style="width: 95%;" type="text" value="31 March 2025"/>
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Signature of claimant: _____ Date: _____

Please complete the section overleaf to enable payment to be made to your Bank account.

The section below to be completed by the Federation in support of your claim:

We confirm that the persons detailed above have been full subscribing members of the group insurance scheme for the period indicated and authorise the requested refund.

Signed on behalf of the Devon and Cornwall Police Federation:.....

Position held at Federation..... Date:.....

Devon and Cornwall Police Federation Premium rebate request form (continued...)

Please complete the following section to enable benefit payments to be made direct to your nominated bank account:

Bank name and address _____

Branch sort code: _____ / _____ / _____

Account name: _____

Account number: _____



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