

Norfolk Police Federation
Unsocial Hours
Benefit Claim Form



You are eligible to claim this benefit if you have been off sick for more than 14 days and were scheduled to work unsocial hours between 20.00hrs and 06.00am. Benefit is payable from the 15th day of absence and for a maximum of 8 weeks, within 24 weeks from the date of disablement.

The maximum benefit you can claim is dependent on your weekly contracted working hours.

For example: 40 contracted hours per week = 320 hours benefit (8 weeks x 40 hours)

20 contracted hours per week = 160 hours benefit (8 weeks x 20 hours)

Unsocial hours benefit is applicable to your unsocial hours enhancement at 7.5% of basic salary, up to a weekly limit of £60 - Constables, £75 - Sergeants or £95 - Inspectors (as applicable).

If you wish to claim unsocial hours benefit please complete this form and send it **via email to: Norfolk@polfed.org**

Full name..... Date of Birth.....

Home address.....

..... Postcode..... Collar number..... Rank.....

Home telephone no..... Mobile no.....

Email address.....

First date of absence.....

First date of claim (*this must be after 14 days of absence*).....

Last date of absence.....

You can claim up to 8 weeks of unsociable hours within a 24 week period.

Under this policy, a week is considered to run from Monday to Sunday.

Please select the weeks you were rostered to work the highest number of unsociable hours (after the 14 day excess period) and detail these shifts below:

Week commencing (date):	Total hours claimed per unsociable hours shift (8.00pm – 6.00am)							Total Unsociable Hours claimed (per week):
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
								Week 1:
								Week 2:
								Week 3:
								Week 4:
								Week 5:
								Week 6:
								Week 7:
								Week 8:

Normal Hourly Rate of Pay £.....

Total number of hours claimed :

Copies of payslips covering the dates claimed together with a copy of your unsocial hours shift pattern, showing your position in the pattern at the first date of your claim must accompany this form as supporting evidence for your claim.

If you do not have a shift pattern with your name on clearly showing the above hours, we will accept the signature of your Line Manager below in support of your claim:

Signature of Line manager:.....

Line Manager's name and Rank:

Please continue overleaf.

I hereby declare that:

- The number of hours I am claiming are based on the hours I was scheduled to work
- I have suffered a loss of unsocial hours benefit
- I was a subscribing member of the Norfolk Police Federation group insurance scheme for the period of this claim

Signature.....Date.....

Please note that the Federation office may pass information held by the Force to the brokers but only that which is necessary in connection with your claim and membership of the scheme.

This claim form must be submitted by the Federation office.

By submitting this claim via email to Gallagher we hereby confirm that the claimant was a member of our Group Scheme at the date of the incident and is therefore an eligible claimant.

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: _____

Gallagher operates under a delegated authority granted by the insurer. This delegated authority pertains to the handling of certain claims on behalf of the insurers.

DATA PRIVACY NOTICE

How do we maintain your privacy?

We are the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes. Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at <https://www.ajg.com/uk/privacy-policy/>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.

If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.



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