

Unsocial Hours Benefit Claim Form

- 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 deferred period and applicable policy limits).
- The benefit is payable for a maximum of 24 weeks after the 14-day excess period.
- The benefit payable is £1.00 per hour up to a limit of £60 per week. Payment of the benefit will be made by BACS transfer.
- Please enclose a copy of your medical certificates covering your period of absence
- Please provide a copy of your pre-scheduled shift rota covering the dates you were absent from duty and evidencing the hours you were due to work had you not been off.
- Please ensure your supervisory officer signs the appropriate declaration before you submit your claim form.
- Please enclose a copy of your pay slips, for each month you are claiming and for the 2 months before your claim date.

Serving / Police Staff * (*Delete as applicable)

Cynllun Yswiriant Grŵp Heddlu Gogledd Cymru 311 Ffordd Abergele, Hen Golwyn, Bae Colwyn, LL29 9YF

Ebost: FedAdmin@northwales.police.uk Ffôn: 01492 805400

CLAIMANT DETAILS

North Wales Police Group Insurance Scheme 311 Abergele Road, Old Colwyn, Colwyn Bay, LL29 9YF

Email: FedAdmin@northwales.police.uk
Telephone: 01492 805400





DECLARATION

-	I declare that during the above period of sickness the total number of unsocial hours I am cla (Based on the hours I was scheduled to work at the time of onset of disable)	•
-	I confirm that as a result of not being able to work these hours I have suffered a loss of unsocial hours I have been off sick during this period and have been in receipt of Statements of Fitness to Work cor am not fit to work from my doctor.	pay.
Signed	d: Date:	
TO BE	E COMPLETED BY SUPERVISORY OFFICER:	
	fy that the above was scheduled to work the unsocial hours as detailed above and has been off work du due to sickness.	uring this
Signed	d: Date:	
Full Na	ame: Rank & Number:	
BANK	<u>C DETAILS</u>	
When y	your payment has been approved, we will make the payment to you directly to your bank account.	
Branch	ch Sort Code:	
Accour	unt Number:	
Accour	unt Name(s):	
Name a	e and Address of your bank:	
TO BE	E COMPLETED BY TRUSTEE OF SCHEME:	
I certify	fy that the claimant is a current participant of the Scheme and that the claim details are correct.	
Date of	of Joining Scheme:///	
Signed	d: Date:	

Cynllun Yswiriant Grŵp Heddlu Gogledd Cymru 311 Ffordd Abergele, Hen Golwyn, Bae Colwyn, LL29 9YF

Ebost: FedAdmin@northwales.police.uk Ffôn: 01492 805400

North Wales Police Group Insurance Scheme 311 Abergele Road, Old Colwyn, Colwyn Bay, LL29 9YF Email: FedAdmin@northwales.police.uk

Telephone: 01492 805400





DATA PROTECTION NOTICE

Philip Williams (G Ins) Management Ltd collects and uses your data in accordance with current data protection law (which includes, from 25 May 2018, the General Data Protection Regulation (Regulation (EU) 2016/679)) ("data protection law"). We maintain records in regard to policy claims on computer and/or paper files. Information will only be disclosed to third parties in whatever format is considered appropriate by us. By signing this form, you consent to Philip Williams (G Ins) Management Ltd using your data and the information you have provided to process the claim. Further information can be found in our Privacy Policy at https://www.philipwilliams.co.uk.

PRIVACY NOTICE

Please Note: Our Privacy Notice can be viewed on our website at www.philipwilliams.co.uk. A hard copy can be provided upon request.

Ebost: FedAdmin@northwales.police.uk

Ffôn: 01492 805400

Telephone: 01492 805400