

**SURREY POLICE GROUP INSURANCE SCHEME**  
**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 £1.00 per hour up to a limit of £60 per week.
4. Payment of the benefit will be made by BACS transfer.
5. Please ensure your supervisory officer signs the appropriate declaration before you submit your claim form.
6. **Please enclose a copy of your pay slips, for each month you are claiming, to confirm your hourly rate.**

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**Claim Details: -**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Rank: \_\_\_\_\_ Collar No: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

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: \_\_\_\_\_

**BANK DETAILS:**

When your payment has been approved we will make the payment to you directly to your bank account.

Name and Address of your bank: \_\_\_\_\_ Branch Sort Code: \_\_\_\_\_

\_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_\_\_ \*\*Account Name(s): \_\_\_\_\_

**Please return this form to:**

Surrey Police Federation Office, Federation House, Highbury Drive, Leatherhead, Surrey, KT22 7UY  
Or email to: [admin@surrey.polfed.org](mailto:admin@surrey.polfed.org)

**To be completed by the Federation office:**

I confirm the above named person is a member of the Insurance Scheme.

Date joined scheme: - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed: \_\_\_\_\_ (For the JBB Secretary)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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