

**SURREY POLICE GROUP INSURANCE SCHEME
HOSPITALISATION BENEFIT
CLAIM FORM**

Serving Member

Police Staff

All claims will be paid in accordance with the policy terms, conditions and limits (see policy for full details)

Claimant details:

Full Name: _____

Collar / Staff No: _____ Rank: _____

Home Address: _____

_____ Postcode: _____

Email: _____ Tel No: _____

Date of Birth: _____ / _____ / _____

Claim details:

I was a hospital in-patient at: **(Name of hospital and ward)** _____

_____ Tel No: _____

For the period: _____ / _____ / _____ to: _____ / _____ / _____

Totaling: _____ nights **(maximum payable 7 nights - unplanned)**

Suffering from: _____

Date of Accident / Illness: _____ / _____ / _____

Details of Accident / Illness: _____

Caused by: _____

Member Declaration:

I declare that the above statements are true and complete and that I remained in a hospital bed in a ward or intensive care unit **between midnight and seven o'clock** for each night claimed.

I attach a copy of the hospital admission and discharge certificate.

Signed: _____ Date: _____

Bank Details:

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

Name and Address of your bank:	Branch Sort Code: _____
_____	Account Number: _____
_____	Account Name(s): _____

Please return the completed form to:

Surrey Police Federation Office, Federation House, Highbury Drive, Leatherhead, Surrey, KT22 7UY

Or Email: admin@surrey.polfed.org

Trustee Declaration:

I certify that the details stated above are correct and that the claimant is a subscribing member of the **Surrey Police Group Insurance Scheme** and submit this claim on behalf of the Trustees.

Date joined Scheme: - _____ / _____ / _____

Signed: _____ Date: _____

Name: _____

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.