Defence Police Federation

Group Insurance Scheme – Sickness Benefit Claim Form

(Please complete and return to: admin1@dpf.org.uk)

If you are placed on reduced pay the benefit illustrated below will become payable. Sickness benefit is payable every 28 days (four weeks), and ceases when you return to work or reach the maximum payable - whichever happens first. Sickness benefits will be payable for a maximum of 34 weeks and are calculated as a percentage of your gross salary. Benefit levels are capped at a Gross Salary of Top Rate Chief Inspector.

Please note – a copy of the letter notifying your reduction in pay and a copy of your last payslip prior to any reduction in pay must accompany this form.

Member Details

Surname:		Forename:		
Address:				
Collar Number:		Telephone Number:		
Email Address:			Date of Birth:	

Date of Reduction in Pay:	
Gross Annual Salary:	
Please provide a description of the reason giving rise to the reduction in pay:	

<u>If you return to work or have your full pay reinstated at any point, you must inform your Police Federation immediately. Failure to do so may result in an overpayment under your claim, which you will be liable to repay to insurers immediately.</u>

I certify that I am a subscribing member of the scheme and to the best of my knowledge the statements made are true and without reservation. I agree that the information on this form, including sensitive (medical) information, may be stored and shared with the Defence Police Federation, the insurers or underwriters, their agents and the scheme brokers, but only for the purposes of processing and recording my claim. I authorise the Police Authority to provide confirmation of my sick pay status in relation to my claim for benefit under the scheme.

Signature:		Date:	

Bank Details

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

Bank Name and Address:	
Sort Code:	
Account Number:	
Name on Account:	

Please submit this form, along with your payslip, decision notice and any further information to the Defence Police Federation, who will then submit to Gallagher on your behalf.

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 note – 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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