



## Convalescent Benefit Claim Form

The North Wales Police Group Insurance Scheme includes a convalescence benefit for the purposes of assisting members with travel expenses should they need to stay as an inpatient at a Police Rehabilitation Centre on the recommendation of a registered Medical Practitioner. This form requires filing in by a member of the Police Rehabilitation Centre staff on attending and returning to the North Wales Police Group Insurance Scheme on completion.

Please complete the following in BLOCK CAPITALS:

I certify I attended the Police Rehabilitation Centre at:

\_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

on the recommendation of either a medical practitioner or other suitably qualified medical person.

Full Name: \_\_\_\_\_ Payroll / Collar Number: \_\_\_\_\_

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

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

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

### **BANK DETAILS:**

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

Branch Sort Code: \_\_\_\_\_

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

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



**TO BE COMPLETED BY POLICE REHABILITATION CENTRE:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

**MEMBER DECLARATION:**

I declare that the above statements are true and complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY TRUSTEE OF SCHEME:**

I certify that the claimant is a current participant of the Scheme and that the claim details are correct.

Date of Joining Scheme: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

**DATA PROTECTION NOTICE**

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