



## 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)**

### CLAIMANT DETAILS

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Station: \_\_\_\_\_ Rank: \_\_\_\_\_ Number: \_\_\_\_\_

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

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

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

### CLAIM DETAILS

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 disablement)
- 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.

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

### **TO BE COMPLETED BY 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.

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

Full Name: \_\_\_\_\_ Rank & Number: \_\_\_\_\_

### **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): \_\_\_\_\_

Name and Address of your bank: \_\_\_\_\_  
\_\_\_\_\_

### **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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