

**MERSEYSIDE POLICE FEDERATION**  
**SICK PAY BENEFIT**

1. The sick pay benefit is only payable to members who are notified by the Force that their pay is to be reduced because of absence due to sickness or injury.
2. If you have been notified that your pay is to be reduced please complete this form and return it to the Federation Office.
3. Payment of the benefit will be made by BACS transfer to you on a monthly basis
4. Benefit ceases after the period determined by the Insurance policy or on earlier return to duty, or on earlier resignation or retirement from the Force.
5. The benefit will be 20% of your basic salary payable whilst you are on half pay for 26 weeks. If you are placed on to nil pay the benefit will be 20% of your basic salary for a further 4 weeks. Benefits are free of tax under current law and legislation and Inland Revenue practice.
6. After the initial payment you will receive a supplementary claim form which must be returned to Philip Williams and Co. together with your next payslip.
7. The benefit may be terminated if you turn down any reasonable recuperative duties.
8. Your Statutory Sick Pay will cease at week 28 of sickness. It becomes your own responsibility to make a claim to the Department of Work and Pensions for Employment Support Allowance.

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**MERSEYSIDE POLICE FEDERATION INSURANCE SCHEME**  
**SICK PAY BENEFIT – CLAIM FORM**

**FORM A**

SURNAME: \_\_\_\_\_ FORENAME(S): \_\_\_\_\_

RANK: \_\_\_\_\_ FORCE NUMBER: \_\_\_\_\_

DIVISION: \_\_\_\_\_ SECTION/DEPT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

I have been absent from duty since: **(date)** \_\_\_\_\_

Suffering from: **(condition)** \_\_\_\_\_

And as a result I have been notified that my pay is to be reduced with effect from: **(date)** \_\_\_\_\_

I have appealed to the Chief Constable against the decision to reduce my pay: -  
YES/NO\* **(\*delete accordingly)**

If YES, please give details: \_\_\_\_\_

I have returned to work on: **(date)** \_\_\_\_\_

**I attach a copy of the Force Notification of my reduction in pay together with copies of two previous monthly full payslips and a copy of the first monthly reduced pay slip.**

**I claim benefit under the scheme and I will notify the underwriters should I return to work, retire or resign. If I am reinstated on full pay I will inform Philip Williams and Co immediately. If I receive full pay from the force for any period for which I have been paid benefit under the scheme by the insurers, I undertake to refund the benefit paid in full.**

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

**Your benefit payment will be made by BACS transfer, please complete the details below: -**

**BANK DETAILS**

**Name and address of your Bank:**

**Branch Sort Code:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**FOR SCHEME TRUSTEES USE ONLY**

I certify that the details stated above are correct and that the claimant is a subscribing member of the police federation insurance scheme. I claim benefit in respect of this member on behalf of the Trustees.

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

**ON BEHALF OF THE TRUSTEES**