

**MERSEYSIDE POLICE FEDERATION  
HOSPITALISATION BENEFIT  
CLAIM FORM**

**Serving Member**

**Police Staff**

**Claimant details:**

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

Rank: \_\_\_\_\_ Force Number: \_\_\_\_\_

Division: \_\_\_\_\_ Section/Dept.: \_\_\_\_\_

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

**Claim details:**

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

For the period: \_\_\_\_\_ Totaling: \_\_\_\_\_ nights  
**(maximum payable 5 nights)**

Suffering from: \_\_\_\_\_

Date and details of accident (if applicable): \_\_\_\_\_

\_\_\_\_\_

Name of consultant: \_\_\_\_\_

Please indicate below if your admission was:-

Accident / Incident / Emergency Admission (Unplanned)

Planned Admission **(benefit payable after first 3 nights)**

**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: \_\_\_\_\_

**Trustee Declaration:**

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

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

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

**BANK DETAILS:**

When your payment has been approved we will make the payment to you directly to your bank account. This payment method is both speedier and safer than payment by cheque. Please complete the following:

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

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

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

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