

**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 15% of your basic salary payable whilst you are on half pay for 26 weeks (following a sickness absence of at least 26 weeks). If you are placed on to nil pay the benefit will be 20% of your basic salary up to a maximum of 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 a copy of my last monthly full pay pay slip 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**

|                                       |   |
|---------------------------------------|---|
| <b>Name and address of your Bank:</b> | <b>Branch Sort Code:</b> ____/____/____ |
| _____                                 | <b>Account Number:</b> _____            |
| _____                                 | <b>Account Name(s):</b> _____           |
| _____                                 |   |

**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**

**DATA PROTECTION NOTICE**

Philip Williams & Company Insurance Management collects and uses your data in accordance with current data protection law (which includes, from 25 May 2018, the General Data Protection Regulation (Regulation (EU) 2016/679)) ("data protection law"). We maintain records in regard to policy claims on computer and/or paper files. Information will only be disclosed to third parties in whatever format is considered appropriate by us. By signing this form, you consent to Philip Williams & Company Insurance Management using your data and the information you have provided to process the claim. Further information can be found in our Privacy Policy at <https://www.philipwilliams.co.uk>

## Privacy Notice (also known as “Fair Processing Notice”)

### Data Controller:

Philip Williams & Company, 35 Walton Road, Stockton Heath, Warrington WA4 6NW

**Contact for queries:** Data Protection Manager, Tel. 01925 604421.

Email: [dataprotection@philipwilliams.co.uk](mailto:dataprotection@philipwilliams.co.uk)

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### How will we use the information you give us?

We will only use your information on the basis that it is necessary to administer your insurance contract or help you make a claim. Where we need to pass information to other firms, it will only be for that purpose. These firms will be Insurers, other insurance brokers, firms handling claims, finance providers and firms that process or administer our records, including Federations / Trust Administrators.

When we contact you, it will either be for the above reason, or because we have a legitimate interest in marketing related products. For any other marketing it will only be with your consent and you will be able to withdraw your consent or unsubscribe easily at any time.

If we have to transfer information to a third country outside the EU, we will only do so if a similar level of protection applies. If we need to obtain information which is by nature sensitive, we will only do so on the basis that it is in the public interest - for example to fight crime, prevent fraud or to make sure insurance is available.

### What type of personal information do we need?

- We may need personal details which might include details of lifestyle, family, finances, business or education.
- We will only collect what is necessary and will only keep it for as long as we are required to do in line with our data retention policy.

### What other types of information do we need?

- Under certain circumstances we may also need to obtain information about Race or Origin, Gender, Religion, Health, Politics, Genetics, Trade Union Membership, Sex or Sexual Orientation.
- We might also need details of criminal convictions.
- We will only collect what is necessary and protect it with appropriate security measures.

### How do we obtain your information?

- We may gather it from information you submit to a website, by telephone, mail, face to face or by email.
- We may receive it from insurers, other insurance brokers, firms handling claims, finance providers and firms that process or store our records, including Federations / Trust Administrators.

### What are my legal rights?

- You can obtain a copy of your personal information from us without charge by contacting us at the address above. This may include the right to transfer information to other providers.
- You have the right to ask us to correct information.
- You have the right to ask us to delete your information or stop using it, unless it is necessary for us to retain it for insurance or financial purposes as set out in our document retention policy.
- You may have the right to object if decisions about you are made solely by a computer.
- You have the right to complain to the Information Commissioner at [www.ico.org.uk](http://www.ico.org.uk), Tel 0303 123 11132.