

**MERSEYSIDE POLICE FEDERATION  
HOSPITALISATION BENEFIT  
CLAIM FORM**

**Serving Member**

**Police Staff**

All claims will be paid in accordance with the policy terms, conditions and limits (see policy for full details)

**Claimant details:**

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

Collar / Staff No: \_\_\_\_\_ Rank: \_\_\_\_\_

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

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

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

**Claim details:**

I was a hospital in-patient at: **(Name of hospital and ward)** \_\_\_\_\_  
\_\_\_\_\_ Tel No: \_\_\_\_\_

For the period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Totaling: \_\_\_\_\_ nights **(maximum payable 7 nights)**

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

Date of Accident / Illness: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Details of Accident / Illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Caused by: \_\_\_\_\_  
\_\_\_\_\_

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

**Bank Details:**

When your payment has been approved we will make the payment to you directly to your bank account. Please complete the following:

Name and Address of your bank: \_\_\_\_\_ Branch Sort Code: \_\_\_\_\_  
\_\_\_\_\_ Account Number: \_\_\_\_\_  
\_\_\_\_\_ \*\*Account Name(s): \_\_\_\_\_

**\*\*Please ensure you provide us with the exact account name as it appears on your bank account. Failure to do so will result in a delay in us processing your payment.**

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

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