

**Staffordshire Police Federation  
Group Insurance Scheme  
Sickness Claim Form**



Please complete this form as soon as you know you are to be reduced in pay under Police Sickness Regulations (Regulation 28). You will need to supply:

- a copy of the letter notifying your reduction in pay, and
- a copy of your last FULL pay slip

**Please return the form and attachments to:**

Staffordshire Police Federation, Hearn Court, Rising Brook, Stafford ST17 9QN

Claim payments are made four-weekly in arrears. Benefit is paid direct to your bank account provided you supply your account details in the section below.

You must notify Gallagher as soon as you return to work or full pay. If full pay is reinstated and back dated, benefits received during the applicable period must be repaid to the insurers.

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**PLEASE COMPLETE IN BLOCK CAPITALS**

Mr/Mrs/Ms/Miss First Name ..... Surname .....

Date of birth..... Collar no .....

Home address .....

..... Postcode .....

Telephone no..... Email .....

Gross annual salary: £.....

From what date is your pay being reduced?.....

Please provide a full description of your disability that has caused your reduction in pay:

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I certify that I am a subscribing member of the scheme and to the best of my knowledge the statements made are true and without reservation. I agree that the information on this form, including sensitive (medical) information, may be stored and shared with Staffordshire Police Federation, the insurers or underwriters, their agents and the scheme brokers, but only for the purposes of processing and recording my claim. I authorise the Police Authority to provide confirmation of my sick pay status in relation to my claim for benefit under the scheme.

Signature of Officer.....Date.....

**Benefit payments are made to your bank account; please complete the following:**

Bank name and address.....

Account name: .....

Branch sort code: ...../...../.....

Account number: .....

**Gallagher operates under a delegated authority granted by the insurer. This delegated authority pertains to the handling of certain claims on behalf of the insurers.**

**DATA PRIVACY NOTICE**

How do we maintain your privacy?

We are the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes. Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at <https://www.ajg.com/uk/privacy-policy/>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.

If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.

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**This claim form must be submitted by the Federation office.**

**By submitting this claim via email to Gallagher, we hereby confirm that the claimant was a member of our Group Scheme at the date of the incident and is therefore an eligible claimant.**

For office use only:

Name:

Claim number:

**When completed, please return this form and attachments to the Federation office**



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