



Sick Pay Claim Form

Policyholder: British Transport Police Federation | Policy No.: 931P307905



Complete both sections of this form if you have been put on 1/2 pay as a result of illness.

For the period of 1/2 pay you must include copies of:

MEDICAL CERTIFICATES

PAY SLIPS

Return completed form to:

Alan Stevenson Partnership
34 Victoria Street
Altrincham
Cheshire
WA14 1ET

1. BTPF Officer

Full Name		Address	
<input type="text"/>		<input type="text"/>	
		Postcode	
Profession or Occupation (state if more than one)		Tel No.	
<input type="text" value="British Transport Police Officer + BTPF Member"/>		<input type="text"/>	
Date of Birth	Height	Weight	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Collar Number		Email Address	
<input type="text"/>		<input type="text"/>	

2. DETAILS OF ILLNESS

Full details of Illness:

Date 1/2 pay commenced:

Date returned to full pay:

OR retired:

3. DECLARATION

I hereby declare that the above statements are true in every respect and are made without reservation and I claim to be paid benefit due under the policy.

Signed

Date

<input type="text"/>	<input type="text"/>
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Complete section 4 over the page before returning with copies of : a) Medical Certificates b) Pay-slips

4. ACCESS TO MEDICAL REPORTS ACT 1988

We require completion of a medical report by the doctor who is caring for you, to enable us to deal with an insurance claim. We need your consent to the supply of this report by signing in the space indicated below. Before doing so, however, you should read this note carefully, as it sets out your rights under the Access to Medical Reports Act 1988 and the procedures for dealing with reports. You do not have to give your consent to our being provided with a report but if you do, you have the right to tell the doctor you wish to see the report before it is sent to us, in which case the doctor cannot send it to us unless either he has shown it to you, or 21 days have passed without you having contacted your doctor about arrangements for you to see it. Of course, the quicker you act, the quicker the claim can be considered, and we may not be able to proceed with the claim in the absence of medical information.

Whether or not you say you wish to see the report before it is sent to us, the doctor must let you see a copy for up to six months after it is supplied, if you ask. If you ask the doctor for a copy of the report, he can charge you a reasonable fee to cover his costs. Once you have seen a report, before it is sent to us the doctor cannot submit it until he has your consent. You can write to the doctor asking him to amend any part of the report which you consider to be incorrect or misleading, and have attached to the report a statement of your views on any part where you and the doctor are not in agreement and which the doctor is not prepared to alter.

The doctor is not obliged to let you see any part of a report if, in his opinion, it would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the doctor's intention towards you, or if disclosure would be likely to reveal information about, or the identity of another person who has supplied information about you unless that person has consented or the information relates to, or has been supplied by a health professional involved in caring for you. In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report which is affected, he must not send it to us unless you give your consent.

To be completed by Insured Person

Summary

Before we the Royal & Sun Alliance Insurance PLC / First Assist Rehabilitation / First Assist / Procure and any translation services we may need to employ, can apply for a medical report from your doctor, we need your consent. Before signing in the space below, you should know that you have certain rights under the Access to Medical Reports Act 1988 as detailed above, but the main points are as follows;

- You can withhold your consent
- You can see the report before it is sent to us, or during the six months after that
- You can ask the doctor if he will amend any part of the report which you consider to be incorrect or misleading. If the doctor is not in agreement, you may append your comments
- The doctor can withhold from you the report, or part of it, if he thinks you would be harmed by seeing it

Consent to obtain a Medical Report

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, and, in connection with an insurance claim, hereby consent to the Royal & Sun Alliance PLC being provided with medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health, and I agree that a copy of this consent shall have the validity of the original.

I do not wish to see the report before it is sent to the Company

Please tick one box only.

I do wish to see the report before it is sent to the Company

Name in CAPITALS

Date of Birth

Doctor's Address

Postcode

SIGNATURE

DATE