

# British Transport Police Federation

## Group Insurance Scheme

### Unsocial hours benefit claim form



You are eligible to claim this benefit if you have been off sick for more than 14 days and were scheduled to work unsocial hours between 20.00hrs and 06.00am. Benefit is payable from the 15th day of absence and for a maximum of 8 weeks, within 24 weeks from the date of disablement.

The maximum benefit you can claim is dependent on your weekly contracted working hours.  
 For example: 40 contracted hours per week = 320 hours benefit (8 weeks x 40 hours)  
 20 contracted hours per week = 160 hours benefit (8 weeks x 20 hours)

Unsocial hours benefit is applicable to your unsocial hours enhancement at 7.5% of basic salary, up to a limit of £60 per week.  
 If you wish to claim unsocial hours benefit please complete this form in BLOCK CAPITALS and send it to:  
**British Transport Police Federation, Federation Office, 134 Thurlow Road, West Dulwich, London SE21 8HN.**

Full name..... Date of Birth.....  
 Home address.....  
 ..... Postcode..... Collar number..... Rank.....  
 Home telephone no..... Mobile no.....  
 Email address.....  
 First date of absence.....  
 First date of claim (*this must be after 14 days of absence*).....  
 Last date of absence.....

You can claim up to 8 weeks of unsociable hours within a 24 week period.  
 Under this policy, a week is considered to run from Monday to Sunday.  
 Please select the weeks you were rostered to work the highest number of unsociable hours (after the 14 day excess period) and detail these shifts below:

Week commencing (date):	Total hours claimed per unsociable hours shift (8.00pm – 6.00am)							Total Unsociable Hours claimed (per week):
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
								Week 1:
								Week 2:
								Week 3:
								Week 4:
								Week 5:
								Week 6:
								Week 7:
								Week 8:

Normal Hourly Rate of Pay £..... Total number of hours claimed :

Copies of payslips covering the dates claimed together with a copy of your unsocial hours shift pattern, showing your position in the pattern at the first date of your claim must accompany this form as supporting evidence for your claim.  
 If you do not have a shift pattern with your name on clearly showing the above hours, we will accept the signature of your Line Manager below in support of your claim:  
 \_\_\_\_\_ Signature of Line Manager

Line Manager's name and Rank: .....  
 (Block capitals please) .....

**Please continue overleaf.**

