

# BRITISH TRANSPORT POLICE FEDERATION GROUP INSURANCE SCHEME



**OFFICER  
INSURANCE  
COVER**

By Advisory Insurance Brokers Limited (part of The Ardonagh Group)

## SICKNESS CLAIM FORM

Please complete this form as soon as you become aware that your pay will be reduced under Police Sickness Regulations. 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: **British Transport Police Federation, 134 Thurlow Road, West Dulwich, London SE21 8HN**

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 Advisory Insurance Brokers Limited 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.**

Mr    Mrs    Ms    Miss

Surname:

Forename(s):

Date of birth:

Collar number:

Warrant no:

Rank:

Station:

Address:

Telephone:

Email:

Gross annual salary (£):

BTP date of half pay:

Please provide full description of disability giving rise to reduction in pay:

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 the British Transport 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.

Serving officer's signature:

Date:

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

Bank name and address .....

Account name:

Branch sort code:

Account number:

**Advisory Insurance Brokers are acting on behalf of insurers, which enables us to handle certain claims on their behalf.**

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

**To be completed by the Federation office:**

**The above named person is a member of the scheme and has been a scheme member for at least 6 months prior to pay being reduced.**

Signed:

For British Transport Police Federation

**For office use only:**

Name:

Claim number:

**Data Protection Notice:** Group Insurance Scheme Cover is arranged by Advisory Insurance Brokers Limited, who are the data controller for the personal information you provide. We are committed to keeping your information safe and secure. We will use your personal information to communicate with you and to provide you with the products and services you have requested or are of interest. We share information with other companies including insurers and finance companies to assess and obtain the quotes and covers you have requested. We will also share information with other organisations where we need to do so by law. Our Fair Processing Notice can be found here: <https://www.towergateinsurance.co.uk/fpn/advisory-insurance-brokers>. This explains in more detail how we use and share your personal information.

