

Sickness Notification Claim Form

THIS SECTION OF THE CLAIM FORM IS FOR YOU TO RETAIN

- The sick pay benefit is only payable to members who are notified by the Force that their pay is to be reduced because of absence due to sickness or injury.
- If you have been notified that your pay is to be reduced please complete this form and return it to the Federation Office.
- Benefit ceases after the period determined by the insurance policy or on earlier return to duty, return to full pay or on earlier resignation or retirement from the Force.
- Benefits are free of tax under current law and legislation and Inland Revenue practice.
- The benefit will be terminated if you turn down any reasonable recuperative duties.
- If your reduced pay status is overturned and you receive your pay back, you must repay the benefit which has been paid to you.
- You may be eligible for Incapacity Benefit from the Department of Work and Pensions. It is your own responsibility to submit your own claim for this benefit.
- If you were not actively at work due to sickness at the time an application for membership into the Group Insurance Scheme was made, then cover will not become effective until you have returned to work and a period of 60 days has elapsed, without recurrence of symptoms, treatment or advice in respect of the condition which has caused the period of absence.

For Group Policies, Sections A and B can be completed by either the Policyholder (Northumbria Police Federation JBB) or the Insured Person; however both parties must thoroughly check the contents of the form and sign the relevant declaration.

CUSTOMER SERVICE CHARTER

We aim to provide:

- A high quality, efficient and helpful service.
- A swift and courteous response to all claim forms, associated documentation or correspondence sent to Aviva.
- Prompt payment in respect of valid claims following their authorisation.
- A speedy indication if a claim cannot be met until further information is received.
- Up to date information on the current position of your claim if it cannot be paid quickly.

FRAUD PREVENTION AND DETECTION

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police;
- Undertake credit searches and additional fraud searches;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.

We and other organisations may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.

We can supply on request further details of the database we access or contribute to.

In assessing any claims made, the insurer or its agents may undertake checks against publicly available information such as electoral roll, county court judgments, bankruptcy orders or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

SENSITIVE DATA

In order to assess the terms of the insurance contract or administer claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). Proceeding with this application you will signify your consent to such information being processed by the insurer or its agents or the Policyholder (Northumbria Police Federation JBB).

FAO
 GPA Claims Department
 2 – 10 Albert Square
 Manchester
 M60 8AD
 Tel: 0800 051 6583
 Fax: 0161 931 8024
 Email: gpaclaims@aviva.co.uk

PLEASE WRITE IN BLACK INK AND USE BLOCK CAPITAL LETTERS.
 ALL SECTIONS MUST BE COMPLETED OR MARKED 'NOT APPLICABLE'

SECTION A – POLICYHOLDER/CLAIMANT DETAILS

Name of Policyholder NORTHUMBRIA POLICE FEDERATION JBB		Policy No. 25110278ECA
CLAIMANT DETAILS		
Title	Division	
First Name	Rank	
Last Name	Date of Birth (DD/MM/YYYY)	
Full Address		
Postcode	Collar No	

SECTION B – SICKNESS

I have been absent from duty since (date): _____

If pay reduced due to varied periods of absence, please state number of days you have been absent during the last 365 days:

Suffering from (condition) :

And as a result I have been notified that my pay is to be reduced with effect from (date): _____

I have returned to work on (date) : _____

FRAUD WARNING

The submission of a fraudulent or intentionally exaggerated claim or the submission of false documentation or declaration in relation to part of or the whole claim – may result in voidance of your policy or refusal of your entire claim.

PAYEE'S BANK DETAILS

If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following:-

Name of your Bank/Building Society: _____

Address: _____

Postcode: _____

Bank Sort Code:

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Account Number: _____

Name of Account Holder(s): _____

DATA PROTECTION

Information You or the Insured Person supplied may be used for the purposes of insurance administration by Us, its associated companies and agents, by reinsurers, Your intermediary and the Policyholder (Northumbria Police Federation JBB). It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing of Our compliance with any regulatory rules/codes. Your and the Insured Person(s) information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, We or Our agents may undertake checks against publicly available information, (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers or the Policyholder (Northumbria Police Federation JBB) either directly or via those acting for Us (such as loss adjusters or investigators).

With limited exceptions, and on payment of the appropriate fee, You or the Insured Person have the right to access and if necessary rectify information held.

CLAIMANT DECLARATION

I claim benefit under the scheme and I will notify Aviva Insurance should I return to work, retire, resign or have my pay reinstated. In the event of any overpayment I undertake to refund the amount due to Aviva Insurance. I have not turned down any reasonable offer of recuperative duties. I declare the above particulars to be true and complete in every respect and that no material information has been withheld.

SIGNED _____

DATE _____

TO BE COMPLETED AT THE FEDERATION OFFICE Where possible please endorse with official stamp

I certify that the details stated above have been certified by the Divisional Sick Records Office and that the claimant is a member of the Scheme.

SIGNED _____

DATE _____

