

**NORTH WALES POLICE FEDERATION  
HOSPITALISATION BENEFIT  
CLAIM FORM**

**Serving Member**

**Police Staff**

**Claimant details:**

Full Name: \_\_\_\_\_

Collar / Staff Number: \_\_\_\_\_

Rank: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Tel No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Claim details:**

I was a hospital in-patient at: **(Name of hospital and ward)** \_\_\_\_\_  
\_\_\_\_\_ Tel No: \_\_\_\_\_

For the period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Totaling: \_\_\_\_\_ nights **(maximum payable 7 nights)**

Suffering from: \_\_\_\_\_

Date and details of accident (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Name of consultant: \_\_\_\_\_

Please indicate below if your admission was:-

Unplanned and Immediate Admission as a direct result of Accident / Emergency

Planned Admission as a direct result of Accident / Sickness **(benefit payable after first 3 nights)**

**Member Declaration:**

I declare that the above statements are true and complete and that I remained in a hospital bed in a ward or intensive care unit **between midnight and seven o'clock** for each night claimed.

**I attach a copy of the hospital admission and discharge certificate.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Trustee Declaration:**

I certify that the details stated above are correct and that the claimant is a subscribing member of the **North Wales Police Federation Insurance Scheme** and submit this claim on behalf of the Trustees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

**BANK DETAILS:**

When your payment has been approved we will make the payment to you directly to your bank account. Please complete the following:

|                                |                         |
|--------------------------------|-------------------------|
| Name and Address of your bank: | Branch Sort Code: _____ |
| _____                          | Account Number: _____   |
| _____                          | Account Name(s): _____  |
| _____                          |                         |

**DATA PROTECTION NOTICE**

Philip Williams & Company Insurance Management collects and uses your data in accordance with current data protection law (which includes, from 25 May 2018, the General Data Protection Regulation (Regulation (EU) 2016/679)) ("data protection law"). We maintain records in regard to policy claims on computer and/or paper files. Information will only be disclosed to third parties in whatever format is considered appropriate by us. By signing this form, you consent to Philip Williams & Company Insurance Management using your data and the information you have provided to process the claim. Further information can be found in our Privacy Policy at <https://www.philipwilliams.co.uk>



## Privacy Notice (also known as “Fair Processing Notice”)

### Data Controller:

Philip Williams & Company, 35 Walton Road, Stockton Heath, Warrington WA4 6NW

### Contact for queries:

Data Protection Manager, Tel. 01925 604421

Email: [dataprotection@philipwilliams.co.uk](mailto:dataprotection@philipwilliams.co.uk)

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### How will we use the information you give us?

We will only use your information on the basis that it is necessary to administer your insurance contract or help you make a claim. Where we need to pass information to other firms, it will only be for that purpose. These firms will be Insurers, other insurance brokers, firms handling claims, finance providers and firms that process or administer our records, including Federations / Trust Administrators.

When we contact you, it will either be for the above reason, or because we have a legitimate interest in marketing related products. For any other marketing it will only be with your consent and you will be able to withdraw your consent or unsubscribe easily at any time.

If we have to transfer information to a third country outside the EU, we will only do so if a similar level of protection applies. If we need to obtain information which is by nature sensitive, we will only do so on the basis that it is in the public interest - for example to fight crime, prevent fraud or to make sure insurance is available.

### What type of personal information do we need?

- We may need personal details which might include details of lifestyle, family, finances, business or education.
- We will only collect what is necessary and will only keep it for as long as we are required to do in line with our data retention policy.

### What other types of information do we need?

- Under certain circumstances we may also need to obtain information about Race or Origin, Gender, Religion, Health, Politics, Genetics, Trade Union Membership, Sex or Sexual Orientation.
- We might also need details of criminal convictions.
- We will only collect what is necessary and protect it with appropriate security measures.

### How do we obtain your information?

- We may gather it from information you submit to a website, by telephone, mail, face to face or by email.
- We may receive it from insurers, other insurance brokers, firms handling claims, finance providers and firms that process or store our records, including Federations / Trust Administrators.

### What are my legal rights?

- You can obtain a copy of your personal information from us without charge by contacting us at the address above. This may include the right to transfer information to other providers.
- You have the right to ask us to correct information.
- You have the right to ask us to delete your information or stop using it, unless it is necessary for us to retain it for insurance or financial purposes as set out in our document retention policy.
- You may have the right to object if decisions about you are made solely by a computer.
- You have the right to complain to the Information Commissioner at [www.ico.org.uk](http://www.ico.org.uk), Tel 0303 123 11132.