

**SICK PAY BENEFIT - Application for continued entitlement**

Name of Force: \_\_\_\_\_ PSI No: \_\_\_\_\_

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

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

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

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

I have been paid sick pay benefit up to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**I understand that Sick Pay Benefit is only payable whilst I am in receipt of half or nil pay. I therefore confirm that: - (please tick as appropriate)**

I am on half pay

I am on nil pay

As a result of this, I wish to apply for a further payment to cover my next pay period ending on:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Should my circumstances change after submission of this form I will inform Philip Williams & Co immediately.**

I wish to inform you that:-

(a) I was or will be placed on nil pay with effect from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(b) I did or will return to full pay on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(c) I will or intend to return to duty on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(d) I am being considered for medical retirement: Yes / No\*

(e) I will be taking normal / medical\* retirement on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(\*delete as appropriate)

- I confirm that I have not turned down any reasonable offer of recuperative duties
- If I am reinstated on full pay I will inform Philip Williams and Co immediately.
- If I receive full pay from the force for any period for which I have been paid benefit under the scheme by the insurers, I undertake to refund the benefit paid in full.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original signature required, we are unable to accept typed signatures)

When completed please scan or photograph email to: [travel-claims@philipwilliams.co.uk](mailto:travel-claims@philipwilliams.co.uk) or send to:  
Philip Williams & Co, 35, Walton Road, Stockton Heath, Warrington, Cheshire, WA4 6NW.