

NIMDTA Indemnity Claim Form

**EXPENSES CLAIM FORMS MUST BE SUBMITTED WITHIN 3 MONTHS OF THE DATE THE EXPENSE WAS INCURRED.
FAILURE TO DO SO MAY RESULT IN NON-PAYMENT**

Personal Details

Forename
Surname
Grade
Employee No.
Address

Telephone
Email

When you move to a GP Post you are required to update your Indemnity Provider as soon as possible.

Indemnity claims must be submitted before the last working day of the month to be reimbursed in the following months payroll.

Cover letter and all Indemnity paperwork must be attached or your claim will be delayed

Subscription Period

Start Date	End Date	Subscription Cost	Deductions (Hospital Fee if applicable)	Total

Claim Total

The expenses claimed herein have been wholly, exclusively and necessarily incurred on the business of the HSC organisation. The expenses and allowances claimed are in accordance with all relevant regulations. No other claim for these expenses has been or will be made from any other source. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. HSC organisations are required to protect public funds and information provided may be shared with other bodies' responsible for auditing or administering public funds, in order to prevent and detect fraud.