



GLOUCESTERSHIRE POLICE FEDERATION INSURANCE SCHEME

Application Form effective November 2016

SERVING MEMBER TO AGE 65

Life Insurance	£120,000
Terminal Prognosis Advance on Life Insurance*	20% of Sum Insured
Permanent Total Disablement (<i>due to accident</i>)	£75,000
Accidental Loss of Use Benefit	
One eye, limb or hearing in one ear	£10,000
Two eyes, limbs or hearing in both ears	£25,000
Hospitalisation Benefit up to five nights	
Accident/incident/emergency admission	£40 per night
Planned admission after first three nights	£40 per night
Sick Pay Benefit (<i>up to 52 weeks</i>)	20% Scale Pay
Critical Illness	£15,000
Child Critical Illness	£3,000
Child Death Grant	£2,000
RedArc Plus	Family Cover
Family Travel Policy	Worldwide
Dental Injury & Emergency	Member & Partner
Home Emergency Assistance	Included
Legal Expenses and ID Theft Protection	Included
Motor Breakdown Cover (<i>UK and Europe</i>)	Member & Partner
Mobile Phone Insurance	Member & Partner
CALENDAR MONTHLY PREMIUM	£26.95

COHABITING PARTNER TO AGE 65

Life Insurance	£60,000
Terminal Prognosis Advance on Life Insurance*	20% of Sum Insured
Critical Illness	£5,000
Child Critical Illness	£1,000
CALENDAR MONTHLY PREMIUM	£8.00

*Terminal Prognosis Advance is only available for members aged 63 and under

The benefits arranged under this insurance trust are provided strictly under the terms of insurance policies taken out and owned by the Trust. Copies of the policies are available to view at the Police Federation Office. Subscription to the Trust entitles the member to the benefits provided by the Trust but confers no ownership of any of the underlying policies, which are vested in the Trustees.



35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW
Tel: 01925 604421 Fax: 01925 861351

Philip Williams & Company are authorised and regulated by the Financial Conduct Authority

11/16



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Date member joined Police Force	
Full name Mr/Mrs/Miss/Ms	
Home Address	
Postcode	
Home tel no.	Mobile tel no.
Email.	
Exact description of occupation	
Marital status	Date of birth
Place of Birth	
Members Work / Pay number.	
<p>Nomination of Beneficiary</p> <p>In the event of my death whilst a subscribing member of this scheme,</p> <p>I hereby nominate _____ (name)</p> <p>My _____ (relation to member) as my beneficiary.</p> <p>Should you require more than one beneficiary, please write your wishes on a separate sheet and enclose with this application form, to be lodged at the Federation Office.</p>	

*Please note that partners must complete a fully underwritten application form which is available from the Federation Office

Declaration/Payroll Authorisation

I confirm I have been actively at work in my usual occupation for a period of 8 consecutive weeks prior to my intended commencement of cover date (normal annual holiday entitlement may be ignored) and that I have not had more than 14 days absence through illness and/or injury during the last 12 months.

I confirm I am in good health and not aware of any condition or symptoms which may give rise to a claim under this insurance.

I confirm I am not in receipt of any ongoing treatment or care (including checkups or regular medication) for any accident, illness or medical condition.

I confirm that I am not currently awaiting referral to a medical practitioner or specialist/consultant and I am not awaiting the results of any tests or medical investigation.

I confirm I have not had any application for insurance declined, postponed or subject to an increased premium or other special terms, and that I have not previously made any claim for Critical Illness or Sickness insurance.

I understand that if this declaration is found to be untrue then my insurance will be invalidated and scheme membership cancelled with no return of premiums.

I authorise the payroll department to deduct the appropriate subscription from salary.

Member Name _____ Date _____

Member Signature _____

If you are unable to sign the above declaration please complete a fully underwritten application form which is available from the Federation Office

PLEASE COMPLETE AND RETURN TO :
POLICE FEDERATION OFFICE
GLOUCESTERSHIRE CONSTABULARY
6a KINGSCROFT ROAD
HUCCLECOTE
GLOUCESTER
GL3 3RF