

35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW

# **HAMPSHIRE POLICE FEDERATION**

### **SUPPLEMENTARY INSURANCE SCHEME**



Application Form With effect from 1 December 2017

#### SUPPLEMENTARY LIFE INSURANCE

ADDITIONAL £50,000 £6.00 per calendar month ADDITIONAL £75,000 £9.00 per calendar month ADDITIONAL £100,000 £12.00 per calendar month

Available to members of the Hampshire Police Federation Group Insurance Scheme. A separate application form needs to be completed if you wish to take out cover for your cohabiting partner. Please note cover will only commence following acceptance from the underwriters.

NOTE: All cover ceases at age 65. Benefits halve and premiums increase if you opt to continue with cover into retirement.

\*(For Serving Members and Police Staff, the scheme is payable by payroll deduction. For Members of the Special Constabulary, please complete additional Direct Debit form)

The benefits arranged under this insurance scheme 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 scheme entitles the member to the benefits provided by the scheme but confers no ownership of any of the underlying policies, which are vested in the Trustees.



Please indicate th	e level of additional cove	r you require (tick	a maximum of	one option):
I APPLY FOR AD	DITIONAL LIFE COVER (	OF:	£50,000 £75,000 £100,000	£6.00 per month £9.00 per month £12.00 per month
Please tick appropriate option	Serving Member	0		
	Police Staff Member	0		
	Special Constabulary Memb	oer O		
	bulary, please complete a			deduction. For Members of
Full name Mr/Mrs/Miss	s/Ms			
Home Address				
Postcode		Mahila tal na		
Home tel no.		Mobile tel no.		
Email.				
Exact description of oc	ccupation			-
Marital status		Date of birth		
Place of Birth				
Members Work / Pay i	number.			
Nomination of Benef	iciary			
In the event of my dea	th whilst a subscribing member	of this scheme,		
I hereby nominate			(na	ame)
My		(relation to mer	mber) as my bene	eficiary.
Should you require mo	ore than one beneficiary, please lodged at the Federation Office	write your wishes on	ı a separate shee	t and enclose with this

#### **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.

Applicant Name	Date
Signature	
I authorise the payroll department to deduct the appropriate s	ubscription 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:**

Hampshire Police Federation
Federation House
440 The Grange
Romsey
SO51 0AE