

HAMPSHIRE POLICE FEDERATION SUPPLEMENTARY INSURANCE SCHEME



Partner 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)*



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

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Please indicate the level of additional cover you require (tick a maximum of one option):

I APPLY FOR ADDITIONAL LIFE COVER OF:	£50,000	<input type="radio"/>	£6.00 per month
	£75,000	<input type="radio"/>	£9.00 per month
	£100,000	<input type="radio"/>	£12.00 per month

Please tick appropriate option

Partner of Serving Member (Member name _____)

Partner of Police Staff Member (Member name _____)

Partner of Special Constabulary Member (Member Name _____)

**(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)*

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. _____

Nomination of Beneficiary

In the event of my death whilst a subscribing member of this scheme,

I hereby nominate _____ (name)

My _____ (relation to member) as my beneficiary.

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.

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.

Or, if you are unemployed, (applicable to Spouse/Partner only):-
 I confirm that I have been fully fit and active for a period of 8 weeks prior to my intended commencement of cover date and that I have not suffered from illness or injury for more than 14 days in total 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 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 :
Hampshire Police Federation
Federation House
440 The Grange
Romsey
SO51 0AE