



HAMPSHIRE POLICE FEDERATION INSURANCE SCHEME

Application Form With effect from 1 December 2017

SERVING MEMBER TO AGE 65

Life Insurance	£120,000
Terminal Prognosis Advance on Life Insurance*	20% of sum insured
Child Death Grant	£2,000
Permanent Total Disablement from any occupation	£120,000
Permanent Total Loss of sight, two or more limbs or hearing in both ears	£40,000
Permanent Total Loss of sight in one eye, hearing in one ear or single limb	£20,000
Permanent Total Loss of speech	£40,000
Unsocial Hours Benefit 10% Basic Salary up to £60 per week max 8 weeks (ex first 7 days)	Included
On-Duty Assault Benefit - Firearm	£2,500
- Knife/sharp instrument	£1,250
- Disfigurement/scarring from burns - scale benefit	Up to £5,000
Dental Injury and Emergency	Member & Partner
Hospitalisation Benefit up to 7 nights (Unplanned admission for accident/illness)	£50 per night
Temporary Total Disablement (up to 104 weeks excluding first 7 days)	£25 per week
Reg 28 Sick Pay Benefit (for up to 52 weeks)	20% scale pay
Critical Illness	£15,000
Child Critical Illness	£3,000
RedArc Plus	Family Cover
Worldwide Travel Policy	Family Cover
Legal Expenses including ID Theft Protection	Included
Home Emergency	Included
Motor Breakdown (UK & Europe)	Member & Partner
CALENDAR MONTHLY SUBSCRIPTION	£21.00

COHABITING PARTNER TO AGE 65 (OPTIONAL EXTENSION)

Life Insurance	£75,000
Terminal Prognosis Advance on Life Insurance*	20% of sum insured
Critical Illness	£7,500
Child Critical Illness	£1,500
CALENDAR MONTHLY SUBSCRIPTION	£9.10

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

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.



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

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12/18



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Please tick appropriate option

Serving Member

Police Staff Member

Special Constabulary Member

Please Note:
A SEPARATE FORM
MUST BE COMPLETED
FOR PARTNER
APPLICATIONS

*(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.

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