



HAMPSHIRE POLICE FEDERATION INSURANCE SCHEME

Partner Application Form
With effect from 1 December 2017

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.



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 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