**Wiltshire Police Federation**



# Non-Underwritten CORE Group Insurance Scheme Application

Please refer to the scheme summary for full details of the cover available under the scheme and the costs per month. If you are a Serving Officer you must be a subscribing member of the Police Federation to be eligible to join the scheme. Please ensure you have reviewed and can agree to the declarations overleaf before completing this form.

**Please Note:** Our Privacy Notice can be viewed on our website at [www.philipwilliams.co.uk](http://www.philipwilliams.co.uk)

A hard copy can be provided upon request.

**Eligibility**

Serving Officers and Police Staff are only eligible for this scheme if they are unable to comply with the joining criteria for the main Group Insurance Scheme.

The Federation and/or Philip Williams & Co reserve the right to decline any applications.

Please tick this box to confirm that you are eligible for this scheme. 

MEMBER BENEFITS

**GP24 Family**

**Worldwide Travel Policy Family**

**Legal Expenses Included**

**Home Emergency Included**

**Motor Breakdown Cover *(Europe)* Member & Partner**

**Mobile Phone Member only**

**Support 24 Family**

CALENDAR MONTHLY PREMIUM £16.96

|  |  |
| --- | --- |
| Serving Officer |  |
| Police Staff |  |

**Your Details:**

|  |  |  |
| --- | --- | --- |
| Mr  Mrs  Miss  Ms  | | |
| Surname: | Forename/s : | |
| Address : | | |
|  | | Postcode: |
| Email : | | Tel No.: |
| Date of Birth: / / | Date Joined Force: / / | Rank: |
| Collar No & Pay Code: | | Job Role: |

**Please read and then sign the declarations below:**

* I hereby authorise payroll, until further notice to make deductions from my pay/ pension at the rate(s) agreed with the Police Federation.
* I understand that the premium rates may vary from time to time as agreed with the Police Federation.
* I conﬁrm that I have read the summary of cover and am aware of the cover afforded under this scheme.
* I consent to the information on this form being stored / processed electronically.
* I understand that if my payments stop, all cover under the scheme will cease.
* I understand that it is my responsibility that in the event of my circumstances or wishes changing that I keep my information up to date.

**Date:** / /

**Member Signature:**

**Please return this completed form to:**

**Wiltshire Police,**

**Federation Office,**

**Police Headquarters,**

**London Road,**

**Devizes,**

**Wiltshire**

**SN10 2DN**