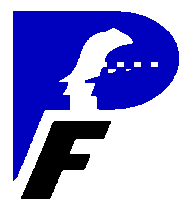
# NORFOLK POLICE FEDERATION



**Vox House**

**43 Thorpe Road**

**Norwich**

**NR1 1ES**

[**Norfolk@polfed.org**](mailto:Norfolk@polfed.org) **VOLUNTARY CRITICAL ILLNESS INSURANCE SCHEME - INITIAL APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Norfolk Police Federation - Officer details** | | | |  | | | | | | |
| Rank & collar number: | | |  | | | | | | | | |
| NI Number: | | |  | | | | | | | | |
| Full name: | | |  | | | | | | | | |
| Email Address: | | |  | | | | | | | | |
| Gender: | | | Male/Female (delete as applicable) | | | | | | | | |
| Age: | | |  | | | | Date of Birth: | | |  | |
| Annual Salary: | | |  | | | | Amount of cover required: | | | £ | |
| **Spouse/partner details** | | | | | | | | | | | |
| Full name: | | |  | | | | | | | | |
| Gender: | | | Male/Female (delete as applicable) | | | | | | | | |
| Date of birth: | | |  | | | | Age: | | |  | |
| Amount of cover required: | | | £ (This amount cannot be higher than the member’s cover) | | | | | | | | |
| **Please enter the total cost of the monthly premium required per £10,000 of benefit cover, e.g. age 36 with**  **£50,000 benefit = 5 \* £1.49 = £7.45.** | | | | | | | | | | | |
| **Age attained** | | **Officer** | | **Number of benefit levels required** | | **Cost for month** | | **Spouse/partner** | **Number of benefit levels required** | | **Cost for month** |
| Up to 24 | | .51p | |  | |  | | .56p |  | |  |
| 25 - 29 | | .74p | |  | |  | | .81p |  | |  |
| 30 - 34 | | £1.00 | |  | |  | | £1.10 |  | |  |
| 35 - 39 | | £1.49 | |  | |  | | £1.64 |  | |  |
| 40 – 44 | | £2.46 | |  | |  | | £2.71 |  | |  |
| 45 – 49 | | £4.24 | |  | |  | | £4.67 |  | |  |
| 50 – 54 | | £7.31 | |  | |  | | £8.05 |  | |  |
| 55 – 59 | | £11.60 | |  | |  | | £12.77 |  | |  |
| 60 – 64 | | £14.67 | |  | |  | | £16.14 |  | |  |
| 65 - 69 | | £19.33 | |  | |  | | £21.26 |  | |  |
|  | |  | | + Admin Fee | | .50p | |  | + Admin Fee | | .50p |
|  | | **TOTAL COST** | | | |  | | **TOTAL COST:** | | |  |

If you leave the force you will have to pay for the benefit until the end of the month in which you leave and all benefit will cease as at that date.

Please refer to the member’s document regarding conditions and events the scheme covers and any exclusions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Officer signature:** |  | Date: |  |

Please note that all fields need to be fully completed. Please retain a copy for your records and send/email a copy to the **Norfolk Police Federation.**

# Office use only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Premium checked |  | Date of commencement |  | Email confirmation to  officer |  |