



NORFOLK POLICE FEDERATION
 Vox House
 43 Thorpe Road
 Norwich
 NR1 1ES
 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:	
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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	
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