

# NORTHAMPTONSHIRE POLICE FEDERATION INSURANCE SCHEME

Application Form Effective from 1 January 2018

## SERVING MEMBER TO AGE 64 INCLUSIVE

Life Insurance	£100,000
Terminal Prognosis Advance on Life Insurance*	20%
Child Death Grant	£2,000
Permanent Total Disablement ( <i>due to accident</i> )	£100,000
Permanent Partial Disablement ( <i>dependent upon severity</i> )	% Scale
On-Duty Assault benefit	
Firearm	£1,500
Knife/ Sharp instrument	£1,000
Quadriplegia	£50,000
Paraplegia	£25,000
Temporary Total Disablement (104 weeks excluding first seven days)	£42 per week
X Factor Pay Reduction Benefit	50% of loss
Hospitalisation Benefit up to seven nights	
Accident/incident/emergency admission	£45 per night
Planned admission after first three nights	£45 per night
Unrecovered Criminal Court Compensation	Up to £500
Sick Pay Benefit	
On Half-Pay ( <i>after 26 weeks absence up to 26 weeks</i> )	20% scale pay
On Nil-Pay ( <i>after 52 weeks absence up to 26 weeks</i> )	50% scale pay
Critical Illness	£10,000
Child Critical Illness	£2,000
Family Travel Policy	Worldwide
Dental Injury	Included
Legal Expenses	Included
Motor Breakdown Cover ( <i>UK and Europe</i> )	Family
<b>CALENDAR MONTHLY PREMIUM</b>	<b>£21.80</b>

## COHABITING PARTNER TO AGE 64 INCLUSIVE

Life Insurance	£50,000
Terminal Prognosis Advance on Life Insurance*	20%
Critical Illness	£5,000
Child Critical Illness	£1,000
<b>CALENDAR MONTHLY PREMIUM</b>	<b>£5.24</b>

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

**A separate application form must be completed for Cohabiting Partner cover  
Premiums payable by payroll deduction**

**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.**



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Philip Williams & Company are authorised and regulated by the Financial Conduct Authority

12/17

Please tick -  
Serving Officer   
Police Staff   
Cohabiting Partner

Date Joined Force \_\_\_\_\_

Date Joined Force \_\_\_\_\_

Member Name \_\_\_\_\_

Member's Collar / Work Number

Date member joined Police Force

Applicants 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

**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 :**  
**Northamptonshire Police**  
**Police Federation Office**  
**The Lodge**  
**Wootton Hall Park**  
**Wootton**  
**Northampton NN4 0JA**