

# NORTHAMPTONSHIRE POLICE FEDERATION INSURANCE SCHEME

Application Form for Retired Members & Partners  
Effective from 1 January 2018

Retired Member Benefit	Retired members aged under 60 years	Retired members aged 60 to 64 years	Retired members aged 65 to 69 years
Life Insurance	£ 50,000	£ 25,000	£ 5,000
Terminal Prognosis Advance	20%	20% (max age 63)	NA
Permanent Total Disablement (accident)	£ 10,000	£ 10,000	NA
Legal Expenses	Included	Included	Included
Family Travel Policy	Included	Included	Included
Motor breakdown (UK & Europe)	Family	Family	Family
Monthly Subscription	£25.12	£25.12	£25.12

Optional Partner Cover	Aged under 60 years	Aged 60 to 64 years	Aged 65 to 69 years
Life Insurance	£ 25,000	£ 12,500	£ 2,500
Terminal Prognosis Advance	20%	20% (max age 63)	NA
Monthly Subscription	£9.93	£9.93	£9.93

Please note that benefits and subscriptions are subject to periodic review. Benefits may reduce upon attaining certain age brackets and cease at a maximum age (currently 70 years).

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

## Premiums payable by pension 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

Member's Collar / Work Number	
Date of Birth	Date of Retirement
Applicants Full name Mr/Mrs/Miss/Ms	
Home Address	
Postcode	
Home tel no.	Mobile tel no.
Email.	

**Partner Option**

A partner can only be insured if they were covered under the main scheme, prior to the Member's retirement.

I wish to include membership for my partner for additional £9.93 per month (Please tick)

Partner Full Name Mr/Mrs/Miss/Ms
Partner Date 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 below. Please note that the Trustees are not bound by your nominations.

Name	Date of Birth	Relationship	% of benefit
_____			
_____			
_____			
_____			

**Declaration/Payroll Authorisation**

I apply to continue cover in the Northamptonshire Police Federation Group Insurance Scheme as a Retired member and authorise the appropriate subscription to be deducted from pension. I understand that in all matters, in accordance with the Trust Deed, the decision of the Trustees is final.

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

Member Signature \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO :**  
**Northamptonshire Police**  
**Police Federation Office**  
**The Lodge**  
**Wootton Hall Park**  
**Wootton**  
**Northampton NN4 0JA**