



INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY DIRECT DEBITS

PLEASE COMPLETE SECTIONS 1 TO 5

1. Name & full postal address of your Bank or Building Society branch

To: The Manager
Bank or Building Society
Address
Postcode

2. Name(s) of account holder(s)

3. Branch sort code

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4. Account number

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5. Instruction to your Bank or Building Society

Please pay Philip Williams & Co Direct Debits from the account detailed in this instruction subject to safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Philip Williams & Co and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Originators Identification Number

753294

Philip Williams & Co REF.

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THE DIRECT DEBIT GUARANTEE



- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Philip Williams & Company will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Philip Williams & Company or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy to Philip Williams & Company.

NORTHAMPTONSHIRE POLICE FEDERATION

SUPPLEMENTARY INSURANCE SCHEME



Application Form With effect from 1 June 2017

SUPPLEMENTARY LIFE INSURANCE

ADDITIONAL £25,000	£3.60 per calendar month
ADDITIONAL £50,000	£6.20 per calendar month
ADDITIONAL £100,000	£11.20 per calendar month

SUPPLEMENTARY CRITICAL ILLNESS (NOT AVAILABLE TO PARTNERS)

ADDITIONAL £5,000	£2.60 per calendar month
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All benefits cease at age 65

(Payable by Direct Debit)

Available to members of the Northamptonshire Police Federation Group Insurance Scheme. A separate application form needs to be completed if you wish to take out cover for your cohabiting partner. Please note cover will only commence following acceptance from the underwriters.

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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35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW
Tel: 01925 604421 Fax: 01925 861351

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

Please indicate the level of additional cover you require :

I APPLY FOR ADDITIONAL LIFE COVER OF: £25,000 £3.60 per month
£50,000 £6.20 per month
£100,000 £11.20 per month

I APPLY FOR ADDITIONAL CRITICAL ILLNESS COVER OF: £5,000 £2.60 per month
(Not available to partners)

Please tick **Serving Member**
appropriate option **Partner of Serving Member** (Member name _____)

Police Staff Member
Partner of Police Staff Member (Member name _____)

Date member joined Police Force
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
Members Work / Pay number.

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

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

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 _____

If you are unable to sign the above declaration please complete a fully underwritten application form which is available from the Federation Office