



# Northamptonshire Police Federation Group Insurance Scheme for Student Officers and their Partners

Effective from 1<sup>st</sup> November 2016 to 31<sup>st</sup> October 2019

<b>Serving Officers</b>	
Life Insurance	£100,000
Terminal Prognosis Advance on Life Insurance	£20,000
Child Death Benefit	£2,000
Critical Illness	£10,000
Child Critical Illness	£2,000
Personal Accident and Sickness Benefits	
Permanent Total Disablement (due to accident)	£100,000*
<i>*The maximum benefit payable will be based on a medical assessment of the degree of disability in relation to the above scale and not in relation to the insured person's ability to work</i>	
Temporary Total Disablement (104 weeks excluding first 7 days)	£42 per week
Hospitalisation due to accident (unplanned stay) (maximum 7 nights)	£45 per night
Hospitalisation (planned stay) (maximum 7 nights - excludes first 3 nights)	£45 per night
Coma Benefit (maximum 358 days)	£25 per day
Quadriplegia Benefit (due to accident)	£50,000
Paraplegia Benefit (due to accident)	£25,000
Stabbing Benefit	£1,000
Shooting Benefit	£1,500
Court Award Compensation Benefit	£500
X Factor Benefit	50% of Deployment Element of Salary for 52 weeks
Emergency Dental Treatment	Up to £250
Sick Pay      Half Pay – weeks 27 to 52	20% of insured person Gross Basic Scale Pay
Nil Pay – weeks 53 to 79	50% of insured person Gross Basic Scale Pay
Legal Expenses including Lifestyle Counselling Helpline & Online Support Service and Legal Document Service	Included
Worldwide Family Travel Policy	Included
Motor Breakdown Cover	Family cover
<b>Spouse/Partner of Serving Officer</b>	
Life Insurance	£50,000
Terminal Prognosis Advance on Life Insurance	£10,000
Critical Illness	£5,000
Child Critical Illness	£1,000
Legal Expenses	Included in above
Worldwide Family Travel Policy	Included in above
Motor Breakdown Cover	Included in above
<b>CALENDAR MONTHLY SUBSCRIPTION</b>	<b>Nil</b>
<b>Student Officers (including free partner cover if required)</b>	
<b>Weeks of service 1 – 104</b>	
<b>Week 105 onwards and new Serving Officer members</b>	
<b>Member only</b>	<b>£21.80</b>
<b>Member and spouse/partner</b>	<b>£27.04</b>



# Northamptonshire Police Federation Group Insurance Scheme Application for Student Officers and their Partners

Please note that cover will cease at age 65 or when you leave Northamptonshire Police Federation

## PERSONAL INFORMATION

Member's Name	<input type="text"/>	Date of Birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Partner's Name	<input type="text"/>	Date of Birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Address	<input type="text"/>	Collar No.	<input type="text"/>
Postcode	<input type="text"/>	Home Telephone No.	<input type="text"/>
Email Address	<input type="text"/>		

## GROUP INSURANCE SCHEME

This includes £100,000 Life Insurance, £10,000 Critical Illness, Legal Expenses, Family Worldwide Travel Insurance and Family Motor Breakdown.

I wish to join this scheme at a cost of £21.80 per pay period.

\* ☐

## PARTNER OPTION

This includes £50,000 Life insurance and £5,000 Critical Illness

I wish to include membership for my partner at a cost of £5.24 per pay period.

\* ☐

\*Please tick as appropriate

For further details of Scheme benefits please refer to the policy documentation at

[www.northantspolfed.org.uk](http://www.northantspolfed.org.uk)

Premiums payable and benefits will be subject to periodic review.

For new entrants to the Police Service the above schemes are FREE for the first 104 week. The full premium will be deducted from salary every pay period thereafter.

**Note that the definition of a partner under these Schemes is a permanent partner who resides at the same address as the Officer.**

You will need to advise Northamptonshire Federation when you retire, as there is a dedicated scheme for Retired Officers with different benefits and premiums.

## MEMBER DECLARATION

### Student Officer

I declare that I am within six months of joining Northamptonshire Police.

\* ☐

Copies of this declaration will be legally valid.

Signature:	<input type="text"/>	Dated:	<input type="text"/>
Print Name:	<input type="text"/>		

Please return this form to:-

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

# NOMINATION OF BENEFICIARY FORM

## NORTHAMPTONSHIRE POLICE FEDERATION



Name: \_\_\_\_\_

Collar/Staff Number: \_\_\_\_\_

### BENEFICIARY NOMINATION DETAILS

All lump sum benefits arising under Scheme(s) on the death of a member will be paid to such of his/her beneficiaries as the Trustee or Trustees of the Scheme(s) decide in accordance with the powers contained in the Rules. A member may, however, express a wish as to who should benefit although this will in no way be binding. If you should like to instruct the Trustee or Trustees please complete the details below:

To the Trustee (or Trustees); it is my wish that any benefits arising under the Schemes over, should in the event of my death, be paid in the proportions and to the persons indicated below:

When completed please return this form to the Federation Office.

Related to me as follows: \_\_\_\_\_

Or

Financially dependent upon me: \_\_\_\_\_

Name and Address of Beneficiary

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode: \_\_\_\_\_ Proportion of Benefit %: \_\_\_\_\_

Related to me as follows: \_\_\_\_\_

Or

Financially dependent upon me: \_\_\_\_\_

Name and Address of Beneficiary

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode: \_\_\_\_\_ Proportion of Benefit %: \_\_\_\_\_

Related to me as follows: \_\_\_\_\_

Or

Financially dependent upon me: \_\_\_\_\_

Name and Address of Beneficiary

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode: \_\_\_\_\_ Proportion of Benefit %: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Northamptonshire Police Federation Group Insurance Scheme Application for Spouse/Partner

## Health Declaration

### PERSONAL INFORMATION

Applicant's Name	<input type="text"/>	Date of Birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Address	<input type="text"/>	Officer's Collar No.	<input type="text"/>
Postcode	<input type="text"/>	Home Telephone No.	<input type="text"/>
Email Address	<input type="text"/>		

### Statement of Health:

I am not suffering from any medical condition, 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 that I have not had more than 14 days of illness and/or injury during the last 12 months.

I am currently employed ☐ YES\* ☐ NO\* \*Please tick as appropriate

**If "YES" - 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 holiday entitlement may be ignored).**

**I confirm I have not had any application for Life or Critical Illness Insurance declined, postponed or subject to an increased premium or other special terms.**

(If you are unable to confirm any of the above a full Personal Declaration form will be required. If you are in any doubt please declare the details in the space provided below).

#### Details:

### Data Protection Act 1998

I understand and consent to the use of any information provided by me for the operation of this insurance. This includes the process of underwriting, administration, claims management, rehabilitation and handling customer concerns.

I understand that in order to do this the information may be shared with other insurers, reinsurers, insurance intermediaries and service providers who are involved in either the operation of insurance which covers employees or the employee benefit arrangements provided by the company.

I understand the data will be processed fairly and securely in accordance with the Data Protection Act 1998 and the details will be shared on computer but will not be kept for longer than necessary.

I confirm that the data in relation to this insurance has been obtained and passed to the insurer in accordance with the requirements of the Data Protection Act 1998 and confirm that I give my consent to forward such information to the insurer.

### Declaration

Please sign the Personal Declaration once you have read and completed all relevant sections contained in this form. If you are unsure as to whether any information should be given, you should provide it.

- I confirm I wish to effect insurance under the Scheme and understand that my cover will not commence until confirmation has been received from the insurer or its agents.
- I will inform you immediately of any changes that occur before the insurer notifies the terms on which cover will be offered. I understand that failure to do so may result in the loss or cancellation of the cover being assessed.

To the best of my knowledge and belief all the statements made, which includes anything I may have said, have been recorded accurately in this form or are attached in a sealed Private and Confidential envelope, and are true and complete.

( Continued over page)

## Personal Declaration:

I hereby acknowledge and accept that if any of the statements made by me in this form are untrue or deliberately misleading any payment of benefit may be denied.

I have read and understood the notes including the Data Protection.

I understand that this form will be passed to insurers for the purpose of my insurance. This includes underwriting, processing, claims handling and fraud prevention, which could include passing details to the insurers or other agents. You may ask other insurers for information to check the information I have given.

Copies of this declaration will be legally valid.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please return this form to:-**

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

## Partner Beneficiary Nomination

Please complete in block capitals

All lump sum benefits arising under the Scheme on the death of a member will be paid to such of their beneficiaries as the Trustee or Trustees of the Scheme decide in accordance with the powers contained in the Rules. A member may, however, express a wish as to who should benefit although this will in no way be binding. If you would like to do so you should complete as below.

**To:** The Trustee or (Trustees) of the above mentioned Scheme

It is my wish that any benefits arising under the above Scheme in the event of my death should be paid in the proportions and to the person or persons indicated below, being either:

a) Related to me as follows:

OR

b) Financially dependent upon me

Full name and address of persons	Proportion of Benefits	Amount
_____	_____%	_____£
_____	_____%	_____£
_____	_____%	_____£
_____	_____%	_____£

I understand that in exercising the discretion as to the disposal of the benefits the Trustees will not be bound by this expression of my wishes, but I request that it be borne in mind.

I confirm that this expression of my wishes supersedes any previously made by me.

Signature: \_\_\_\_\_

Acceptance Date:	<input type="text"/>	<b>FOR OFFICE USE ONLY</b>
Accepted by:	<input type="text"/>	
Signature:	<input type="text"/>	
Print Name:	<input type="text"/>	
		Dated: <input type="text"/>