



# Northamptonshire Police Federation Group Insurance Scheme Application for Transferee 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.polfed.org/northants](http://www.polfed.org/northants)  
Premiums payable and benefits will be subject to periodic review.

**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

### Transferee Officer

I declare that I am within three 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 INCLUDE A COPY OF YOUR PAYSリップ FROM PREVIOUS EMPLOYER SHOWING MEMBERSHIP OF THE GROUP INSURANCE SCHEME**

Please return this form to:-

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

# 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 sorted 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 notify 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.

## 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**

 Your information will be held by the Northamptonshire Police Federation and will be used by us for administration,

**FOR OFFICE USE ONLY**

Acceptance Date:

Accepted by:

Signature:  Dated:

Print Name:



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: \_\_\_\_\_