

Officer's payroll number:



Group Insurance Scheme (ASGIS)

Partner Application Form

This form must be completed by partners who are joining at the same time as a new employee. It also applies if joining within three months of either marrying or becoming a member's partner (whichever occurs first). In all other circumstances the Late Joiner application form applies.

'Partner' means the person to whom the member of the associated policy is married or in a Civil Partnership with or, if not, a person who is openly cohabiting with him or her and who has been so cohabiting for the six months' period prior to the date of their inclusion in the policy, and on whom such a member is financially interdependent.

Please complete the following in BLOCK CAPITALS and return to: Avon & Somerset Police Federation Office, 1 St David's Court, Windmill Road, Clevedon, North Somerset BS21 6UP

This section is to be completed by the Partner (Once completed you will need to print this form and sign it) Surname: Forename(s): Date of birth: Address: Email: I hereby apply to join the scheme with effect from: Signed: Date: Partners can remain in the scheme until they reach the age of 70 years or until the serving officer reaches 70 years, whichever occurs first. Benefit levels depend on the age of the subscribing officer. Please refer to the Federation or George Burrows for further information. Cover is conditional to the serving officer's membership. This section is to be completed by the New Recruit/Serving Officer Surname: Forename(s): Email: Officer's force number: I hereby authorise the deduction of the sum indicated below from my pay, in respect of my partner's membership ofthe Group Insurance scheme. For partners of new recruits membership is free for the first 26 weeks of service. Following this the full premium of £6.95* will be payable. Group insurance scheme: £6.95* per month inclusive of the Federation's administration fee of £0.80p and Insurance *The premiums payable will be subject to periodic review and may go up or down **Premium Tax (IPT)** It is important that the information you have provided to us is to the best of your knowledge true, accurate and complete and reflects your current circumstances. If your circumstances change, please inform us. If we or the insurer discover that the details provided to us are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or your policy being cancelled or treated as if it never existed. Signed: Beneficiary details Surname: Forename(s): Address: Relationship to member: The maintaining of an up-to-date will is advised. Payments are made by the Trustees under the terms of the 'Trust Deed', which would normally be to the member's chosen beneficiary. The Trustees will, at their own discretion, agree payment in the event of a life claim. I understand that in all matters, in accordance with the Trust Deed, the decision of the Trustees is final.

National Insurance no:

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