

# Devon & Cornwall Police Federation Group Insurance Scheme Partner Application Form (Late Joiner)



'Partner' means the person to whom the member of the associated policy is married or, if the member is not married, 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 and send to:** (Once completed you will need to print this form and sign it)

**Devon & Cornwall Police Federation office, Police Headquarters, 2 River Court, Pynes Hill, Exeter EX2 5JL**

**This section is to be completed by the Partner** (Once completed you will need to print this form and sign it)

|                      |                      |              |                      |
|----------------------|----------------------|--------------|----------------------|
| Surname:             | <input type="text"/> | Forename(s): | <input type="text"/> |
| Date of birth:       | <input type="text"/> | Telephone:   | <input type="text"/> |
| Address:             | <input type="text"/> |              |                      |
| <input type="text"/> |                      | Email:       | <input type="text"/> |

## 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;

I confirm that I have been fully fit and active for a period of 8 consecutive 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.

**Please note: If you are unable to confirm the above statements you may still be able to join the scheme, but you will need to complete a full medical questionnaire for evaluation by our underwriters.**

I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if they are not correct this could mean a claim is rejected.

I hereby apply to join the scheme with effect from:  (Month and year of commencement)

Signed:  Date:

**Partners can remain in the scheme until they reach the age of 70 years or until the 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 continued membership.**

Continue overleaf.....

**Beneficiary details** (Please notify the Federation immediately of any changes to your personal or beneficiary details)

|                |                      |                         |                      |
|----------------|----------------------|-------------------------|----------------------|
| Surname:       | <input type="text"/> | Forename(s):            | <input type="text"/> |
| Date of birth: | <input type="text"/> | Relationship to Member: | <input type="text"/> |
| Address:       | <input type="text"/> |                         |                      |
|                | <input type="text"/> |                         |                      |

**This section is to be completed by the New Recruit/Serving Officer**

|                |                      |                 |                      |
|----------------|----------------------|-----------------|----------------------|
| Surname:       | <input type="text"/> | Forename(s):    | <input type="text"/> |
| Collar number: | <input type="text"/> | Payroll number: | <input type="text"/> |
| Telephone:     | <input type="text"/> | Email:          | <input type="text"/> |

I hereby authorise the deductuon of £8.95\* per month from my pay in respect of my partner's membership of the group insurance scheme.

(The premium includes Insurance Premium Tax)

|            |                      |       |                      |
|------------|----------------------|-------|----------------------|
| Signature: | <input type="text"/> | Date: | <input type="text"/> |
|------------|----------------------|-------|----------------------|

\* Premiums payable will be subject to periodic review and may go up or down.

**Data Privacy Notice**

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If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.



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