Hertfordshire Police Federation

Special Constables Group Insurance





Scheme Application form

Legal Expenses

Best Doctors service

GP Care on Demand

Care First Counselling service

Personal Accident lump sum and hospital benefits

Please complete the following in BLOCK CAPITALS and return the form to:

Hertfordshire Police Federation Office, c/o Police Headquarters, Stanborough Road, Welwyn Garden City, Hertfordshire AL8 6XF

Special Constables may join the scheme providing they have been actively on duty for 8 consecutive shift days preceding this application. Cover under this scheme is not applicable if you are no longer a Special Constable. It is important that you notify the Federation immediately if your circumstances change.

Please note: once completed you must	print this form and sign it.	
Surname:	Forename(s):
Date of birth:	Email:	
Address:		
By signing this application form, you confirm detailed above.	that you are a Special Constable and	I meet the applicable joining criteria as
It is important that the information you have complete and reflects your current circums discover that the details provided to us are your policy being cancelled or treated as if i	tances. If your circumstances char untrue, inaccurate or incomplete, t	ge, please inform us. If we or the insurer
	ation must be accompanied by a co	tration fee and Insurance Premium Tax) to be mpleted direct debit mandate. George Burrows en processed.
Signed:	*The premiums will b	e subject to periodic review and may go up or down.
Date: /		
Warrant Force No:		
Cover is conditional to continued paym	nent of premiums and service a	s Special Constable.
Scheme benefits:		
RAC Motor Breakdown assistance	e	Member & Partner
Mobile Phone/Gadget insurance		Member & Partner
Worldwide Annual/Multi-trip Trave	el insurance	amily cover
Home Emergency assistance		Member's main home in the UK

Family cover

Member only

Member & Partner

Resident Family cover

Resident Family cover

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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.

