

# Lancashire Police Federation



## Non-Underwritten CORE Group Insurance Scheme Application

Please refer to the scheme summary for full details of the cover available under the scheme and the costs per month. If you are a Serving Officer you must be a subscribing member of the Police Federation to be eligible to join the scheme (this does not apply to Police Staff).

Please ensure you have reviewed and can agree to the declarations overleaf before completing this form.

**Please Note:** Our Privacy Notice can be viewed on our website at [www.philipwilliams.co.uk](http://www.philipwilliams.co.uk)

A hard copy can be provided upon request.

### Eligibility

Members are only eligible to join this scheme if they have applied for the main Group Insurance Scheme and are unable to comply with the joining criteria.

The Federation and/or Philip Williams & Co reserve the right to decline any applications.

Please tick this box to confirm that you are eligible for this scheme. ☐

### MEMBER BENEFITS

Worldwide Travel Policy

Motor Breakdown Cover (UK & Europe)

Legal Expenses including ID Theft Protection

Mobile Phone

Health Assured

GP 24

Family

Family

Included

Member & Partner

Family

Family

CALENDAR MONTHLY PREMIUM

£19.65

Serving Officer	<input type="checkbox"/>
Police Staff	<input type="checkbox"/>

### Your Details

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Surname:		Forename/s :	
Address :			
		Postcode:	
Email :		Tel No.:	
Date of Birth:    /    /		Date Joined Force:    /    /	
Rank:		Job Role:	
Collar No & Pay Code:			

**Please read and then sign the declarations below:**

- I hereby authorise payroll, until further notice to make deductions from my pay/ pension at the rate(s) agreed with the Police Federation.
- I understand that the premium rates may vary from time to time as agreed with the Police Federation.
- I confirm that I have read the summary of cover and am aware of the cover afforded under this scheme.
- I consent to the information on this form being stored / processed electronically.
- I understand that if my payments stop, all cover under the scheme will cease.
- I understand that it is my responsibility that in the event of my circumstances or wishes changing that I keep my information up to date.

<b>Member Signature:</b>	<b>Date:</b> /     /
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**Please return this completed form to:**

**Federation Office  
Police HQ  
23–25 Hutton Hall Avenue  
Hutton  
Preston  
Lancashire  
PR4 5SB**