

Norfolk 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 in a Civil Partnership with or, if not, a person who is openly co-habiting 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 return the completed form to: Norfolk Police Federation, Vox House, 43 Thorpe Road, Norwich, NR1 1ES
Once completed you must print this form and sign it.**

This section is to be completed by the Partner:

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

I declare that I am in good health and:

1. During the last 12 months, I have not attended or been advised to attend a hospital or clinic (excludes routine visits to a GP) for any form of advice, test, investigation or operation (excluding consultations for colds, asthma, influenza or pregnancy)
2. I am not currently receiving any treatment, medication or medical attention, either regularly or irregularly for any medical (includes diabetes), physical or psychiatric condition, or awaiting any medical or surgical consultation, test or investigation. (Excludes tablets, medicine or drugs taken for asthma, colds, influenza, routine vaccinations, or contraception).
3. I have never been tested positive for HIV/AIDS, or Hepatitis B or C, nor am I awaiting the result of such a test. I have not tested positive for any sexually transmitted infection in the last 5 years, nor am I awaiting the result of such a test
4. No application to an Insurance Company for life, accident or sickness insurance, or critical illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.
5. I share a joint financial commitment with the employee/member of the scheme and understand that if I am admitted to scheme membership; my membership is dependent on continuity of cover by the employee/member.

I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. 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.

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.

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"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	Email:	<input type="text"/>	
	Relationship to member:	<input type="text"/>	

This section is to be completed by the Serving Officer

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Force number:	<input type="text"/>	Email:	<input type="text"/>

I hereby authorise the deduction of the sum of £7.78* (inclusive of Insurance Premium Tax and the Federation's administration fee of £0.79) from my pay, in respect of my partner's membership of the above scheme.

Signed: Date: / /

*The premiums payable will be subject to periodic review and may go up or down.
Officer's payroll number: Date officer joined scheme: / /