

Northamptonshire Police Federation



Insurance Benefits Trust Underwritten Application & Beneficiary Nomination

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. All applications will be subject to medical underwriting

QUESTIONS TO BE ANSWERED BY THE PERSON WHOSE LIFE IS PROPOSED TO BE INSURED

Before any question is answered, please read carefully the Declaration at the end of this form, which must be signed and dated. Please ensure that all answers are complete and correct. Any question left unanswered or only answered with a dash will delay the assessment of this Proposal for assurance.

If you require additional space for any answers please use the further information section at the end of this form.

Section 1: Details of the person to be covered

Serving Officer

☐

Police Staff

☐

Partner of
Serving Officer

☐

Partner of
Police Staff

☐

Member's Name		Member's Payroll Number	
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Title (Mr., Mrs., Miss, other)		Surname		Forenames	
Address					
Postcode			Contact telephone number		
Email			Date Joined Force		
Date of birth		Sex (M, F)		Marital status	
Nationality				Normal Country of Residence	

Supplementary Cover if Required:

(ONLY COMPLETE DIRECT DEBIT ON PAGE 7 IF YOU ARE APPLYING FOR SUPPLEMENTARY COVER)

Additional Life Cover Required (ceases at age 65)	☐ £25,000 (£4.00 per month)	Member	Partner
	☐ £50,000 (£7.00 per month)	☐	☐
	☐ £100,000 (£13.00 per month)		
Additional Critical Illness Cover Required (ceases at age 65)	☐ £5,000 (£2.60 per month)	Member	Partner
		☐	☐

Beneficiary Nomination Details (continue on separate sheet if required):

As a member of the Federation Group Insurance Life scheme, please provide details of the person(s) that you wish to receive the money in the event of your death. Scheme trustees are not bound to follow the nomination, but will consider it. It is your responsibility to ensure that in the event of your circumstances or wishes changing you keep the information up to date.

Name	Date of Birth	Relationship	Percentage of Benefit
	/ /		
	/ /		
	/ /		

Section 2: G.P. details

Name of doctor who currently holds your medical records	
Address and telephone number	
If you have changed doctors within the last 3 months, please give the name, address and telephone number of your previous doctor.	

Section 3: Occupation

Employer's name:			
Nature of business or occupation in which you are engaged (if more than one, please state all):			
Do your duties involve you in any way (other than clerical) with:	Yes	No	If yes, please give full details
1) the licenced trade or entertainment industry?			
2) working at heights, offshore, aviation (other than on scheduled flights), diving, or the fishing or mining industries, work requiring special safety precautions or any other activity which may be regarded as hazardous?			
Does your job require a licence, e.g. driving?			

Section 4: Smoking and alcohol details

	Yes	No	If yes, please state average consumption per week
Have you smoked or used any form of tobacco or nicotine product within the last 12 months?			
Do you drink alcohol? (if yes please state your average weekly consumption in units.(one unit is a pub measure of wine or spirits or a half a pint of beer, lager or cider)			

Section 5: Personal medical details

Height			Weight	
	Yes	No	If yes please provide details, including name of doctor or hospital, dates, duration, test results etc.	
1) Has your weight changed recently?				
2) Have you consulted any doctor, hospital or clinic within the last 5 years?				
3) Are you currently receiving any medical treatment?				
4) Are you taking any medicine or drugs, whether or not prescribed by a medical practitioner?				
5) Are you due to have any check-up in the next 12 months in connection with any medical condition, or are you waiting for the results of any medical inspection?				
6) Have you ever suffered from:				
(a) any chest or lung disorder?				
(b) anxiety, stress, depression or other mental or nervous disorder?				
(c) back problems, arthritis, bone joint, muscle or limb conditions?				
(d) asthma bronchitis or other respiratory disorders?				
(e) any stomach, bowel complaint, liver disorder(including bladder disease, gastric or duodenal, Colitis or Crohn's disease)				
(f) diabetes, gout, kidney, liver, prostate or bladder problem?				
(g) heart attack, angina or heart disease?				
(h) high blood pressure, raised cholesterol, stroke circulatory problems, brain haemorrhage or permanent brain injury?				
(i) cancer, tumour or gout?				

	Yes	No	If yes please provide details, including name of doctor or hospital, dates, duration, test results etc.
(j) Multiple sclerosis, Parkinson's disease, paralysis, epilepsy, Alzheimer's disease, dementia or cerebral palsy?			
(k) eye, ear nose or throat conditions, skin or allergic conditions?			
(l) any operation, X-rays or special investigations?			
7) Have you had any numbness, dizziness or any disease or disorder affecting your balance or your eyes or vision (not corrected by spectacle or lenses)?			
8) Do you anticipate travel outside your normal country of residence, Western Europe, North America or Australasia? (other than for holiday)			
9) Within the last 10 years, have you lived for longer than 1 month in any country outside your normal country of residence, Western Europe, North America or Australasia?			
10) Do you engage in hazardous sports, such as aviation, motor sports, diving, etc.?			
11) Have either of your parents or any brothers or sisters died from or suffered from heart disease, stroke, diabetes, cancer, a nervous disorder or any hereditary disease or disorder before the age of 65?			<i>If yes please provide details including relationship and age at time, and state if death resulted.</i>
12) Has any application for assurance on your life been postponed, declined, withdrawn by yourself or accepted at special terms?			<i>If yes please give details of companies and dates.</i>
13) Have you ever tested positive for HIV/AIDS, hepatitis B or C or are you awaiting the results of such a test?			<i>If yes please give details including dates - for confidentiality these may be sent direct to the Chief Medical Officer.</i>
14) Within the last 5 years have you been exposed to the risk of HIV infection? (Note: this can be caught through unsafe sex, intravenous (IV) drug abuse, blood transfusions or surgery undertaken outside the EU.)			<i>If yes please give details including dates - for confidentiality these may be sent direct to the Chief Medical Officer.</i>
15) Within the last 5 years have you tested positive or been treated for any sexual transmitted disease?			<i>If yes please give details including dates - for confidentiality these may be sent direct to the Chief Medical Officer.</i>
16) Are you using or have you ever used drugs other than those Prescribed by a doctor or obtained over the counter from a pharmacy? i.e. recreational drugs such as Ecstasy, cocaine, heroin, etc.			

Section 6: Additional Information

Question:	Additional Information

SECTION 7: IMPORTANT NOTES

- ☐ Please note that your answers to the questions on this form will be used to assess the risk involved in providing you with the proposed level of cover. If you are unsure whether a particular fact is important you should disclose it.
- Cover will not start until we have assessed and accepted your answers given in this form.
- ☐ We may ask you to contact your doctor to speed up the completion of reports that we have requested.
- ☐ If we ask you to attend a medical examination, it will be necessary for us to share your application information with another company authorised by us. They will make the arrangements for the examination to take place.
- ☐ On occasion the faxing of medical reports may help to ensure a speedier assessment of your medical assessment. We only accept faxed information direct to a fax machine in a secure part of our building. This ensures that we maintain strict confidentiality. If you do not agree to allow the faxing of information, please indicate by deleting the appropriate section in this form.
- ☐ All insurers have a confidentiality practice in place which means that your medical information is held securely and access is limited to authorised individuals who need to see it.
- ☐ You must inform us of any changes in your health or other circumstances during the period between this form being completed and in us notifying the terms on which cover will be offered.

DATA PROTECTION ACT 1998:

I understand and consent to the use of any information provided by us for the operation of this insurance. This includes the process of underwriting, administration, claims management, rehabilitation and handling customer concerns.

I understand that in order to do this the information may be shared with other insurers, re-insurers, insurance intermediaries and service and service providers who are involved in either the operation of insurance which covers employees or the employee benefits arrangements provided by the company.

I understand the data will be processed fairly and securely in accordance with the Data Protection Act 1998 and the details will be stored on computer but will not be kept for longer than necessary.

I confirm that data in relation to this insurance has been obtained and passed to insurers in accordance with the requirements of the Data Protection Act 1998.

STATEMENT OF PRACTICE ON GENETICS

In accordance with the Association of British Insurer's ('ABI') policy on genetics and insurance, you do not need to tell us about any genetic test you have had if the proposed level of cover, taken together with any other insurance cover you already have, total:

- £500,000 or less for life assurance.
- £300,000 or less for critical illness or income protection.

Above these limits, you may need to tell us about certain genetic test results when applying for certain types of insurance. We will only be interested in genetic test results which have been approved by the Government's Genetic and Insurance Committee for insurers' use.

If you think this may apply to you, please ask us for details of the current position. These details are also available from the ABI website at www.abi.org.uk

However you must tell us if you either have family history of, are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

SECTION 8: ACCESS TO MEDICAL REPORTS

It may be necessary for us to obtain medical reports to support your application for cover. Before we can ask any doctor that you have consulted to complete a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows:

- ☐ You do not have to give your consent, but if you do not we may be unable to proceed.
 - ☐ You can ask to see the report before the doctor returns it to us. If you do, we shall tell the doctor to retain the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
 - ☐ If you choose not to see the report at this stage, you may ask the doctor for a copy within 6 months of it being sent to us. A duplicate report can be sent to your doctor on request should you wish to see it at a later date.
 - ☐ If you consider any aspect of the report to be incorrect or misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him/her to attach a statement outlining your views, which will then accompany the report.
 - ☐ Your doctor can withhold access to the report if he/she feels that it would cause physical or mental harm to you or others.
 - ☐ Your medical report will contain details of relevant consultations, treatment, operations, investigations and test results that you have undergone at any surgery, hospital or clinic. Your consent will give the insurers access to this information.
 - ☐ If you have any questions regarding your rights under the Act or any questions relating to the process of obtaining, assessing or storing medical information, please write to the Compliance Officer at our Head Office.
- I do not* wish to see the report before it is sent to the insurers. (*Only delete the word “not” if you wish to see the report before it is sent.)

SECTION 9: DECLARATION

Please sign this Personal Declaration once you have read it together with all of the sections. If you are unsure as to whether any information should be given, you should provide it. If you are applying for insurance with other companies at the same time, by signing the form you are consenting to copies of medical reports being sent to these other companies at their request. However, if we are approached by another company to provide copies of highly sensitive information we shall ask for your specific written permission before doing so.

- ☐ I will inform you immediately of any changes that occur before I am notified of the terms on which cover will be offered. I understand that failure to do so may result in the loss or cancellation of the cover being assessed.
- ☐ To the best of my knowledge and belief all the statements made, which includes anything I may have said, have been recorded accurately in this form or are attached in a sealed Private and Confidential envelope, and are true and complete.

☐ Please tick if you have attached a Private and Confidential envelope.

- ☐ I agree to the insurers obtaining medical information from any doctor whom I have consulted about my physical or mental health, in order to assess my application. You may obtain relevant information from other insurers about previous or concurrent applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorize those asked for such information to provide it on the production of a copy of this consent. This consent allows the insurers to obtain medical reports at any time during the period of the cover or after my death to support any claim made on the cover proceeds.
- ☐ This information can also be used to maintain management information for business analysis.
- ☐ I agree that a copy of the agreement given in this Declaration will have the validity of the original.
- I agree to the insurers accepting medical reports faxed directly to the company from my doctor’s surgery. I also do not* object to copies of the report being faxed to any other company that I have applied to at their request. (*Delete the word “not” if you do not wish us to fax information.)

By signing this form I am allowing the insurers to carry out my risk assessment using the information that I have provided. This information can also be used to process any claim made in respect of me on this policy.

- 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 will be notified when cover and payments will start and am aware that there is no cover prior to this date.
- I confirm that if I am applying for cover for my partner that the person meets the following criteria;
 - * You are co-habiting
 - * They are financially interdependent
 - * You are in an exclusive, committed and long-term relationship with each other, and intend to continue indefinitely
 - * You are able to marry each other or form a registered civil partnership
- 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.

LIFE TO BE ASSURED:

Signature:		Date:	
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Please return this completed form to:

**Northamptonshire Police, Police Federation Office, The Lodge Wootton Hall Park, Wootton,
Northampton NN4 0JA**

Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

Philip Williams & Co
35 Walton Road
Stockton Heath
Warrington
WA4 6NW

Service user number

7	5	3	2	9	4
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Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager

Bank/building society

Address

Postcode

Reference

FOR PHILIP WILLIAMS (G INS) MANAGEMENT LTD OFFICIAL USE ONLY
This is not part of the instruction to your bank or building society.

Instruction to your bank or building society

Please pay Philip Williams (G Ins) Management Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Philip Williams (G Ins) Management Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DDI1

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Philip Williams (G Ins) Management Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Philip Williams (G Ins) Management Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Philip Williams (G Ins) Management Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when Philip Williams (G Ins) Management Ltd asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Privacy Notice (also known as “Fair Processing Notice”)

Data Controller: Philip Williams (G Ins) Management Limited, 35 Walton Road, Stockton Heath, Warrington WA4 6NW

Contact for queries: Data Protection Manager, Tel. 01925 604421.

Email dataprotection@philipwilliams.co.uk

How will we use the information you give us?

We will only use your information on the basis that it is necessary to administer your insurance contract or help you make a claim. Where we need to pass information to other firms, it will only be for that purpose. These firms will be Insurers, other insurance brokers, firms handling claims, finance providers and firms that process or administer our records, including Federations / Trust Administrators.

When we contact you, it will either be for the above reason, or because we have a legitimate interest in marketing related products. For any other marketing it will only be with your consent and you will be able to withdraw your consent or unsubscribe easily at any time.

If we have to transfer information to a third country outside the EU, we will only do so if a similar level of protection applies. If we need to obtain information which is by nature sensitive, we will only do so on the basis that it is in the public interest - for example to fight crime, prevent fraud or to make sure insurance is available.

What type of personal information do we need?

- We may need personal details which might include details of lifestyle, family, finances, business or education.
- We will only collect what is necessary and will only keep it for as long as we are required to do in line with our data retention policy.

What other types of information do we need?

- Under certain circumstances we may also need to obtain information about Race or Origin, Gender, Religion, Health, Politics, Genetics, Trade Union Membership, Sex or Sexual Orientation.
- We might also need details of criminal convictions.
- We will only collect what is necessary and protect it with appropriate security measures.

How do we obtain your information?

- We may gather it from information you submit to a website, by telephone, mail, face to face or by email.
- We may receive it from insurers, other insurance brokers, firms handling claims, finance providers and firms that process or store our records, including Federations / Trust Administrators.

What are my legal rights?

- You can obtain a copy of your personal information from us without charge by contacting us at the address above. This may include the right to transfer information to other providers.
- You have the right to ask us to correct information.
- You have the right to ask us to delete your information or stop using it, unless it is necessary for us to retain it for insurance or financial purposes as set out in our document retention policy.
- You may have the right to object if decisions about you are made solely by a computer.
- You have the right to complain to the Information Commissioner at www.ico.org.uk, Tel 0303 123 1113.