

Northamptonshire Police Federation

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

Police Federation or Employer name _____

	Insured only	Partner/Spouse
New Recruit	<input type="checkbox"/>	<input type="checkbox"/>
Serving Officer – Transferee	<input type="checkbox"/>	<input type="checkbox"/>
Serving Officer – Late entrant	<input type="checkbox"/>	<input type="checkbox"/>
Police Staff	<input type="checkbox"/>	<input type="checkbox"/>

Serving Member Details (to be completed in ALL cases):

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: / /	Collar No.:

Beneficiary Nomination Details:

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 take it into account. It is your responsibility to ensure that in the event of your circumstances or wishes changing you keep the information up to date.

Serving Member Beneficiary Details:

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

Supplementary Cover if Required:

(ONLY COMPLETE DIRECT DEBIT ON PAGE 3 IF YOU ARE APPLYING FOR SUPPLEMENTARY COVER)

Additional Life Cover Required (ceases at age 65)	<input type="checkbox"/> £25,000 (£4.00 per month)	Member <input type="checkbox"/>	Partner <input type="checkbox"/>
	<input type="checkbox"/> £50,000 (£7.00 per month)		
	<input type="checkbox"/> £100,000 (£13.00 per month)		
Additional Critical Illness Cover Required (ceases at age 65)	<input type="checkbox"/> £5,000 (£2.60 per month)	Member <input type="checkbox"/>	Partner <input type="checkbox"/>

To be completed by your spouse/civil partner/partner if they are to be insured for the life benefit:

Name of Spouse/civil partner/partner: Date of Birth: / /
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In the event of my death, my nominated beneficiaries are:

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

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.
- If my application to join is successful, and I am not eligible for FREE cover, 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.

Serving Member Signature: (required in ALL cases)	Date: / /
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Health Declaration (applicable to ALL applicants):

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.

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 and 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 confirm that I have not previously been refused entry into the group insurance scheme.

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.

Serving Member Signature (if applying):	Date: / /
Partner Signature (if applying):	Date: / /

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.

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

Name(s) of account holder(s)

Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

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)

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Date

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Reference

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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.