

Sussex Police Federation Group Insurance Scheme Officer Application Form (Late Joiner)



Please complete in BLOCK CAPITALS and return the form to:

Sussex Police Federation, Malling House, Church Lane, Lewes, East Sussex BN7 2DZ

Surname:		Forename(s):	
Date of birth:		Collar number:	
Address:			
		Telephone:	
Date of joining Sussex Police Force:		Email:	

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.

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 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.

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.

I wish to join the group insurance scheme (Tick box) ☐ £25.42* per month inclusive of the Federation's administration fee of £0.28p and Insurance Premium Tax (IPT)

*The premiums payable will be subject to periodic review and may go up or down

I have read the declaration contained in this application form and I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if they are not correct this could mean a claim is rejected. I hereby apply to join the scheme with effect from:

Month and year of commencement: and I authorise the deduction of the monthly premium from my salary in respect of my membership of the scheme.

Signature: Date:

Cover is conditional to continued membership of the scheme and ceases at age 70. Some benefits reduce or cease on retirement from the police service and benefits change again at ages 60 and 65. 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:		Forename(s):	
Date of birth:		Relationship to member:	
Address:			

The maintaining of an up to date will is advised. Death claim payments are made by the Trustees under the terms and conditions of the trust deed, which would normally be to the member's chosen beneficiary (as detailed in your application to join the main scheme). The Trustees will, at their own discretion, agree payment in the event of a claim. I understand that in all matters, in accordance with the trust deed, the decision of the Trustees is final.

Officer's payroll number: (For office use only)

GeorgeBurrows
A Gallagher Company

Please read the Data Privacy Notice on the reverse of this application form.

Data Privacy Notice

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We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.georgeburrows.com. If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.



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