

West Midlands Police Federation Personal Protection Insurance Scheme for Police Staff

Employee Application Form (Late Joiner)



This form is applicable to Police Employees who wish to join the scheme outside of their first two months of employment with the West Midlands Police Force.

You may join the scheme providing you are currently actively at work in your normal occupation and number of contracted hours, have not been medically advised against working, and you are able to satisfy the Health Declaration detailed below.

Please return this completed form to: **Federation Office, West Midlands Police, Guardians House, 2111 Coventry Road, Sheldon, Birmingham B26 3EA.**

Surname:		Forename(s):	
Date of birth:	/ /	Email:	
Address:			
	Phone:		

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, contraception or uncomplicated pregnancy).
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illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.

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 above scheme with effect from: / /

I authorise the deduction of £32.93* per month, inclusive of the Federation's administration fee of £5.00 and Insurance Premium Tax (IPT), from my pay in respect of my membership of the scheme.

Applicants signature:		Date:	/ /
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You will need to PRINT this form to sign it.

The premium payable will be subject to periodic review and may go up or down.

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.

Cover is conditional to continued membership of the scheme and ceases at age 65.

Employee's payroll number:		Force number:	
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It is important that you complete the Beneficiary details section on the reverse of this form.

Beneficiary details

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Relationship to member:	<input type="text"/>		

You may use this space for any further details you wish to add relating to your beneficiary:

The Trustees will, at their own discretion, agree payment in the event of a life claim. I understand that in all matters, in accordance with the Trust Deed, the decision of the Trustees is final. The maintaining of an up-to-date will is advised. Payments are made by the Trustees under the terms of the 'Trust Deed' which would normally be to the member's chosen beneficiary.

Data Privacy Notice

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Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at <https://www.ajg.com/uk/brokerage-privacy-policy/>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.

If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.


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April 2022