West Midlands Police Federation Group Insurance Scheme





Partner Application Form (Late Joiner)

Definition of partner - a partner is defined as your legal spouse or civil partner. If you are not married or you do not have a civil partner, a person who is co-habiting with you and has done so for at least six months prior to joining the scheme and is financially dependent or interdependent with you.

Please return the completed form to: Westmidlandspf@polfed.org

| - | is to be completed by | y une i | | | | | |
|---|--|------------------------|---------------------------------|----------------------------|-------------------------------------|--|----------------------------|
| Surname: | | | Fore | name(s): | | | |
| Date of birth: | / / | | Ema | il: | | | |
| Address: | | | | | | | |
| | | | | | | | |
| L I declare that I a | m in good health and: | | | | | | |
| | 12 months, I have not attended or advice, test, investigation or operation | r been ac | dvised to atte | nd a hospi ultations fo | ital or clinic (e or colds,asthm | excludes routine na, influenza or | visits to a GP) pregnancy) |
| 2. I am not curren (includes diabe | atly receiving any treatment, medic etes), physical or psychiatric condi ets, medicine or drugs taken for as | cation or l | medical atter | ntion, eithe nedical or | r regularly or surgical cons | irregularly for a ultation, test or | iny medical investigation. |
| | een tested positive for HIV/AIDS, of for any sexually transmitted infect | | | | | | |
| No application declined, postp hazardous purs | to an Insurance Company for life, soned, offered or accepted with sp suits. | accident ecial terr | t or sickness ms or restrict | insurance, ons, or be | or critical illn en withdrawn | ess cover has e for any medica | ever been al reason or |
| 5. I share a joint f | inancial commitment with the empership; my membership is depend | oloyee/me | ember of the | scheme a | nd understand e employee/m | d that if I am ad nember. | mitted to |
| I confirm that I | have taken reasonable care to | ensure | that the sta | tements a | bove are ho | nest and corr | |
| | ation you have provided to us urrent circumstances. If your c | | | | | | |
| | vided to us are untrue, inaccura | | | | | | |
| being cancelled | d or treated as if it never existe | d. | / | / | / | | |
| I hereby apply to | join the scheme with effect from: | | / | | / | | |
| Signed: | | | Date: | | / | / | |
| | | | _ | | | | |
| | remain in the scheme ur | | | | | | |
| subscribing o | es 70 years, whichever oc officer. Please refer to the | Feder | ration or 0 | nt levels George I | s aepena (Burrows fo | on the age or further inf | or the formation. |
| | | | | | | | |
| his section | is to be completed by | the S | Serving (| Officer | | | |
| Surname: | | | For | rename(s): | | | |
| Collar number: | | | Em | nail: | | | |
| | | | | | | | |
| hereby autho | orise the deduction of the ation's administration fee | sum of £1.00p | f £11.00 * () from my | inclusiv pay, in | e of Insur | ance Premio | ım Tax 's |
| nembership o | f the above scheme. | | | | | | |
| Signed: | | | D | ate: | | / | |
| ا The premiums payable | e will be subject to periodic review and may | go up or d | down. | | | / | / |
| | | | | | | | |
| Officer's payroll nu | fficer's payroll number: Date of | | | d scheme | : | / | / |

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