West Midlands Police Federation Group Insurance scheme



Additional life assurance Officer application form

This form is applicable to serving officers who are already subscribing to the Group Life scheme. Additional life assurance is subject to continued membership of both schemes.

Please complete the following and return the form to:Westmidlandspf@polfed.org

Officer's full name:			
Date of birth:		Collar No:	
		Date joined main scheme:	
Telephone number:		Email:	
Address:			
I declare that I am	in good health and:		
 I have not consulted a doctor or any other member of the medical profession for the same condition on two or more occasions in the past year, nor am I intending to consult a member of the medical profession regarding any medical condition. (Please note that you can ignore any planned cosultations with a sports medicine professional such as a physiotherapist or chiropractor or routine consultations regarding uncomplicated pregnancy.) 			
 I have not had a major organ transplant nor have I ever suffered from cancer, heart disease, stroke, multiple sclerosis, kidney failure, diabetes or mental illness requiring hospital treatment. 			
3. I have never tested positive for HIV/AIDS nor am I awaiting the results of such a test.			
I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if the details provided are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or my policy being cancelled or treated as if it never existed. If you are unable to meet the above Declaration please contact George Burrows by contacting 01403 327719			
Tick the box to sh	now which level of additional cover yo	ou require	
Tier 1 £50,000	£5.25* per month	Tier 4 £125,000	£12.75* per month
Tier 2 £75,000	£7.75* per month	Tier 5 £150,000	£15.25* per month
Tier 3 £100,000	£10.25* per month		
*The premiums payable will be subject to periodic review and may go up or down			
I hereby apply for ac scheme as indicated	lditional cover under the group life I above and authorise the deduction of	per me	onth from my salary
Cover is to commen	nce from / / (this date must be after today's date)		
Serving officer's sig	ınature**	Date:	

Note: All cover ceases at age 65. Benefits halve and premiums increase if you opt to continue in the retired officer scheme.

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.

Data Protection Notice

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We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes.

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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 services to you.



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