NORTH WALES POLICE FEDERATION INSURANCE SCHEME

Application Form Effective from 1 April 2017

SERVING MEMBER TO AGE 65

Life Insurance	£110,000
Terminal Prognosis Advance on Life Insurance*	20%
Permanent Total Disablement *(due to accident)*	£75,000
Permanent Partial Disablement *(dependent upon severity)*	% Scale
On-Duty Assault benefit	
Firearm	£1,500
Knife/Sharp instrument	£750
Quadriplegia	£50,000
Paraplegia	£25,000
Coma x 51 weeks *(excluding first 7 days)*	£25 per night
Convalescent Benefit: *(per treatment period)*	£40 at Harrogate £70 at Auchterader
Unsociable Hours x 24 weeks *(excluding first 14 days)*	75% UH rate to max £60 per week
Childcare Expenses	£15 per hour to max £1,000
Critical Illness	£6,000
Child Death Grant	£2,500
Family Travel Policy	Worldwide
Dental Injury and Emergency	Included
Legal Expenses	Included
Motor Breakdown Cover *(UK and Europe)*	Member & Partner
CALENDAR MONTHLY PREMIUM	**£17.30**

COHABITING PARTNER TO AGE 65

Life Insurance	£55,000
Terminal Prognosis Advance on Life Insurance*	20%
CALENDAR MONTHLY PREMIUM	**£5.75**

*Terminal Prognosis Advance is only available for members aged 63 and under

The benefits arranged under this insurance scheme are provided strictly under the terms of insurance policies taken out and owned by the Trustees of the scheme. Copies of the policies are available to view at the Police Federation Office. Subscription to the scheme entitles the member to the benefits provided by the scheme but confers no ownership of any of the underlying policies, which are vested in the Trustees.

Philip Williams & Co
INSURANCE MANAGEMENT

35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW
Tel: 01925 604421 Fax: 01925 861351
Philip Williams & Company are authorised and regulated by the Financial Conduct Authority

04/17

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Please tick appropriate option

Serving Member ○

Partner of Serving Member ○ (Member Name_____)

Police Staff Member ○

Partner of Police Staff ○ (Member Name_____)

Date member joined Police Force

Full name Mr/Mrs/Miss/Ms

Home Address

Postcode

Home tel no. Mobile tel no.

Email.

Exact description of occupation

Marital status Date of birth

Place of Birth

Members Work / Pay number.

Nomination of Beneficiary

In the event of my death whilst a subscribing member of this scheme,

I hereby nominate _____(name)

My_____(relation to member) as my beneficiary.

Address of beneficiary_____

Telephone number of beneficiary_____

Should you require more than one beneficiary, please write your wishes on a separate sheet and enclose with this application form, to be lodged at the Federation Office.

Declaration/Payroll Authorisation

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.

Or, if you are unemployed, (applicable to Spouse/Partner only):-
I confirm that I have been fully fit and active for a period of 8 weeks prior to my intended commencement of cover date and that I have not suffered from illness or injury for more than 14 days in total 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.

Applicant Name_____Date_____

Signature_____

I authorise the payroll department to deduct the appropriate subscription from salary.

Member Name_____Date_____

Member Signature_____

If you are unable to sign the above declaration please complete a fully underwritten application form which is available from the Federation Office

PLEASE COMPLETE AND RETURN TO :

North Wales Police Federation Office, 311 Abergele Road, Old Colwyn, Colwyn Bay, Conwy LL29 9YF