

**POLICE FEDERATION
CRITICAL ILLNESS INSURANCE SCHEME APPLICATION FORM**

This scheme is open to any Police Staff or Serving Officer who is also a member of participating Police Group Insurance Scheme. To join this scheme an officer must complete the attached Declaration and Direct Debit Mandate and return it to:

Harrison Beaumont Insurance Services Ltd
Globe House
24 Turret Lane
Ipswich
IP4 1DL

CRITICAL ILLNESS BENEFITS

- Category (1) Serving Officers/Police Staff
- Category (2) Retired Officers who are aged up to 55 years
- Category (3) Retired Officers who are aged 56 to 60 years
- Category (4) Retired Officers who are aged 61 to 64 years

Benefit Basis	Category (1)	Category (2)	Category (3)	Category (4)
Benefit basis 1	£15,000	£7,500	£4,350	£2,550
Benefit basis 2	£30,000	£15,000	£8,700	£5,100
Benefit basis 3	£45,000	£22,500	£13,050	£7,650
Benefit basis 4	£15,000 plus Spouse or Partner £15,000	£7,500 plus Spouse or Partner £7,500	£4,350 plus Spouse or Partner £4,350	£2,550 plus Spouse or Partner £2,550
Benefit basis 5	£30,000 plus Spouse or Partner £15,000	£15,000 plus Spouse or Partner £7,500	£8,700 plus Spouse or Partner £4,350	£5,100 plus Spouse or Partner £2,550
Benefit basis 6	£45,000 plus Spouse or Partner £15,000	£22,500 plus Spouse or Partner £7,500	£13,050 plus Spouse or Partner £4,350	£7,650 plus Spouse or Partner £2,550
Children’s Benefit: 25% of the Member’s Benefit plus (if applicable) 25% of Spouse’s or Partner’s Benefit				

Name: _____ Collar Number/Payroll Number: _____

I wish to apply for the following Benefit basis

Benefit basis (1)	£10.55 per month	<input type="checkbox"/>	Benefit basis (2)	£21.12 per month	<input type="checkbox"/>
Benefit basis (3)	£31.67 per month	<input type="checkbox"/>	Benefit basis (4)	£16.88 per month	<input type="checkbox"/>
Benefit basis (5)	£27.44 per month	<input type="checkbox"/>	Benefit basis (6)	£37.99 per month	<input type="checkbox"/>

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT
Please read the important notes regarding variable instructions listed below this form
Please fill in the whole form and return to:



Harrison Beaumont Insurance Services Ltd
Globe House
24 Turret Lane
Ipswich
IP4 1DL

501451

Name of Account Holder(s)

Originator's Reference (office use only)

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Bank /Building Society Account Number:

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Branch Sort Code

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Name and full address of your Bank/Building Society

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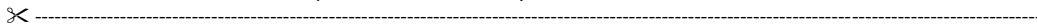
Instructions to your Bank/Building Society

Please pay Harrison Beaumont Insurance Services Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Harrison Beaumont Insurance Services and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date / /

Please cut here and retain bottom portion of the form for your records



THE DIRECT DEBIT GUARANTEE

- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Harrison Beaumont Insurance Services will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Harrison Beaumont Insurance Services to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Harrison Beaumont Insurance Services or your Bank or Building Society you are entitled to a full and immediate refund of this amount paid from your Bank or Building Society.
 - If you receive a refund you are not entitled to, you must pay it back when Harrison Beaumont Insurance Services asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

IMPORTANT NOTES REGARDING VARIABLE INSTRUCTIONS

Notes

- Once your instruction cover commences and collection of the first premium becomes due, any delay will result in this and further premiums being collected as one amount. Subsequent premiums will be collected as they fall due.
- The amounts are variable and may be debited on or after the due date.
- I/We understand that Harrison Beaumont Insurance Services may change the amounts and dates only after giving me/us prior notice.
- I/We understand that if any Direct Debit is paid which breaks the terms of the instruction, the Bank/Building Society will make a refund.