



Group Insurance Application Form

Please complete and send to the Police
Federation via email
fedoffice@devon.polfed.org

Group Insurance joining form – Spouse/Partner application

Spouse/Partner - Late joiner	£10.90 Premium (PCM) **
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**The premium will be subject to periodic review and may go up or down.

Spouse/Partner details:

'Partner' means the person to whom the member of the associated policy is married or, if the member is not married, a person who is openly cohabiting with him or her and who has been so cohabiting for the six months' period prior to the date of their inclusion in the policy, and on whom such a member is financially interdependent.

Surname:	Forenames:
Personal Email address:	Date of Birth:
Home address:	
Post Code:	Telephone No:

Spouse/Partner Beneficiary details:

Surname:	Forenames:
Date of Birth:	Relationship to spouse/partner:

Payments are made by the Trustees under the terms of the 'Trust Deed', which would normally be to the member's chosen 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.

Partners can remain in the scheme until they reach the age of 70 years or until the officer reaches 70 years, whichever occurs first. Benefit levels depend on the age of the subscribing officer. Please refer to the Federation or George Burrows for further information. Cover is conditional to the serving officer's continued membership.

Serving officer details:

Warrant Number:	Date of Joining the Force:
Surname:	Forenames:
Personal Email address:	Date of Birth:
Home address:	
Post Code:	Telephone No:

Officer Beneficiary details:

Surname:	Forenames:
Date of Birth:	Relationship to member:

Payments are made by the Trustees under the terms of the 'Trust Deed', which would normally be to the member's chosen 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.

Cover is conditional to continued membership of the scheme and ceases at age 70. Some benefits reduce or cease on retirement from the police service and benefits change again at age 65. Please refer to the Federation or George Burrows for further information.

Health Declaration (applicable to partners/spouse):

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.

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.

Please note: If you are unable to confirm the above statements you may still be able to join the Scheme, but you will need to complete a full medical questionnaire for evaluation by our underwriters.

I wish my spouse/partner to join the Group Insurance Scheme and hereby authorise the deduction selected within this application, per month (inclusive of the Federation's administration fee and Insurance Premium Tax) from my pay in respect of my membership of the scheme.

Serving Officer Signature	Date: /
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Spouse/Partner Signature:	Date:
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