



Group Insurance Application Form

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

Group Insurance joining form – Serving Officer

Serving Officer	£33.66 Premium (PCM) **
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**The premium will be subject to periodic review and may go up or down.

Serving officer details:

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

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 late joiners and 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.

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.

I wish 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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