## **Devon & Cornwall Police Federation**

## **Special Constables Group Insurance**

Please note: once completed you must print this form and sign it.





## **Scheme Application form**

Best Doctors service

GP Care on Demand

Personal Accident lump sum and hospital benefits

Virtual Physio

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

Special Constables may join the scheme providing they have been actively on duty for 8 consecutive shift days preceding this application. Cover under this scheme is not applicable if you are no longer a Special Constable. It is important that you notify the Federation immediately if your circumstances change.

Surname:		Forename(s):	
Date of birth:		Email:	
Address:			
By signing this a detailed above.	application form, you confirm that you are a Spec	cial Constable and r	neet the applicable joining criteria as
complete and rediscover that the	hat the information you have provided to us is eflects your current circumstances. If your circ e details provided to us are untrue, inaccurate ng cancelled or treated as if it never existed.	cumstances chang	e, please inform us. If we or the insurer
Tax (IPT), to be	onthly premium of £21.25*, inclusive of the Fed collected from your bank account this applications will write to you to confirm cover commencem	on must be accomp	panied by a completed direct debit mandate.
Signed:		*The premium payable	will be subject to periodic review and may go up or dow
Date:			
Warrant Force I	No:		
Cover is cond	litional to continued payment of premium	s and service as	a Special Constable.
Scheme be	enefits:		
RAC Motor Breakdown assistance		M	ember & Partner
Mobile Pho	ne/Gadget insurance	M	ember & Partner
Worldwide	Annual/Multi-trip Travel insurance	F	amily cover
Emergency	Dental cover	M	ember only
Legal Expe	nses	F	amily cover
Care First (	Counselling service	M	ember & Partner

Resident Family cover

Family cover

Family cover

Member only

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