



ESSEX POLICE FEDERATION

ANNUAL FAMILY TRAVEL INSURANCE

SUMMARY OF COVER & APPLICATION FORM 2026

POLICY TERMS AND CONDITIONS APPLY

Worldwide Family Cover £79.84 per year for members aged under 55 years
(Payable £19.96 per quarter by Direct Debit)

If aged between 55 and 64 years, the premium is £111.04 per year
(Payable £27.76 per quarter by Direct Debit)

If aged between 65 and 69 years, the premium is £188.36 per year
(Payable £47.09 per quarter by Direct Debit)

**Europe Only Cover if aged between 70 and 74 years,
the premium is £281.12 per year**
(Payable £70.28 per quarter by Direct Debit)

COVER

The policy covers the subscribing member, cohabiting partner and any number of their cohabiting children under 23 years. Cover applies for all insured persons when travelling as a group or independently. Cover is Worldwide including the United Kingdom (subject to a minimum of one night in paid accommodation or a flight). Cover will be maintained in subsequent years whilst the Direct Debit is honoured subject to policy terms and conditions. The period of insurance is for 60 continuous days on any one trip. There may be any number of trips broken by a return to the UK in any policy year. An excess of the first £50 of each claim applies per person, capped to a maximum of £100 per policy, per incident. Winter sports are covered up to a maximum 30 days in any policy year.

You may cancel your insurance for a full refund within 14 days of purchase provided you have not made or intend to make a claim. Terms and conditions apply, full policy terms available upon request.

SUMMARY OF COVER

SECTION	LIMIT*	EXCESS**
Trip duration	60 days	
Maximum age	Up to 74 years worldwide	
Dependant child maximum age	Cohabiting aged under 23	
Child/partners are covered for independent travel		
Section 1 Cancellation	£5,000	£50
Section 2 Curtailment	£5,000	£50
Section 3 Emergency Medical Expenses	£10,000,000	£50
Emergency Dental Treatment	£350	£50
Funeral Expenses Abroad	£1,000	£50
In-country Expenses	£500	£50
Section 4 Additional Hospital Benefit	£1,000 (<i>£100 per 24 hours</i>)	Nil
Section 5 Personal Accident	£20,000	Nil
Section 6 Baggage & Personal Effects	£2,500	£50
Single Item Limit	£750	£50
Delayed Baggage (<i>after 24 hrs</i>)	£250	Nil
Valuables Limit	£750	£50
Section 7 Money	£500	£50
Cash Limit	£300 (<i>£50 for under 16's</i>)	£50
Section 8 Loss of Passport/Driving Licence Expenses	£250	Nil
Section 9 Travel Delay (<i>12 hours or more</i>)	£100	Nil
Trip Abandonment (<i>after 24 hrs</i>)	£5,000	£50
Pet Cover £20 per 12 hours	To £300 max	Nil
Section 10 Missed Departure	£500	Nil
Section 11 SmartDelay Plus	If flight is delayed more than 90 minutes, access to airport lounge, or £25 if lounge unavailable	
Section 12 Personal Liability	£2,000,000	£50
Section 13 Legal Expenses	£25,000	£100
Section 14 Hijack	£1,000 (<i>£100 per 24 hours</i>)	Nil
Section 15 Sports & Activities		
Section 16 Winter Sports		
Sports Equipment	£500	£50
Equipment Hire	£300	£50
Winter Sports Pack	£300	£50
Piste Closure £300	Nil	
Section 17 Uninhabitable Accommodation	£500	Nil
Section 18 Travel Disruption Extension	Up to £5,000	£50
Extended Cancellation or Curtailment Charges		
Extended Delayed Departure Cover (<i>12 hours or more</i>)	£100	Nil
(<i>or up to £5,000 – unused costs</i>)		£50
Extended Missed Departure Accommodation Cover	Up to £500 Up to £5,000	£50 £50
Section 19 Rental Vehicle Extension Cover	£2,500	£50
Rental Car Key Cover	£500	£50
EV Charging Cable Cover	£500	£50
Battery Impact Damage	£1,500	£50
Transport Costs if Stranded	£250	
Section 20 Cruise Cover		
Missed Port Departure	Up to £500	Nil
Skipped Port Benefit	£50 per port £250 max	Nil
Cabin Confinement	£50 per 24hrs £500 max	Nil
Cruise Attire Lost or Damaged	Up to £1,000	
Cruise Attire Delayed by 24 Hours	£50 per 24hrs £250 max	

*Limits of cover apply to each insured person. **The excess is applicable per person, per policy section to a maximum of two excesses per insured incident.

ANNUAL MULTI-TRIP POLICY FEATURES

Policy Holder: Trustees of the Essex Police Federation Insurance Benefits Trust – Policy Number: MW6630AHA261

Effective Date:

1st January 2026

Expiry Date:

31st December 2026

Maximum number of days any one trip:

60

Covered Person Age Limit

Under 75 years

Dependants Age Limit:

Under 23 years (*subject to conditions in the Definitions section*)

Grandchild/ren Age Limit:

Under 23 years (*subject to conditions in the Definitions section*)

Partner and Child(ren) can travel separately

Yes

APPLICATION

To join please complete the application below along with the Direct Debit mandate and forward to:
Essex Police Federation, 82 Springfield Road, Chelmsford, Essex CM2 6YJ

Title	Surname	Forename		
Home Address		Postcode		
Telephone number	Date of Birth			
Email	Work Location			
Police Officer	Student Officer	Civilian Support	Pensioner	Special Constabulary
Please mark with an X				
Date Joined Force				
Collar no. / Pin no.		Required Start Date		
<i>Please note that cancellation cover will not apply before this date</i>				
<i>Please mark with an X if you are travelling within the next 14 days</i> <input type="checkbox"/>				
Partner Details				
Title		Surname	Forename	
Date of Birth				

IMPORTANT CONDITIONS RELATING TO HEALTH

HEALTH DECLARATION

The policy will not cover **you** if any of the following apply to **you**, a travelling companion, an immediate relative, close business associate or someone upon whom **your** trip depends whether they are travelling with **you** or not (*including any third party with whom you may be staying on your trip*):

1. **You/they** were aware of any reason why the trip could be cancelled or curtailed;
2. **You/they** were travelling against the advice of a **medical practitioner** or in order to get medical treatment abroad;
3. **You/they** have been diagnosed as having a terminal illness.

CHANGE IN HEALTH

1. If there is any change in a person's health between the date the policy is issued and the start date of a trip, **you** must still comply with the Health Declaration – to satisfy this see below:

VERY IMPORTANT

If **you** have had a new treatment, a change of treatment, surgery or hospitalisation in the six months before **your** departure, **you** must ensure **your treating medical practitioner** declares **you** fit to undertake **your** booked trip before **you** depart as no claims will be covered if **you** are travelling against their advice.

PLEASE BE AWARE

Should **you** choose to continue with **your** travel plans knowing **you** are in breach of the Health Declaration, **you** do so at **your** own risk and will have no cover.

TRAVEL DIRECTORY – Alternative cover elsewhere

If **we** can't offer **you** the travel insurance **you** want because **you**:

1. Fall outside of the Health Declaration; or
2. **You** are in breach of the Change of Health section during the period of insurance.

If **you** are unable to comply with the above sections; Health Declaration or Change in Health **we** will not be able to cover **you** under this policy but **you** may be able to get help by accessing The Money Helper travel directory. Money Helper has a travel insurance directory on its website for people with serious pre-existing medical conditions which will enable **you** to find travel insurance that suits **your** needs. **You** will need to visit www.moneyhelper.org.uk/en/everyday-money/insurance/travel-insurance-directory.

Making a cancellation claim

If **your** health has changed since booking **your** trip **you** may be eligible to make a cancellation claim.

We will only consider claims for cancellation expenses incurred as at the time **your** medical practitioner advised **you** to not travel. **You** must meet the terms of the Health Declaration at the time of booking **your** trip to claim.

We are within our rights to request medical information from **your** Medical Practitioner when validating claims or cover.

Contact US

If **you** have any questions, please notify Philip Williams & Co immediately before booking **your** next trip or travelling on one that is already booked.

DIRECT DEBIT INSTRUCTION

Essex Police Federation Annual Travel Insurance

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY Direct Debits

PLEASE COMPLETE SECTIONS 1–5



1. Name and full postal address of your Bank or Building Society branch

To: The Manager

Bank or Building Society

Address

Postcode

2. Name(s) of Account Holder(s)

3. Branch Sort Code

4. Account Number

/ /

5. Instruction to your Bank or Building Society

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

Signature(s)

Date

Originators Identification Number

The logo for Direct Debit, featuring a stylized 'D' icon followed by the words 'DIRECT Debit'.

Philip Williams & Co REF

OFFICIAL USE ONLY. This does not form part of your Direct Debit instruction.

Banks and building Societies may not accept Direct Debits from some types of accounts



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, Philip Williams (G Ins) Management Ltd will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Philip Williams (G Ins) Management Ltd 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 Philip Williams (G Ins) Management Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Philip Williams (G Ins) Management Ltd 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.



Complete and email to schemes@philipwilliams.co.uk
or return by post to Philip Williams and Company, 35 Walton Road, Stockton Heath, Warrington, WA4 6NW



Part of **HOWDEN**

35 Walton Road, Stockton Heath, Warrington, WA4 6NW

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