Northamptonshire Police
New Recruit / Transferee Group Insurance Scheme Application & Beneficiary Nomination

Please refer to the scheme summary for full details of the cover available under the scheme and the costs per month.
If you are a Serving Officer you must be a subscribing member of the Police Federation to be eligible to join the scheme.
Please ensure you have reviewed and can agree to the declarations overleaf before completing this form.
New recruits / transferees are eligible to complete this form within 3 months of the date they joined the force. If outside of this timescale please contact the Federation office for a full application form.

Note: Transferees must have been a member of the previous force group insurance scheme up to the transfer date to be eligible to complete this form

Note: Our Privacy Notice can be viewed on our website at www.philipwilliams.co.uk
A hard copy can be provided upon request.

Please tick options required below: -

	Insured only	**Partner / Spouse****
New Recruit	☐	☐
Transferee	☐	☐

**** Please note the Federation office will email a partner application to the address listed below if partner cover is requested**

New Recruit / Transferee Details: - (to be completed in ALL cases)

Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐		
Surname:	Forename/s:	
Address:		
		Postcode:
Email:		Tel No.:
Date of Birth: / /	Date Joined Force: / /	
Collar No.:		

Beneficiary Nomination Details: -

As a member of the Federation Group Insurance Life scheme, please provide details of the person(s) that you wish to receive the money in the event of your death. Scheme trustees are not bound to follow the nomination but will take it into account. It is your responsibility to ensure that in the event of your circumstances or wishes changing you keep the information up to date.

New Recruit / Transferee Beneficiary Details: -

Name	Date of Birth	Relationship to Officer	Percentage of Benefit
	/ /		
	/ /		
	/ /		

Please read and then sign the declarations below: -

- I understand that the premium rates may vary from time to time as agreed with the Police Federation.
- I confirm that I have read the summary of cover and am aware of the cover afforded under this scheme.
- I consent to the information on this form being stored / processed electronically.
- I understand that if my payments stop, all cover under the scheme will cease.
- If my application to join is successful, and I am not eligible for FREE cover, I will be notified when cover and payments will start and am aware that there is no cover prior to this date.
- I understand that it is my responsibility that in the event of my circumstances or wishes changing that I keep my information up to date.

Serving Member Signature: **(Required in ALL cases)**	**Date:** / /

Please return this completed form to: -
Northamptonshire Police Federation Office,
Wakefield House,
Wootton Hall Park,
Northampton
NN4 0JA