

**Sussex Police  
Group Insurance Scheme  
CORE Application**



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.

**Please Note:** Our Privacy Notice can be viewed on our website at [www.philipwilliams.co.uk](http://www.philipwilliams.co.uk)  
A hard copy can be provided upon request.

**Eligibility**

Serving Officers and Police Staff are only eligible for this scheme if they are unable to comply with the joining criteria for the main Group Insurance Scheme.

The Federation and/or Philip Williams & Co reserve the right to decline any applications.

Please tick this box to confirm that you are eligible for this scheme.

<b>MEMBER BENEFITS</b>	
Worldwide Travel Policy	Family
Health Assured	Family
GP24	Family
Legal Expenses	Included
Motor Breakdown Cover (Europe)	Family
Mobile Phone Cover	Member & Partner
<b>CALENDAR MONTHLY PREMIUM</b>	<b>£21.60</b>

Serving Officer	<input type="checkbox"/>
Police Staff	<input type="checkbox"/>

**Your Details:**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Surname:		Forename/s :	
Address :			
			Postcode:
Email :			Tel No.:
Date of Birth: / /		Date Joined Force: / /	
Collar No & Pay Code:			Job Role:

**Please read and then sign the declarations below:**

- I hereby authorise payroll, until further notice to make deductions from my payroll at the rate(s) agreed with the Police Federation.
- 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.
- 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.

<b>Member Signature:</b>	<b>Date:</b> /    /
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**Please return this completed form to: [admin@sussex.polfed.org](mailto:admin@sussex.polfed.org)**