

## Wiltshire Police

### Non-Underwritten CORE Group Insurance Scheme 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. ☐

#### MEMBER BENEFITS

GP24	Family
Worldwide Travel Policy	Family
Legal Expenses	Included
Home Emergency	Included
Motor Breakdown Cover (Europe)	Member & Partner
Mobile Phone	Member only
HealthHero Assist	Family

**CALENDAR MONTHLY PREMIUM**

**£19.25**

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:    /    /	
Rank:			
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 pay/ pension 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:**

**Wiltshire Police,  
Federation Office,  
Police Headquarters,  
London Road,  
Devizes,  
Wiltshire  
SN10 2DN**