## **Staffordshire Police Federation Police Staff Scheme**

## **Partner Application Form** (Late Joiner)



Definition of partner - a partner is defined as your legal spouse or civil partner. If you are not married or you do not have a civil partner, a person who is co-habiting with you and has done so for at least six months prior to joining the scheme and is financially dependant or interdependent with you.

This section i	s to be completed by the	Partner Partner				
Surname:			Forename(s):			
Date of birth:	/ /	/		=		
Address:						
I declare that I am in good health and:						
1. During the last 12 months, I have not attended or been advised to attend a hospital or clinic (excludes routine visits to a GP), for any form of advice, test, investigation or operation (excluding consultations for colds, influenza or pregnancy).						
2. I am not currently receiving any treatment, medication or medical attention, either regularly or irregularly for any medical (includes diabetes), physical or psychiatric condition, or awaiting any medical or surgical consultation, test or investigation. (Excludes tablets, medicine or drugs taken for asthma, colds, influenza, routine vaccinations, contraception or uncomplicated pregnancy).						
3. I have never been tested positive for HIV/AIDS, or Hepatitis B or C, nor am I awaiting the result of such a test. I have not tested positive for any sexually transmitted infection in the last 5 years, nor am I awaiting the result of such a test.						
No application to an Insurance Company for life, accident or sickness insurance, or critical illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.						
<ol> <li>I share a joint financial commitment with the employee/member of the scheme and understand that if I am admitted to scheme membership; my membership is dependent on continuity of cover by the employee/member.</li> </ol>						
To the best of my knowledge and belief, the statements in this declaration are true and complete. (False declaration may result in benefit payment being refused).						
I hereby apply t	o join the scheme with effect fro	om:	/	/		
Signed:			Date:		/	/
Danta and man	(You will need to print this					41
Partners may remain in the scheme until they attain the age of 70 years or until the employee leaves the Force, retires, or attains age 70 years, whichever occurs first.						
Beneficiary de	etails					
Surname:			Forename(s):			
Address:						
This section is to be completed by the employee						
Surname:			Forename(s):			
Station/division	:		Employee number:			
I hereby authorise the Police Authority to deduct £6.40* per month from my pay in respect of my partner's membership of the scheme.  *The premium includes Insurance Premium Tax (IPT) and The Federation's administration fee						
Signed:			Date:		/	/

The premiums are subject to periodic review and may go up or down.

## **Data Privacy Notice**

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If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.

