

# Staffordshire Police Federation

## Group Insurance Scheme

### Partner Application Form (Late Joiner)



'Partner' means the person to whom the member of the associated policy is married or in a Civil Partnership with or, if not, a person who is openly co-habiting with him or her and who has been so cohabiting for the six months' period prior to the date of their inclusion in the policy, and on whom such a member is financially interdependent.

**Please complete the following in BLOCK CAPITALS and return the form to: Staffordshire Police, Federation Office, Hearn Court, Rising Brook, Stafford ST17 9QN**

**This section is to be completed by the 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 or contraception).
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.
4. 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illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.
5. 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.

I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if they are not correct this could result in the insurance being treated as though it never existed or a claim being declined.

I hereby apply to join the scheme(s) with effect from: / /

Signed:		Date:	/	/
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**Partners may remain in the scheme until they reach the age of 70 years or until the serving officer reaches 70 years, whichever occurs first. Benefit levels reduce on the officers' retirement and partner benefits will then be applicable to the age of the subscribing retired officer. Please refer to the Federation or George Burrows for further information.**

#### Beneficiary details

Surname:		Forename(s):	
Address:			

**This section is to be completed by the New Recruit/Serving Officer**

Surname:		Forename(s):	
Station/division:		Collar number:	

I hereby authorise the deduction of the sum(s) indicated from my pay, in respect of my partner's membership of the scheme(s). *For new recruits the first 52 weeks of service are free, following which the normal premium will be deducted from salary each month.*

Main Package Scheme		£10.75* per month inclusive of the Federation's administration fee of £0.22 and Insurance Premium Tax (IPT)	Group Critical Illness scheme		£3.62* per month. No administration fee or IPT is applied to this premium.
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**\*The premiums payable will be subject to periodic review and may go up or down.**

Signed:		Date:	/	/
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