

Staffordshire Police Federation Group Insurance Scheme Officer Application Form



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

I am a:	<input type="checkbox"/> new recruit	<input type="checkbox"/> serving officer	Date of joining Staffordshire Police Force:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>			Forename(s):	<input type="text"/>	
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Force number:	<input type="text"/>	
Address:	<input type="text"/>					
<input type="text"/>						

Applicable to new recruits and serving officers.

By signing this application form, you confirm that you are a subscribing member of the Police Federation and have not been absent from your employer's service on account of ill-health or injury at any time during the eight weeks preceding this application.

Applicable to new recruits only.

Membership of the force group life main scheme is free for the first 52 weeks, following which the normal premium will be deducted from your salary each month.

I wish to join the main package scheme	<input type="checkbox"/>	£23.58* per month inclusive of the Federation's administration fee of £3.06 and Insurance Premium Tax (IPT)
I wish to join the Group critical illness scheme	<input type="checkbox"/>	£3.78* per month (no administration fee or IPT applies)
I hereby apply to join the above scheme(s) with effect from:	<input type="text"/>	
I hereby authorise the Police Authority to deduct	£ <input type="text"/>	per month from my salary in respect of my membership of the above scheme(s).

*The premiums payable will be subject to periodic review and may go up or down

Signed:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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It is important that the information you have provided to us is to the best of your knowledge true, accurate and complete and reflects your current circumstances. If your circumstances change, please inform us. If we or the insurer discover that the details provided to us are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or your policy being cancelled or treated as if it never existed.

Cover is conditional to continued membership of the scheme and ceases at age 70. Some benefits reduce or cease on retirement from the police service and benefits change again at age 65. Please refer to the Federation or George Burrows for further information.

Beneficiary details (Please notify the Federation immediately of any changes to your personal or beneficiary details)

Surname:	<input type="text"/>			Forename(s):	<input type="text"/>
Address:	<input type="text"/>				
<input type="text"/>					

The maintaining of an up to date will is advised. Death claim payments are made by the Trustees under the terms and conditions of the trust deed, which would normally be to the member's chosen beneficiary (as detailed in your application to join the main scheme). The Trustees will, at their own discretion, agree payment in the event of a claim. I understand that in all matters, in accordance with the trust deed, the decision of the Trustees is final.

Officer's payroll number:	<input type="text"/>
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(For office use only)

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