Staffordshire Police Federation Group Insurance Scheme





Partner Application Form

This form must be completed by partners who are joining at the same time as a new employee. It also applies if joining within three months of either marrying or becoming a member's partner (whichever occurs first). In all other circumstances the Late Joiner application form applies.

'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 cohabiting 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 hereby apply to join the scheme(s) with effect from:				
Signed:		Date: / /		

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

Surname:		Forename(s):					
Station/division:		Collar number:					
I hereby authorise the Police Authority to deduct the sum(s) indicated below 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	$\pounds10.75^*$ per month inclusive of the Federation's administration fee of $\pounds0.22$ and Insurance Premium Tax (IPT)	Group Critical Illness scheme	$\pounds 3.62^*$ per month. No administration fee or IPT is applied to this premium.				

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

Signed:		Date:	/	/			
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. 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 (Please notify the Federation immediately of any changes to your personal or beneficiary details)							
Surname:		Forename(s):					
Address:							

The maintaining of an up-to-date will is advised. Payments are made by the Trustees under the terms of the 'Trust Deed', which would normally be to the member's chosen beneficiary. The Trustees will, at their own discretion, agree payment in the event of a life claim. I understand that in all matters, in accordance with the Trust Deed, the decision of the Trustees is final.

Officer's payroll number:

(For office use only)

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