

**Staffordshire Police Federation**  
**Group insurance scheme**  
**Additional life assurance**  
**Partner application form**



GeorgeBurrows

This form is applicable to partners of serving officers who are already members of the group life scheme and for whom the appropriate additional premium is being paid. Additional life assurance is subject to continued membership of both schemes.

**Please complete the following in BLOCK CAPITALS and return to: George Burrows, St Mark's Court, North Street, Horsham, West Sussex RH12 1RZ**

Full name:	
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Date of birth:	/	/
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Address:	
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**I declare that I am in good health and:**

- I have not consulted a doctor or any other member of the medical profession for the same condition on two or more occasions in the past year, nor am I intending to consult a member of the medical profession regarding any medical condition. (Please note that you can ignore any planned consultations with a sports medicine professional such as a physiotherapist or chiropractor or routine consultations regarding uncomplicated pregnancy.)
- I have not had a major organ transplant nor have I ever suffered from cancer, heart disease, stroke, multiple sclerosis, kidney failure, diabetes or mental illness requiring hospital treatment.
- I have never tested positive for HIV/AIDS nor am I awaiting the results of such a test.

**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 mean a claim is rejected.**

If you are unable to meet the above declaration please contact George Burrows by telephoning 01403 327719

**Tick the box to show which level of additional cover you require**

Tier 1 £50,000	<input type="checkbox"/>	£6.05* per month	Tier 2 £75,000	<input type="checkbox"/>	£9.00* per month
Tier 3 £100,000	<input type="checkbox"/>	£12.00* per month	*The premiums payable will be subject to periodic review and may go up or down		

**I hereby apply for additional cover under the group life scheme as indicated above**

Partner's signature		Date:	/	/
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**To be completed by the serving officer in BLOCK CAPITALS**

Officer's full name:	
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Date of birth:	/	/	Collar No:	
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Date partner joined main scheme:	/	/	Payroll number:	
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Serving officer's signature		Date:	/	/
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**To enable monthly premiums to be collected from your bank account the accompanying direct debit mandate must be completed. Following acceptance of your application form and direct debit mandate you will be notified by George Burrows in writing of the date from which cover and premium collection will commence.**

**Note:** All cover ceases at age 65. Benefits halve and premiums increase if you opt to continue in the retired officer scheme. The Federation may pass information held by the Force to the brokers/insurers but only that which is necessary in connection with your membership of the scheme or any claim.

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.