

MERSEYSIDE POLICE FEDERATION INSURANCE SCHEME

Application Form Effective from 1 April 2017

SERVING MEMBER TO AGE 65

Life Insurance	£100,000
Terminal Prognosis advance on life insurance*	20% of sum insured
Permanent Total Disablement (<i>due to accident</i>)	£100,000
Accidental Loss of Use Benefit	£60,000
Infection of HIV / AIDS on duty	£60,000
Temporary Total Disablement (<i>up to 104 weeks excluding first 7 days</i>)	£21 per week
Critical Illness	£10,000
Child Critical Illness	£2,000
Child Death Grant	£2,000
RedArc	Member only
Hospitalisation Benefit up to 5 nights	
Accident/incident/emergency admission	£50 per night
Planned admission after first 3 nights	£50 per night
Sick Pay Benefit (<i>when pay cut to half</i>)	20% Scale Pay
up to 26 weeks, then a further 4 weeks when on no pay	
Family Travel Policy	Worldwide
Legal Expenses including ID Theft Protection	Included
Dental Injury and Emergency	Member & Partner
Home Emergency Assistance	Included
Financial Advice with Kinsella Clarke	Included
Motor Breakdown Cover (<i>UK</i>)	Member & Partner
CALENDAR MONTHLY PREMIUM	£30.45

COHABITING PARTNER TO AGE 65

Life Insurance	£50,000
Terminal Prognosis Advance on life insurance*	20% of sum insured
Critical Illness	£5,000
RedArc	Partner & Children
CALENDAR MONTHLY PREMIUM	£6.65

The price includes an additional contribution to the Insurance Trusts to pay for administration of the scheme and other member benefits as determined by the Scheme Trustees

*Terminal Prognosis Advance only available for members aged 63 and under



35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW
Tel: 01925 604421 Fax: 01925 861351

Philip Williams & Company are authorised and regulated by the Financial Conduct Authority

04/17



35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW
Tel: 01925 604421 Fax: 01925 861351

Philip Williams & Company are authorised and regulated by the Financial Conduct Authority

Please tick appropriate option

Serving Member	<input type="radio"/>
Partner of Serving Member	<input type="radio"/> (Member Name _____)

Police Staff Member	<input type="radio"/>
Partner of Police Staff	<input type="radio"/> (Member Name _____)

Date member joined Police Force

Full name Mr/Mrs/Miss/Ms

Home Address
Postcode

Home tel no.	Mobile tel no.
--------------	----------------

Email.

Exact description of occupation

Marital status	Date of birth
----------------	---------------

Place of Birth

Members Work / Pay number.

Nomination of Beneficiary
In the event of my death whilst a subscribing member of this scheme,
I hereby nominate _____ (name)
My _____ (relation to member) as my beneficiary.
Should you require more than one beneficiary, please write your wishes on a separate sheet and enclose with this application form, to be lodged at the Federation Office.

Declaration/Payroll Authorisation

I confirm I have been actively at work in my usual occupation for a period of 8 consecutive weeks prior to my intended commencement of cover date (normal annual holiday entitlement may be ignored) and that I have not had more than 14 days absence through illness and/or injury during the last 12 months.

Or, if you are unemployed, (applicable to Spouse/Partner only):-

I confirm that I have been fully fit and active for a period of 8 weeks prior to my intended commencement of cover date and that I have not suffered from illness or injury for more than 14 days in total during the last 12 months.

I confirm I am in good health and not aware of any condition or symptoms which may give rise to a claim under this insurance.

I confirm I am not in receipt of any ongoing treatment or care (including checkups or regular medication) for any accident, illness or medical condition.

I confirm that I am not currently awaiting referral to a medical practitioner or specialist/consultant and I am not awaiting the results of any tests or medical investigation.

I confirm I have not had any application for insurance declined, postponed or subject to an increased premium or other special terms, and that I have not previously made any claim for Critical Illness or Sickness insurance.

I understand that if this declaration is found to be untrue then my insurance will be invalidated and scheme membership cancelled with no return of premiums.

Applicant Name _____ Date _____

Signature _____

I authorise the payroll department to deduct the appropriate subscription from salary.

Member Name _____ Date _____

Member Signature _____

If you are unable to sign the above declaration please complete a fully underwritten application form which is available from the Federation Office

PLEASE COMPLETE AND RETURN TO :

**Office Manager
Merseyside Police
Federation Office
Malvern House
13 Green Lane
Tuebrook
Liverpool L13 7DT**