

# MERSEYSIDE POLICE FEDERATION INSURANCE SCHEME

Application Form Effective from 1 April 2018

## SERVING MEMBER AGED UNDER 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 on duty	£60,000
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> ) up to 26 weeks	15% Scale Pay
Then a further 4 weeks when on no pay	20% Scale 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
<b>CALENDAR MONTHLY PREMIUM</b>	<b>£31.20</b>

## COHABITING PARTNER AGED UNDER 65

Life Insurance	£50,000
Terminal Prognosis Advance on life insurance*	20% of sum insured
Critical Illness	£5,000
RedArc	Partner & Children
<b>CALENDAR MONTHLY PREMIUM</b>	<b>£6.75</b>

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

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04/18



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Please tick appropriate option

Serving Member

Partner of Serving Member  (Member Name \_\_\_\_\_)

Police Staff Member

Partner of Police Staff  (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**