**Special Constable Insurance Scheme**



# Non-Underwritten CORE Group Insurance Scheme Application

Please refer to the scheme summary for full details of the cover available under the scheme and the costs per month.

Please ensure you have reviewed and can agree to the declarations overleaf before completing this form.

**Please Note:** Our Privacy Notice can be viewed on our website at [www.philipwilliams.co.uk](http://www.philipwilliams.co.uk)

A hard copy can be provided upon request.

**Eligibility**

Special Constables can apply to join the scheme at any time.

The Federation and/or Philip Williams & Co reserve the right to decline any applications.

**\*\***You must be a serving Special Constable under age 70 to be eligible to join the scheme.

Please tick this box to confirm that you are eligible for this scheme. 

MEMBER BENEFITS UNDER AGE 70

**Worldwide Travel Policy Family**

**Support 24 Family**

**Motor Breakdown Cover *(UK & Europe)* Member & Partner**

**Mobile Phone Cover Member & Partner**

**Legal Expenses including ID Theft Protection Included**

**GP 24 Family**

CALENDAR MONTHLY PREMIUM £18.00

MEMBER BENEFITS AGE 70 TO 74\*\*

**Worldwide Travel Policy Family**

**Support 24 Family**

**Motor Breakdown Cover *(UK & Europe)* Member & Partner**

**Mobile Phone Cover Member & Partner**

**Legal Expenses including ID Theft Protection Included**

**GP 24 Family**

CALENDAR MONTHLY PREMIUM £23.00

**Your Details**

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| --- | --- | --- |
| Mr  Mrs  Miss  Ms  | | |
| Surname: | Forename/s : | |
| Address : | | |
|  | | Postcode: |
| Email : | | Tel No.: |
| Date of Birth: / / | Date Joined Force: / / | Collar No: |
| Name of Force: | |

**Please read and then sign the declarations below:**

* I understand that the premium rates may vary from time to time as agreed with the Police Federation.
* I conﬁrm that I have read the summary of cover and am aware of the cover afforded under this scheme.
* I consent to the information on this form being stored / processed electronically.
* I understand that if my payments stop, all cover under the scheme will cease.
* I understand that it is my responsibility that in the event of my circumstances or wishes changing that I keep my information up to date.
* By signing this form I consent to TVP Federation sharing data with TVP and Philip Williams & Co

**Please note:**

For all Applicants the payments will be collected by monthly direct debit and the Direct Debit mandate on page 3 must completed.

**Signature:**

**Date:** / /

Please return this completed form to:

[Schemes@philipwilliams.co.uk](mailto:Schemes@philipwilliams.co.uk)

Or

Philip Williams & Co

35 Walton Road

Stockton Heath

Warrington

WA4 6NW





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|  | | | | | | | | | | | | | | | | | | |  | Instruction to your bank or building society to pay by Direct Debit | | | | | | | | |
| **Please fill in the whole form including official use box using a ball point pen and send it to:** | | | | | | | | | | | | | | | | | | |  | **Service user number** | | | | | | | | |
| Philip Williams & Co  35 Walton Road  Stockton Heath  Warrington  WA4 6NW | | | | | | | | | | | | | | | | | | |  | **7** | **5** | **3** | **2** | **9** | **4** |  |  |  |
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|  | FOR PHILIP WILLIAMS (G INS) MANAGEMENT LTD OFFICIAL USE ONLY  This is not part of the instruction to your bank or building society. | | | | | | | | |
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| **Name(s) of account holder(s)** | | | | | | | | | | | | | | | | | | |  |
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| **Bank/building society account number** | | | | | | | | | | | | | | | | | | |  |
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| **Branch sort code** | | | | | | | | | | | | | | | | | | |  | **Instruction to your bank or building society**  Please pay Philip Williams (G Ins) Management Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Philip Williams (G Ins) Management Ltd and, if so, details will be passed electronically to my bank/building society. | | | | | | | | |
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| **Name and full postal address of your bank or building society** | | | | | | | | | | | | | | | | | | |  |
| To: The Manager | | | | | | | | | Bank/building society | | | | | | | | | |  |
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| Address | | | | | | | | | | | | | | | | | | |  | Signature(s) | | | | | | | | |
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| **Reference** | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
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| Banks and building societies may not accept Direct Debit Instructions for some types of account DDI1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This guarantee should be detached and retained by the payer.

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| The Direct Debit  Guarantee   * This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits * If there are any changes to the amount, date or frequency of your Direct Debit Philip Williams (G Ins) Management Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Philip Williams (G Ins) Management Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request. * If an error is made in the payment of your Direct Debit, by Philip Williams (G Ins) Management Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society   – If you receive a refund you are not entitled to, you must pay it back when Philip Williams (G Ins) Management Ltd asks you to   * You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us. |
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