

**Application & Beneficiary  
Nomination**

Please refer to the scheme summary for full details of the cover available under the scheme and the costs per month. If you are a Serving Officer you must be a subscribing member of the Police Federation to be eligible to join the scheme. 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.

**Police Force or Employer name** \_\_\_\_\_

	Insured only	Partner/Spouse
New Recruit	<input type="checkbox"/>	<input type="checkbox"/>
Serving Officer – Transferee	<input type="checkbox"/>	<input type="checkbox"/>
Serving Officer – Late entrant	<input type="checkbox"/>	<input type="checkbox"/>
Police Staff	<input type="checkbox"/>	<input type="checkbox"/>

**Your Details:**

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	
Surname:	Forename/s :
Address :	
	Postcode:
Email :	Tel No.:
Date of Birth: / /	Date Joined Force: / /
Collar No.:	

**Beneficiary Nomination Details:**

As a member of the Group Insurance Life scheme, please provide details of the person(s) that you wish to receive the money in the event of your death. Scheme trustees are not bound to follow the nomination, but will take it into account. It is your responsibility to ensure that in the event of your circumstances or wishes changing you keep the information up to date.

**Officer Beneficiary Details:**

Name	Date of Birth	Relationship to Officer	Percentage of Benefit
	/ /		
	/ /		
	/ /		

**To be completed by your spouse/civil partner/partner if they are to be insured for the Life Benefit:**

**Name of Spouse/civil partner/partner:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**In the event of my death, my nominated beneficiaries are:**

Name	Date of Birth	Relationship to Officer	Percentage of Benefit
	/ /		
	/ /		

Please read and then sign the declarations below:

- I hereby authorise payroll, until further notice to make deductions from my pay/ pension at the rate(s) agreed with the Group Insurance Trust.
- I understand that the premium rates may vary from time to time as agreed with the Group Insurance Trust
- 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.
- If my application to join is successful, and I am not eligible for FREE cover, I will be notified when cover and payments will start and am aware that there is no cover prior to this date.
- I confirm that if I am applying for cover for my partner that the person meets the following criteria;
  - \* You are co-habiting
  - \* They are financially interdependent
- 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.

<b>Serving Member Signature:</b> <b>(required in ALL cases)</b>	<b>Date:</b> /     /
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**Health Declaration (applicable to ALL applicants):**

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.

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 and 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 confirm that I have not previously been refused entry into the group insurance scheme.

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.

<b>Member Signature:</b>	<b>Date:</b> /     /
<b>Partner Signature (if required):</b>	<b>Date:</b> /     /

**Please note:** If you are unable to confirm the above statements you may still be able to join the Scheme, but you will need to complete a full medical questionnaire for evaluation by our underwriters.

**Please return this completed form to:**

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