



Gallagher

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Northumbria Police Federation Top Up Life Assurance Serving Officer/Police Staff Employee Application Form

This form is applicable to Serving Officers/Police Staff Employees who are already subscribing to the Northumbria Police Federation Group Insurance Scheme. The "Top Up" cover is subject to continued membership of both Schemes.

Please complete the following in BLOCK CAPITALS

Surname: Forename(s):

Date of Birth: Collar No:

Address:

Telephone No: Email:

Tick the level of covered required:-

- Tier 1 £ 50,000 £ 7.15* per month
- Tier 2 £ 75,000 £ 9.65* per month
- Tier 3 £100,000 £12.21* per month

* Deductions are taken on a monthly basis from pay. The deductions payable will be subject to periodic review and may go up or down. Monthly deductions are inclusive of fees, details of which can be obtained from the Federation.

Please Note: All cover ceases at age 65. Benefits halve and deductions increase if you opt to continue cover as a Retired Officer. To continue cover, you must have been in the Top Up Scheme as a Serving Officer for at least six months prior to retirement. The retirement option is not available to Police Staff Employees.

The maintaining of an up to date will is advised. 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. In accordance with the Trust Deed, the decision of the Trustees is final.

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I hereby apply for the additional cover as detailed above and authorise the Police Authority to deduct the sum indicated from my pay. I also note that the deductions payable will be subject to periodic review and may go up or down.

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 – 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.

To the best of my knowledge and belief, the statements in this declaration are true and complete. (False declaration may result in benefit payment being refused).

Station/Division: Payroll No:

Surname: Forename(s)::

Signed: Date:

You will be notified in writing by the Federation of the date from which cover will commence and when the first deduction will be taken.

Exclusions and limitations may apply. Should you require further details of the cover, terms, conditions and exclusions, please contact the Federation with any questions.

For Federation Use Only

Date Received:

Authorised By: