

Northumbria Police Federation Top Up Life Assurance Partner Application Form



Insurance | Risk Management | Consulting

This form is applicable to Partners of 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:

Address:

Telephone No: Email:

Tick the level of covered required:-

- | | | | |
|----------|----------|-------------------|--------------------------|
| • Tier 1 | £ 50,000 | £ 7.15* per month | <input type="checkbox"/> |
| • Tier 2 | £ 75,000 | £ 9.65* per month | <input type="checkbox"/> |
| • Tier 3 | £100,000 | £12.21* per month | <input type="checkbox"/> |

* 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 the Partner of a Retired Officer. To continue cover, you must have been in the Top Up Scheme as the Partner of a Serving Officer for at least six months prior to the Serving Officer's retirement. The retirement option is not available to partners of 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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Northumbria Police Federation are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, reinsurers, other brokers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see www.norpolfed.org.uk If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.

I hereby apply for the additional cover as detailed above. 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).

Signed:

Date:

This section to be completed by the Officer

I authorise the Police Authority to deduct the sum indicated from my pay, in respect of my partner's membership of the above scheme. I also note that the deductions payable will be subject to periodic review and may go up or down.

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: