

Northumbria Group Insurance Scheme Trust Top Up Life Assurance Retired Member Application Form



Insurance | Risk Management | Consulting

Cover only available to Officers/Police Staff Employees already subscribing to the Northumbria Group Insurance Scheme Trust and Top Up Life Scheme prior to retirement. To be eligible for Top Up Life you must have been in the Top Up Life Scheme as a Serving Member for a minimum of 6 months prior to retirement. Membership of the Group Insurance Scheme must also continue upon retirement.

Please complete the following in BLOCK CAPITALS

Surname: Forename(s):

Date of Birth: Former Collar/Staff No:

Address:

Telephone No: Email:

Tick the level of covered required:-

- Tier 1 £25,000 £11.86* per month
- Tier 2 £37,500 £16.87* per month
- Tier 3 £50,000 £21.87* per month

* Deductions are taken on a monthly basis from pension. 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: To be eligible for Top Up Life cover, you must have been in the Top Up Scheme as a Serving Member for at least six months prior to retirement. All cover ceases at age 65.

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 appropriate deduction from my pension. I also note that the deductions payable will be subject to periodic review and may go up or down.

I declare that I have been a member of the Top Up Life Scheme for at least 6 months prior to my retirement. (False declaration may result in benefit payment being refused).

Surname: Forename(s):

Pension No:

Signed: Date:

You will be notified in writing by the Federation of the date upon which the first deduction will be taken from your pension. Please note the reduced benefit level will apply from the date of your retirement.

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: