

HUMBERSIDE POLICE FEDERATION INSURANCE SCHEME

Application Form Effective from 1 April 2017

SERVING MEMBER TO AGE 65

Life Insurance (member only)	£120,000
Life Insurance if Partner selected	£96,000
Optional Partner Life Insurance	£24,000
Terminal Prognosis Advance	49%
Child Death Grant	£2,000
Critical Illness (member only)	£5,000
Critical Illness if Partner selected	£4,000
Optional Partner Critical Illness	£1,000
Child Critical Illness	£2,000
Permanent Total Disablement	£100,000
Permanent Partial Disablement	up to £60,000 (% scale)
Temporary Total Disablement x 104 weeks (excluding first 7 days)	£28 per week
Hospitalisation x 7 nights:	
Unplanned	£50 per night
Planned (excluding first 3 nights)	£50 per night
HIV Infection (On-Duty)	£50,000
Criminal Court Award Compensation up to	£500
Serious Assault (on duty):	
Firearm/ Shotgun	£2,500
Knife	£1,000
Burns Causing Permanent Disfigurement or Scarring	Scale Benefit
Quadriplegia	£50,000
Paraplegia	£25,000
Coma x 51 weeks (excluding first 7 days)	£25 per night
Convalescent Benefit: (per treatment period)	£40 at Harrogate
	£70 at Aughterader
Unsocial Hours x 24 weeks (excluding first 14 days)	75% UH rate
Childcare Expenses	to max £60 per week
	£15 per hour
	to max £1,000
Court Attendance During Scheduled Night Shifts up to 5 nights	£10 per night shift
Dental Injury & Emergency	Included
Reg.28: (for Staff after 26 weeks absence)	
Half Pay x 26 weeks	£75 per week
Nil Pay x 8 weeks	£100 per week
Legal Expenses	Included
Motor Breakdown (Europe)	Couple
RedArc Plus	Family Cover
Family Travel Policy	Worldwide
CALENDAR MONTHLY SUBSCRIPTION	£22.00



35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW
Tel: 01925 604421 Fax: 01925 861351

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04/17



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Please tick appropriate option

- Serving Member**
 Partner of Serving Member (Member name _____)
 Police Staff Member
 Partner of Police Staff Member (Member name _____)
 Special Constabulary Member
 Partner of Special Constabulary Member (Member Name _____)

*(For Serving Members and Police Staff, the scheme is payable by payroll deduction. For Members of the Special Constabulary, please complete additional Direct Debit form)

Date member joined Police Force

Full name Mr/Mrs/Miss/Ms

Home Address

Postcode

Home tel no. _____ Mobile tel no. _____

Email

Exact description of occupation

Marital status _____ Date of birth _____

Place of Birth

Members Work / Pay number.

Nomination of Beneficiary
In the event of my death whilst a subscribing member of this scheme,

I hereby nominate _____ (name)

My _____ (relation to member) as my beneficiary.

Should you require more than one beneficiary, please write your wishes on a separate sheet and enclose with this application form, to be lodged at the Federation Office.

Declaration/Payroll Authorisation

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.

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 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.

Applicant Name _____ Date _____

Signature _____

I authorise the payroll department to deduct the appropriate subscription from salary.

Member Name _____ Date _____

Member Signature _____

If you are unable to sign the above declaration please complete a fully underwritten application form which is available from the Federation Office

PLEASE COMPLETE AND RETURN TO :
Federation Offices
Humberside Police Federation
1a Redland Drive
Kirkella
Hull
HU10 7UE