



DORSET POLICE FEDERATION INSURANCE SCHEME

Underwritten Application with effect from 1st April 2014

Serving Member to age 65

Life Insurance	£110,000
Terminal Prognosis Advance on Life Insurance*	20% of sum insured
Child Death Grant	£2,000
Permanent Total Disablement from any occupation	£110,000
Permanent Total Loss of eye(s) or limb(s)	£80,000
Permanent Total Loss of hearing in one ear	£32,000
Permanent Total Loss of hearing in both ears	£80,000
Permanent Total Loss of speech	£35,000
Permanent Disabling Injuries	% Scale
Occupationally Acquired HIV/AIDS	£35,000
Dental Injury and Emergency	Member & Partner
Non-receipt of Criminal Court Compensation Award	Up to £250
Accident Benefit (Temporary Total Disablement)	£50 per week
(payable during certified sick leave following an accident for maximum 104 weeks with a 7 day excess)	
Hospitalisation following an accident up to 7 nights	£50 per night
Reg 28 Sick Pay Benefit	- Half Pay (for up to 26 weeks) 25% scale pay
	- No Pay (for up to 26 weeks) 35% scale pay
Critical Illness	£10,000
Child Critical Illness	£2,000
Red Arc Plus - Care Advisory Service	Family Cover
Worldwide Travel Policy	Family Cover
Legal Expenses including ID Theft Protection	Family Cover
Home Emergency Assistance	Included
Motor Breakdown Cover (UK & Europe)	Member & Partner
Mobile Phone Cover	Member & Partner
CALENDAR MONTHLY SUBSCRIPTION	£24.75

Cohabiting Partner to age 65 of Serving Member (Optional Extension)

Life Insurance	£50,000
Terminal Prognosis Advance on Life Insurance*	20% of sum insured
Permanent Total Disablement from any occupation	£50,000
Permanent Total Loss of eye(s) or limb(s)	£40,000
Permanent Total Loss of hearing in one ear	£16,000
Permanent Total Loss of hearing in both ears	£40,000
Permanent Total Loss of speech	£40,000
CALENDAR MONTHLY SUBSCRIPTION	£3.95

*Terminal Prognosis Advance only available for members aged 63 and under

**A separate application form must be completed for Cohabiting Partner cover
Premiums payable by payroll deduction**

The benefits arranged under this insurance scheme are provided strictly under the terms of insurance policies taken out and owned by the Trust. Copies of the policies are available to view at the Police Federation Office. Subscription to the scheme entitles the member to the benefits provided by the scheme but confers no ownership of any of the underlying policies, which are vested in the Trustees.



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

Philip Williams & Company are authorised and regulated by the Financial Conduct Authority



05/14



35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW Tel: 01925 604421 Fax: 01925 861351
Philip Williams & Company are authorised and regulated by the Financial Conduct Authority

Please tick appropriate option

Serving Member

Partner of Serving Member (Member Name _____)

Member's Collar Number

Date member joined Police Force

Applicants 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

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.

Or, if you are unemployed, (applicable to Spouse/Partner only):-

I confirm that I have been fully fit and active for a period of 8 weeks prior to my intended commencement of cover date and that I have not suffered from illness or injury for more than 14 days in total 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 :

**Dorset Police
Police Federation Office
Police Headquarters
Winfrith
Dorchester
Dorset
DT2 8DZ**