

DYFED POWYS POLICE FEDERATION INSURANCE SCHEME

Application Form Effective from 1 April 2018

SERVING MEMBER AGED UNDER 65

Life Insurance	£100,000
Terminal Prognosis Advance on Life Insurance*	49% of sum insured
Child Death Grant	£2,000
Permanent Total Disablement (<i>due to accident</i>)	£90,000
Permanent Partial Disablement (<i>dependent upon severity</i>)	% Scale
On-Duty Assault benefit	
Firearm	£1,500
Knife/Sharp instrument	£750
Quadriplegia/Paraplegia	£50,000
Coma x 51 weeks (<i>excluding first seven days</i>)	£25 per night
Convalescent Benefit: (<i>per treatment period</i>)	£70
Unsociable Hours x 24 weeks (<i>excluding first 14 days</i>)	£1 per hour to max £60 per week
Hospitalisation Benefit up to seven nights	
Accident/incident/emergency admission	£50 per night
Planned admission after first three nights	£50 per night
Emergency Dental Treatment (<i>due to accident</i>)	Included
Unrecovered Criminal Court Compensation	Up to £500
Reg 28 Sick Pay Benefit – On Half Pay (<i>for up to 26 weeks</i>)	£100 per week
Critical Illness	£2,500
Child Critical Illness	£500
RedArc Plus	Included
Worldwide Travel Policy	Family
Legal Expenses	Included
Mobile Phone	Member & Partner
Motor Breakdown (<i>UK and Europe</i>)	Family
CALENDAR MONTHLY PREMIUM	£20.50

COHABITING PARTNER AGED UNDER 65

Life Insurance	£50,000
Terminal Prognosis Advance on Life Insurance*	49% of sum insured
CALENDAR MONTHLY PREMIUM	£3.75

The benefits arranged under this insurance scheme are provided strictly under the terms of insurance policies taken out and owned by the Trustees of the scheme. 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

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04/18



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Please tick appropriate option

Serving Member

Partner of Serving Member (Member Name _____)

Police Staff Member

Partner of Police Staff (Member Name _____)

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.

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 :
Dyfed Powys Police Federation Office, Police Headquarters,
Llangunnor, Carmarthen SA31 2PF