Personal Protection Insurance Scheme

Employee Application Form



New employees may join the scheme providing they are actively at work on the date they wish to join and do so within two months of commencement of employment.

Existing employees may join the scheme providing they are actively at work and have been actively at work for the 20 consecutive working days preceding this application.

Please complete the following in BLOCK CAPITALS

Surname:					Forename(s):				
Date of birth:		/	/	/	Email:					
Address:										
					Phone:					
By signing this a criteria as detaile		m, you c	onfirm the	at you are empl	oyed by the p	olice fo	rce and r	neet the a	applicable	joining
I hereby apply to	join the above	scheme	with effec	t from:		/	,	/		
I hereby authoris pay in respect of First month free f	my members	ship of th	ie above s	cheme.				ution fee) f	rom my	
The premiums	s payable v	vill be s	subject	to periodic I	eview and	may g	jo up oi	r down.		

Signed:		Date:	/	/	
Force:	Em	ployee's force number			

Cover is conditional to continued membership of the scheme and ceases at age 70. Benefit levels reduce at age 65. Please refer to the Federation or George Burrows for further information.

Beneficiary details

Surname:	Forename(s):	
Address:		

The Trustees will, at their own discretion, agree payment in the event of a life claim. I understand that in all matters, in accordance with the Trust Deed, the decision of the Trustees is final. The maintaining of an up-to-date will is advised. Payments are made by the Trustees under the terms of the 'Trust Deed' which would normally be to the member's chosen beneficiary.

Please return your completed form to the Federation office.

For office use only

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