


The benefits arranged under this insurance trust 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 Trust entitles the member to the benefits provided by the Trust but confers no ownership of any of the underlying policies, which are vested in the Trustees.

PLEASE COMPLETE AND RETURN TO :  
POLICE FEDERATION OFFICE  
GLOUCESTERSHIRE CONSTABULARY  
6a KINGSCROFT ROAD  
HUCCLECOTE  
GLOUCESTER  
GL3 3RF

10/09

 <b>GLOUCESTERSHIRE POLICE FEDERATION INSURANCE SCHEME</b>		
Window Application Form 2009		
<b>Serving Member</b>	<b>Entry Level Scheme</b>	<b>Full Scheme</b>
Life Insurance	£60,000	£120,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured	20% of sum insured
Permanent Total Disablement (due to accident)	£50,000	£75,000
Accidental Loss of Use Benefit		
One Eye, Limb or Hearing in one ear	£10,000	£10,000
Two Eyes, Limbs or Hearing in both ears	£25,000	£25,000
Hospitalisation Benefit up to 5 nights		
Accident/incident/emergency admission	£40 per night	£40 per night
Planned admission after first 3 nights	£40 per night	£40 per night
Critical Illness	£5,000	£15,000
Child Critical Illness	£1,000	£3,000
Child Death Grant	£2,000	£2,000
Red Arc	Family Cover	Family Cover
Sick Pay Benefit	20 % Scale Pay up to 52 weeks	20 % Scale Pay up to 52 weeks
Legal Expenses including ID Theft Protection	Family Cover	Family Cover
Denplan Emergency & Injury Key Cover	Included	Included
Family Travel Policy	Worldwide	Worldwide
<b>CALENDAR MONTHLY SUBSCRIPTION</b>		<b>£21.90</b>
Weeks of service 1–52	<b>£Nil</b>	
Weeks of service 53–104	<b>£9.20</b>	
<b>Spouse or Cohabiting Partner of Serving Member</b>		
Life Insurance	£30,000	£60,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured	20% of sum insured
Critical Illness	£2,500	£5,000
Child Critical Illness	£500	£1,000
Denplan Emergency & Injury Key Cover	Included	Included
<b>CALENDAR MONTHLY SUBSCRIPTION</b>		<b>£7.55</b>
Weeks of service 1–52	<b>£Nil</b>	
Weeks of service 53–104	<b>£3.70</b>	
<b>NB Entry Level Scheme is only available during the first two years of service</b>		

**First 3 months subscriptions are FREE for you and your partner if you apply before 30 April 2010**



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Tel: 01925 604421 Fax: 01925 861351  
Philip Williams & Company are authorised and regulated by the Financial Services Authority

## Personal Details

Please tick one -

Full Scheme application ☐

Entry Level Application ☐

Partner application ☐ (Member Name \_\_\_\_\_)

### Section 1 - Personal Details

Date member Joined Gloucestershire Constabulary	
Full name Mr/Mrs/Miss/Ms	
Home Address	
Postcode	
Home tel no.	Work 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 of Health

1. Have you ever had any serious illness or disease of the heart, circulatory system, liver or lungs, diabetes or cancer or have you received treatment for alcoholism or drug addiction? **Yes / No**
2. Are you receiving any medical treatment or awaiting results of any medical tests? **Yes / No**
3. In the last 6 months, have you had any sick days for anything other than minor ailments such as colds etc. **Yes / No**
4. Have you ever had a previous application to join this insurance scheme postponed or not accepted? **Yes / No**

If you have answered **Yes** to any of the above questions, please complete the fully underwritten application form which is available at the Federation Office, on the Force Intranet or from Philip Williams and Company.

I apply to join the Gloucestershire Police Federation Insurance Scheme and authorise the payroll department to deduct the appropriate premium from my salary. I declare to the best of my knowledge and belief that the foregoing statements are true.

Signature \_\_\_\_\_ Date \_\_\_\_\_