

Personal Protection Insurance Scheme Employee Application Form



GeorgeBurrows

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 application form, you confirm that you are employed by the police force and meet the applicable joining criteria as detailed above.

I hereby apply to join the above scheme with effect from:

/ /

I hereby authorise the deduction of £29.25 per month (inclusive of the Federation's administration fee) from my pay in respect of my membership of the above scheme.

First month free for members joining within two months of employment commencement.

The premiums payable will be subject to periodic review and may go up or down.

Signed:		Date:	/ /
Force:		Employee's force number	

It is important that the information you have provided to us is to the best of your knowledge true, accurate and complete and reflects your current circumstances. If your circumstances change, please inform us. If we or the insurer discover that the details provided to us are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or your policy being cancelled or treated as if it never existed.

Cover is conditional to continued membership of the scheme and ceases at age 70.

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

Employee's payroll number:	
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