

**Personal Protection Insurance  
Scheme (for Police staff)  
Partner Application Form**



'Partner' means the person to whom the member of the associated policy is married or, if the member is not married, a person who is openly co-habiting with him or her and who has been so cohabiting for the six months' period prior to the date of their inclusion in the policy, and on whom such a member is financially interdependent.

**This section is to be completed by the Partner**

<b>Surname:</b>	<input type="text"/>	<b>Forename(s):</b>	<input type="text"/>
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<b>Date of birth:</b>	<input type="text" value="/"/>	<input type="text" value="/"/>
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<b>Address:</b>	<input type="text"/>
	<input type="text"/>

I declare that I am in good health and:

1. During the last 12 months, I have not attended or been advised to attend a hospital or clinic (excludes routine visits to a GP), for any form of advice, test, investigation or operation (excluding consultations for colds, asthma, influenza or pregnancy).
2. I am not currently receiving any treatment, medication or medical attention, either regularly or irregularly for any medical (includes diabetes), physical or psychiatric condition, or awaiting any medical or surgical consultation, test or investigation. (Excludes tablets, medicine or drugs taken for asthma, colds, influenza, routine vaccinations, contraception or uncomplicated pregnancy).
3. I have never been tested positive for HIV/AIDS, or Hepatitis B or C, nor am I awaiting the result of such a test. I have not tested positive for any sexually transmitted infection in the last 5 years, nor am I awaiting the result of such a test.
4. No application to an Insurance Company for life, accident or sickness insurance, or critical illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.
5. I share a joint financial commitment with the employee/member of the scheme and understand that if I am admitted to scheme membership; my membership is dependent on continuity of cover by the employee/member.

I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if they are not correct this could mean a claim is rejected.

I hereby apply to join the above scheme with effect from:	<input type="text" value="/"/>	<input type="text" value="/"/>
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<b>Signed:</b>	<input type="text"/>	<b>Date:</b>	<input type="text" value="/"/>	<input type="text" value="/"/>
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**Partners can remain in the scheme until they reach the age of 70 years or until the employee reaches 70 years, whichever occurs first.**

**Beneficiary details**

<b>Surname:</b>	<input type="text"/>	<b>Forename(s):</b>	<input type="text"/>
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<b>Address:</b>	<input type="text"/>
	<input type="text"/>

**This section is to be completed by the Employee**

<b>Employee's payroll number:</b>	<input type="text"/>
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I hereby authorise the deduction of the sum indicated from my pay, in respect of my partner's membership of the above scheme.

**Group Insurance scheme - £8.99 per month**

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