

# Personal Protection Insurance Scheme 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 cohabiting 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 form is to be completed by partners who are joining at the same time as a new employee or within two months of either marrying or becoming an employee's partner.

## Please complete the following in BLOCK CAPITALS

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

Surname:		Forename(s):	
Date of birth:	/	/	
Address:			
I hereby apply to join the scheme with effect from:	/	/	
Signed:		Date:	/
			/

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.

**Partners can remain in the scheme until they reach the age of 70 years or until the employee reaches 70 years, whichever occurs first. Benefit levels depend on the age of the subscribing employee. Please refer to George Burrows or the Federation 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.

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

Employee's surname:			
Employee's forename(s):			
Force:		Employee's force number:	

I hereby authorise the deduction from my pay of £8.99 per month in respect of my partner's membership of the above scheme.

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

Signed:		Date:	/
			/

Please return your completed form to the police Federation office.

### For office use only

Employee's payroll number:	
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