

Kent Police Federation
Group Insurance scheme
Additional life assurance
Partner application form



GeorgeBurrows

This form is applicable to partners of serving officers who are already members of the Group Life scheme and for whom the appropriate additional premium is being paid. Additional life assurance is subject to continued membership of both schemes.

To be completed by the partner in BLOCK CAPITALS

Full name:

Date of birth: / /

Address:

I declare that I am in good health and:

- I have not consulted a doctor or any other member of the medical profession for the same condition on two or more occasions in the past year, nor am I intending to consult a member of the medical profession regarding any medical condition. (Please note that you can ignore any planned consultations with a sports medicine professional such as a physiotherapist or chiropractor or routine consultations regarding uncomplicated pregnancy.)
- I have not had a major organ transplant nor have I ever suffered from cancer, heart disease, stroke, multiple sclerosis, kidney failure, diabetes or mental illness requiring hospital treatment.
- I have never tested positive for HIV/AIDS nor am I awaiting the results of such a test.

I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if the details provided are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or my policy being cancelled or treated as if it never existed.

If you are unable to meet the above Declaration please contact George Burrows by telephoning 01403 327719

Tick the box to show which level of additional cover you require

Tier 1 £50,000	<input type="checkbox"/>	£6.05* per month	Tier 2 £75,000	<input type="checkbox"/>	£9.00* per month
Tier 3 £100,000	<input type="checkbox"/>	£12.00* per month	*The premiums payable will be subject to periodic review and may go up or down		

I hereby apply for additional cover under the group life scheme as indicated above

Partner's signature Date: / /

To be completed by the serving officer in BLOCK CAPITALS

Officer's full name:

Date of birth: / / Collar No:

Date partner joined main scheme: / / Payroll number:

I hereby authorise the deduction of £ per month from my salary in respect of the cover detailed above

Cover is to commence from / / (this date must be after today's date)

Serving officer's signature Date: / /

Note: All cover ceases at age 65. Benefits halve and premiums increase if you opt to continue in the retired officer scheme. The Federation may pass information held by the Force to the brokers/insurers but only that which is necessary in connection with your membership of the scheme or any claim.

The maintaining of an up to date will is advised. Death claim payments are made by the Trustees under the terms and conditions of the trust deed, which would normally be to the member's chosen beneficiary (as detailed in your application to join the main scheme). The Trustees will, at their own discretion, agree payment in the event of a claim. I understand that in all matters, in accordance with the trust deed, the decision of the Trustees is final.

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