

Personal Protection Insurance Scheme Partner Application Form



GeorgeBurrows

'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:	<input type="text"/>	Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
I hereby apply to join the scheme with effect from:	<input type="text"/>		
Signed:	<input type="text"/>	Date:	<input type="text"/>

Partners can remain in the scheme until they reach the age of 65 years or until the employee reaches 65 years, whichever occurs first.

Beneficiary details

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

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:	<input type="text"/>		
Employee's forename(s):	<input type="text"/>		
Force:	<input type="text"/>	Employee's force number:	<input type="text"/>
I hereby authorise the Police Authority to deduct from my pay the sum of £6.97 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:	<input type="text"/>	Date:	<input type="text"/>
---------	----------------------	-------	----------------------

Please return your completed form to the police Federation office.

For office use only

Employee's payroll number:	<input type="text"/>
----------------------------	----------------------

