BRITISH TRANSPORT POLICE FEDERATION

GROUP INSURANCE SCHEME
PARTNER APPLICATION FORM

OFFICER INSURANCE COVER

By **Advisory Insurance Brokers Limited** (part of The Ardonagh Group)

'Partner' means the person to whom the member of the associated policy is married or in a Civil Partnership with or, if not, 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.

Please return the completed form to: British Transport Police Federation, Federation Office, 134 Thurlow Road, West Dulwich, London SE21 8HN. ONCE COMPLETED YOU WILL NEED TO PRINT THIS FORM TO SIGN IT.

This section is to be completed by the Partner.

Surname: Forename(s):

Date of birth:

Address:

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, or contraception).
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illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.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 result in the insurance being treated as though it never existed or a claim being declined.

I hereby apply to join the scheme with effect from:

Signed: Date:

Partners can remain in the scheme until they reach the age of 70 years or until the serving officer reaches 70 years, whichever occurs first. Benefit levels depend on the age of the subscribing officer. Please refer to the Federation or Advisory Insurance Brokers for further information. Partner cover is conditional to the serving officer's continued membership of the scheme.

Beneficiary details

(Please notify the Federation immediately of any changes to your personal or beneficiary details)

Surname: Forename(s):

Address:

This section is to be completed by the New Recruit/Serving Officer

Surname: Forename(s)

Station/division: Collar number:

I hereby authorize the deduction of the sum of £13.62* from my pay, per lunar month, in respect of my partner's membership of the above scheme.

*The premium includes Insurance Premium Tax (IPT)

Premium payments are subject to periodic review and may go up or down

Signed: Date:

SCHEDULE OF BENEFITS FOR PARTNERS OF SERVING OFFICERS:

Partner:	Benefits
Life Assurance	£65,000
Advance of benefit on terminal prognosis	£13,000
Personal Accident benefits (See table on page 9 of the scheme booklet for summary of benefits provided)	up to £65,000
Critical Illness Insurance	£5,000
Red Arc Service	Included
RAC Motor Breakdown Assistance (UK & European)	Member only
Mobile Phone / Gadget Insurance	Member only

The cover included in this scheme is summarized in the scheme booklet, which is available to download from the Federation website:
www.btpolfed.org.ok

Full details of cover, terms and conditions (including exclusions and limitations) can be found in the policy wordings which are available from the Federation or Advisory Insurance Brokers.

Data Protection Notice: Group Insurance Scheme Cover is arranged by Advisory Insurance Brokers Limited, who are the data controller for the personal information you provide. We are committed to keeping your information safe and secure. We will use your personal information to communicate with you and to provide you with the products and services you have requested or are of interest. We share information with other companies including insurers and finance companies to assess and obtain the quotes and covers you have requested. We will also share information with other organizations where we need to do so by law. Our Fair Processing Notice can be found here: https://www.towergateinsurance.co.uk/fpn/advisory-insurance-brokers. This explains in more detail how we use and share your personal information.

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