

# BRITISH TRANSPORT POLICE FEDERATION GROUP INSURANCE SCHEME ADDITIONAL LIFE ASSURANCE OFFICER APPLICATION FORM



**OFFICER  
INSURANCE  
COVER**

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

**This form should be submitted if you are detained in hospital overnight as a result of an accident. You can claim this benefit for a maximum of 104 weeks (per accident). Please complete and return to: British Transport Police Federation, 134 Thurlow Road, West Dulwich, London SE21 8HN.**

## **PLEASE COMPLETE IN BLOCK CAPITALS**

Officer's full name:

Telephone:

Email:

Date of birth:

Warrant No:

Date joined main scheme:

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 Officer Insurance Cover by telephoning 0345 266 8985

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

Tier 1 £50,000    £6.05\* per month    Tier 2 £75,000    £9.00\* per month    Tier 3 £100,000    £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

Serving officer's signature:

Date:

**To enable monthly premiums to be collected from your bank account the accompanying direct debit mandate must be completed. Following acceptance of your application form and direct debit mandate you will be notified by Officer Insurance Cover in writing of the date from which cover and premium collection will commence.**

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.

**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 organisations 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.

