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

Full name:



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 SE218HN. PLEASE COMPLETE IN BLOCK CAPITALS

Date of birth:		Email:	Email:			
Address:						
<ul> <li>I have not co occasions in condition. (I physiothera</li> <li>I have not hakidney failu</li> </ul>	n in good health and: onsulted a doctor or any of the past year, nor am I in Please note that you can upist or chiropractor or re ad a major organ transpla re, diabetes or mental illr tested positive for HIV/	ntending to consult ignore any planned outine consultation ant nor have I ever ness requiring hosp	a member of the medi consultations with a sp sregarding uncomplica suffered from cancer, h ital treatment.	ical profession regard ports medicine profe ated pregnancy.) eart disease, stroke, r	ing any medical ssional such as a	
provided are untri	ve taken reasonable care to ue, inaccurate or incomplet ou are unable to meet the a	te, this may result in r	efusal of a claim and/or r	my policy being cancelle	ed or treated as if it	
Tick the box to s	how which level of addit	ional cover you req	uire			
Tier 1£50,000  * The premiums payal	£6.05* per month ble will be subject to periodic rev	Tier 2 <i>£</i> 75,000 riew and may go up or do	£9.00* per month	Tier 3 £100,000	£12.00* per month	
I hereby apply for	additional cover under the	group life scheme as	s indicated above			
Partner's signature:			Date:			
To be completed	by the serving officer in	BLOCK CAPITALS:				
Officer's full name	2:					
Date of birth:			Warrant No:			
Date partner joine	ed main scheme:		Payroll number:			
Serving officer's signature**:			Date:			
** <b>V</b> 211 will pand t	o print this form to sign i	:4				

You will need to print this form to sign it

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: <a href="https://www.towergateinsurance.co.uk/fpn/advisory-insurance-brokers">https://www.towergateinsurance.co.uk/fpn/advisory-insurance-brokers</a>. This explains in more detail how we use and share your personal information.

