

BRITISH TRANSPORT POLICE FEDERATION SPECIAL CONSTABLE - GROUP INSURANCE SCHEME APPLICATION FORM



Please complete the following in BLOCK CAPITALS and return the form to:

British Transport Police Federation, Federation Office, 134 Thurlow Road, West Dulwich, London SE21 8HN

Please note: once completed you must print this form and sign it.

I am a Special Constable:

Retirement date:

Surname:

Forename(s):

Date of birth:

Email:

Address:

Home phone number:

Mobile:

By signing this application form, you confirm that you are a Special Constable for the British Transport Police, that you have been actively on duty for 8 consecutive shift days preceding this application to join, have not been medically advised against working, and have not been absent from your usual occupation due to ill health or injury during this period. Please note that your entitlement to cover under this scheme is dependent on your continued service as a Special Constable.

It is important that the information you have provided to us is to the best of your knowledge true, accurate and complete and reflects your current circumstances. If your circumstances change, please inform us. If we or the insurer discover that the details provided to us are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or your policy being cancelled or treated as if it never existed.

I wish to join the Group Insurance Scheme and authorise by completion of a direct debit mandate the collection of £28.26* per month, Insurance Premium Tax (IPT), from my bank account in respect of my membership of the scheme.

Signed

*The premiums will be subject to periodic review and may go up or down.

Date:

Warrant / Service number:

This application form must be accompanied by a completed direct debit mandate. The Federation will notify you of the date your cover will commence.

Cover is conditional to continued payment of premiums and ceases at age 70.

It is important that you contact the Federation immediately if you are no longer eligible to be a member of this scheme.

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

Surname:

Forename(s):

Address:

Surname:

Relationship to member:

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. 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.

Date joined scheme:

Payroll number:

SUMMARY OF SCHEME BENEFITS (SERVING OFFICERS UP TO AGE 70):

Life Assurance	£130,000
Advance of benefit on terminal prognosis (age 68 and under)	20% of sum assured
Child Death Grant (aged between 6 months and 17 years)	£3,000
Personal Accident Benefits	Member only
(See table on page 9 for summary of benefits provided)	
Critical Illness Insurance	£10,000
Child Critical Illness cover (aged under 18, or 22 if in full time education)	£2,500
REDARC Service	Included
Regulation 28 Sickness benefit	
Serving Officers (up to 26 weeks, member only)	20% of scale pay
Special Constables (up to 26 weeks, member only)	£75 per week
GP Care on Demand (Children uD to age 21. 25 if in fulltime education)	Family cover
Worldwide Annual / Multi-trip Travel Insurance (Children up to age 18, 23 if in full time education)	Family cover
Legal Expenses Insurance (Children over 18 years)	Family cover
Care First Counselling Service (Children over 18 years)	Family cover
RAC Motor Breakdown Assistance (UK & European)	Member only
Mobile Phone / Gadget Insurance	Member only

The cover included in this scheme is summarised 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 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.



**OFFICER
INSURANCE
COVER**