

DEFENCE POLICE FEDERATION GROUP INSURANCE SCHEME

Application Form 1

Please Note: Our Privacy Notice can be viewed on our website at www.philipwilliams.co.uk
A hard copy can be provided upon request.

Applicants Details:

NAME: _____ STATION: _____

ADDRESS: _____

POSTCODE: _____

EMAIL ADDRESS: _____ TEL NO: _____

DATE OF BIRTH: _____ / _____ / _____ DATE JOINED FORCE: _____ / _____ / _____

STAFF NUMBER: _____ RANK: _____

FORCE NO: _____ FEDERATION NO: _____

Declaration of Health

I confirm I have been actively at work in my usual occupation for a period of 8 consecutive weeks prior to my intended commencement of cover date (normal annual holiday entitlement may be ignored) and that I have not had more than 14 days absence through illness and/or injury during the last 12 months.

Yes	No
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I confirm I am in good health and not aware of any condition or symptoms which may give rise to a claim under this insurance.

Yes	No
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I confirm I am not in receipt of any ongoing treatment or care (including checkups or regular medication) for any accident, illness or medical condition.

Yes	No
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I confirm that I am not currently awaiting referral to a medical practitioner or specialist/consultant and I am not awaiting the results of any tests or medical investigation.

Yes	No
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I confirm I have not had any application for insurance declined, postponed or subject to an increased premium or other special terms, and that I have not previously made any claim for Critical Illness or Sickness insurance.

Yes	No
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I understand that if this declaration is found to be untrue then my insurance will be invalidated and scheme membership cancelled with no return of premiums.

Yes	No
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If you have ticked "No" for any of the above declaration, please complete a fully underwritten Application Form 2 which is available at the Federation Office, on the Force Internet site or from Philip Williams & Co

I wish to join the DPF Group Insurance Scheme and authorise CPRO(B) to deduct the appropriate premium from my salary commencing _____ (please state month)

Signed (by DFP Member): _____ **Date:** _____

CERTIFICATION OF DPF MEMBERSHIP (This section will be completed by DPF Head Office)

I confirm that is a DPF Member.

Signed @ DPF HQ: _____

Authorisation Stamp (by DPFHQ):

DISTRIBUTION:

- A. This form must be returned to the General Secretary, Defence Police Federation Unit 131, China Works, Black Prince Road, London, SE1 7SJ Tel: 0203 176 6509/6511/6512
- B. On certification the General Secretary will forward this form to the relevant pay section CPRO Bath.
- C. A copy of the form will be returned to the member and also retained at Head Office.

CPRO(B) Use Only

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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From Screen 1519 input. _____ Pay clerk initials _____ Date