

SCOTTISH POLICE FEDERATION
SERVING POLICE OFFICERS
LIFE & CRITICAL ILLNESS: NOMINATION FORM

I hereby apply to become a member of the Scheme, and I agree to be bound by the rules governing the scheme so long as I remain a member. I hereby grant authority for the appropriate deductions to be made from my salary or any financial sums agreed by the Scottish Police Federation.

Part A (Member)

Full Name, Rank and Register Number

Home address.....

Marital Status.....

Date of Birth..... Date of Appointment.....

Signature..... Date of Signing.....

Member's E-mail..... Member's Mobile Number.....

Member's Home Number (Landline).....

Member's Nomination to the Trustees

I would like the under named to receive the benefit payable on my death

Full Name..... Relationship..... %

Full Name..... Relationship..... %

Full Name..... Relationship..... %

If further space is required, please mark this clearly and continue overleaf

I understand that in exercising your discretion that you will not be bound by this expression of my wishes, but I request that you bear them in mind.

Part B Spouse/Partner or Civil Partner of Member *

(To be completed only if the benefit is to be provided)

Spouse/Partner Name..... Date of Birth.....

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 2 or more occasions in the past year.
- 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 to HIV/AIDS nor am I awaiting the results of such a test.
- 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.

To the best of my knowledge and belief the statements in this declaration are complete and true. (Failure to give complete and true answers could result in payment of benefit being refused). I hereby apply to join the Group Insurance scheme for Life and Critical Illness cover.

The following pre-existing conditions exclusion applies to the Critical Illness benefit.

No critical illness benefit will be payable in respect of:-

An insured illness (or repeat of the same insured illness) which was first diagnosed, treated or known to be in existence before the date I am included for critical illness cover. For this purpose the suffering or undergoing of aorta graft surgery, balloon valvuloplasty, cardiomyopathy, coronary artery bypass surgery, heart attack, heart transplant, heart valve replacement or repair, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery and stroke are considered to be the same insured illness;

An insured illness in respect of which any related condition existed at the time prior to the date I am included for critical illness cover date unless at least 2 consecutive years have elapsed since I last had symptoms of or received treatment or advice in respect of the related condition.

Spouse/Partner Nomination to the Trustees

I would like the under named to receive the benefit payable on my death

Full Name..... Relationship..... %

Full Name..... Relationship..... %

Full Name..... Relationship..... %

If further space is required, please mark this clearly and continue overleaf

I understand that in exercising your discretion that you will not be bound by this expression of my wishes, but I request that you bear them in mind.

To the best of my knowledge and belief the statements in this declaration are complete and true. (Failure to give complete and true answers could result in payment of benefit being refused). I hereby apply to join the Group Insurance scheme for Life and Critical Illness cover.

Spouse/Partner's Signature..... Date

* Partner means the person to whom the member of the associated policy is married or, if the member is not married, a person who is openly cohabiting with him or her and who has been so cohabiting for the 6 months' period prior to the date of their inclusion in the policy, and on whom such a member is financially interdependent.

Please tick this box if you do not want to receive further offers or information from the Scottish Police Federation.

You will automatically transfer from the old scheme unless you notify the Scottish Police Federation of your intention to opt out.

Please return this form to:-

Federation Office: Scottish Police Federation
Headquarters
5 Woodside Place
GLASGOW
G3 7QF

Telephone: 0300 303 0027

E-mail: member.services@spf.org.uk