SCOTTISH POLICE FEDERATION - SERVING POLICE OFFICER
TO EXTEND THE EXISTING LIFE & CRITICAL ILLNESS INSURANCE
ARRANGEMENTS TO ADD SPOUSE/PARTNER – NOMINATION FORM

I hereby apply to become a member of the Scheme and I agree to be bound by the rules governing the Scheme as 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: _____ Marital Status: _____

PSI Number: _____ Rank: _____

Date of appointment: _____ / _____ / _____   Date of Birth: _____/ _____ / _____

Home Address: _____

_____ Postcode: _____

Home No (Landline): _____ Mobile No: _____

Email Address: _____

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 on a separate sheet ☐

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.

Please tick this box to receive News & Information from the Scottish Police Federation ☐

Please visit www.spf.org.uk to view our privacy policies on how we process this data

Member's Signature: _____ Date: _____

PART B - SPOUSE/PARTNER OR CIVIL PARTNER OF MEMBER *
(To be completed only if spouse cover at the appropriate additional premium is required)

Spouse/Partner Name: _____ **Date of Birth:** ____/ ____ / ____

*Partner means the person the member of the associated policy is married to or, if the member is not married, a person who is openly cohabiting with him/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.

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 on a separate sheet ☐

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.

I hereby apply to join the Group Insurance scheme for Life and Critical Illness cover.

Health Declaration (applicable to spouse/partner):

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.

Or if you are unemployed:
I have been fully fit and active for a period of 8 weeks prior to my intended commencement of cover date and that I have not suffered from illness or injury for more than 14 days in total in the last 12 months.

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 and 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.

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.

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 insurance.

I confirm that I have not previously been refused entry into the group insurance scheme.

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.

Spouse / Partner signature: _____ **Date:** _____

Please return this form to:

Scottish Police Federation
PO Box 27163
GLASGOW
G3 9EZ

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

Telephone: 0300 303 0027