

**SCOTTISH POLICE FEDERATION  
SERVING POLICE OFFICER – LATE ENTRANT  
LIFE & CRITICAL ILLNESS INSURANCE – 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.**

**Health Declaration (Serving Officer):**

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.

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.

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

Please visit [www.spf.org.uk](http://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](mailto:member.services@spf.org.uk)

Telephone: 0300 303 0027