Standard Membership Application Form

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NCOA National Crime Citizen Association The Trade Union of the NCA			New Recruit to NCA?	Y 🗆 N 🗆
			Delegated Powers?	Y 🗆 N 🗆
2013 PROTECTING THOSE WHO YEARS PROTECT	CT THE PUBLIC 2023	K .	ODP Officer?	Y 🗆 N 🗆
Your Personal Details			G2-G6 Part Time?	Y 🗆 N 🗆
Title			Date of joining NCA	1 1
Forename (s)		Data of Dist	_	
Surname		Date of Birth	1	
Home Address House Name/Number		Street Nam	e	
Town/City	County		Postcode	
Mobile Telephone		Personal E	mail* be your NCA email addres:	s
Your Employment Details			•	
Staff number *This should be a six-digit number beginning	Grade ng with 1 or 2	Workplace		
Department		Directorate		
	form you must			
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"Protecting those who protect the public"

Signature

Date / /

Insurance Benefit Trust

Supplementary Cover which sits separately from Standard NCOA Membership

As a new recruit, on joining the NCOA you are automatically provided with 4 months membership of the Insurance Benefit Trust* (IBT) - totally free of charge*.

The benefit package provided through the Trust is comprehensive and you may find it is possible to replace several other insurance policies you currently have in place. Please take time during any free period to review your current arrangements and decide for yourself if this package saves you money. (For full details visit www.ncoa.org.uk or refer to the current NCOA Membership booklet)

You must fully complete the form below to take advantage of this offer. Acceptance cannot be guaranteed until confirmation is received from PW & Co. If at the end of the free period you decide you do not wish to continue cover, please ensure that you contact Philip Williams & Company on 01925 604421 in good time.

Declaration/ Payroll Authorisation

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.

I confirm I am not in receipt of any ongoing treatment or care (including check-ups 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 or Sickness insurance.

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.

I authorise NCA Payroll Department to deduct the appropriate subscription from salary.

*No IBT Subscriptions will be taken for the first 4 months of membership for new recruits. After this time, I understand that in addition to NCOA Standard Membership subscriptions deducted by Direct Debit, IBT deductions will commence from my monthly salary by NCA payroll.

Member Name	Date	
Mambar Cianatura		
Member Signature		

If you are unable to sign the above declaration, please complete a fully underwritten Application Form which is available from Philip Williams & Company Tel. 01925 604421

Your Spouse/Cohabiting Partner can also take advantage of the 4-month free period and the Application Form is available on the NCOA website or by contacting Philip Williams & Company on the above telephone number

Once completed please return this form with a completed Direct Debit Form to:

NCOA Membership 25 West Tenter Street London E1 8DT

Data Protection: The NCOA holds personal data about all members. This data is used to process your membership, provide you with information, to enable us to carry out membership activities and to provide us with management and statistical information.