



Insurance Benefits Trust Application & Beneficiary Nomination

Please refer to the scheme summary for full details of the cover available under the scheme and the costs per month. If you are a Serving Officer you must be a subscribing member of the NCOA to be eligible to join the scheme. Please ensure you have reviewed and can agree to the declarations overleaf before completing this form.

	Member Application	Partner/Spouse Application
	<input type="checkbox"/>	<input type="checkbox"/>
Name of employer:		
Date employment commenced:		
Member name (if Partner Application):		

Your Details

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		
Surname:		Forename/s :
Address :		
		Postcode:
Email :		Home Tel No.:
Date of Birth: / /	Date Member Joined NCOA: / /	Mobile Tel No.:
Members Work/Pay.:		

Beneficiary Nomination Details

As a member of the NCOA Group Insurance Life scheme, please provide details of the person(s) that you wish to receive the money in the event of your death. Scheme trustees are not bound to follow the nomination, but will take it into account. It is your responsibility to ensure that in the event of your circumstances or wishes changing you keep the information up to date.

Beneficiary Details

Name	Date of Birth	Relationship	Percentage of Benefit
	/ /		
	/ /		
	/ /		

To be completed by your spouse/civil partner/partner if they are to be insured for the life benefit:

Name of Spouse/civil partner/partner
Date of Birth / /

In the event of my death, my nominated beneficiaries are:

Name	Date of Birth	Relationship	Percentage of Benefit
	/ /		
	/ /		

Please read and then sign the declarations below:

- I hereby authorise payroll, until further notice to make deductions from my pay at the rate(s) agreed with the NCOA.
- I understand that the premium rates may vary from time to time as agreed with the NCOA.
- I confirm that I have read the summary of cover and am aware of the cover afforded under this scheme.
- I consent to the information on this form being stored / processed electronically.
- I understand that if my payments stop, all cover under the scheme will cease.
- If my application to join is successful, and I am not eligible for FREE cover, I will be notified when cover and payments will start and am aware that there is no cover prior to this date.
- I confirm that if I am applying for cover for my partner that the person meets the following criteria;
 - * You are co-habiting
 - * They are financially interdependent
 - * You are in an exclusive, committed and long-term relationship with each other, and intend to continue indefinitely
 - * You are able to marry each other or form a registered civil partnership
- I understand that it is my responsibility that in the event of my circumstances or wishes changing that I keep my information up to date.

Health Declaration (applicable to ALL applicants)

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 or Sickness 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.

Member Signature:	Date: / /
Partner Signature (if required):	Date: / /

Please note: If you are unable to confirm the above statements you may still be able to join the Scheme, but you will need to complete a full medical questionnaire for evaluation by our underwriters.

Please return this completed form to:

Philip Williams & Company, 35 Walton Road, Stockton Heath, Warrington, WA4 6NW

Privacy Notice (also known as “Fair Processing Notice”)

Data Controller: Philip Williams & Company, 35 Walton Road, Stockton Heath, Warrington WA4 6NW

Contact for queries: Janice Dunkerley, Tel. 01925 604421. Email janiced@philipwilliams.co.uk

How will we use the information you give us?

We will only use your information on the basis that it is necessary to administer your insurance contract or help you make a claim. Where we need to pass information to other firms, it will only be for that purpose. These firms will be Insurers, other insurance brokers, firms handling claims, finance providers and firms that process or administer our records, including Federations / Trust Administrators.

When we contact you, it will either be for the above reason, or because we have a legitimate interest in marketing related products. For any other marketing it will only be with your consent and you will be able to withdraw your consent or unsubscribe easily at any time.

If we have to transfer information to a third country outside the EU, we will only do so if a similar level of protection applies. If we need to obtain information which is by nature sensitive, we will only do so on the basis that it is in the public interest - for example to fight crime, prevent fraud or to make sure insurance is available.

What type of personal information do we need?

- We may need personal details which might include details of lifestyle, family, finances, business or education.
- We will only collect what is necessary and will only keep it for as long as we are required to do in line with our data retention policy.

What other types of information do we need?

- Under certain circumstances we may also need to obtain information about Race or Origin, Gender, Religion, Health, Politics, Genetics, Trade Union Membership, Sex or Sexual Orientation.
- We might also need details of criminal convictions.
- We will only collect what is necessary and protect it with appropriate security measures.

How do we obtain your information?

- We may gather it from information you submit to a website, by telephone, mail, face to face or by email.
- We may receive it from insurers, other insurance brokers, firms handling claims, finance providers and firms that process or store our records, including Federations / Trust Administrators.

What are my legal rights?

- You can obtain a copy of your personal information from us without charge by contacting us at the address above. This may include the right to transfer information to other providers.
- You have the right to ask us to correct information.
- You have the right to ask us to delete your information or stop using it, unless it is necessary for us to retain it for insurance or financial purposes as set out in our document retention policy.
- You may have the right to object if decisions about you are made solely by a computer.
- You have the right to complain to the Information Commissioner at www.ico.org.uk, Tel 0303 123 11132.