

National Crime Officers Association Insurance Benefits Trust (IBT)

Effective from 1 June 2017



Application Form

Serving Member to age 65

Life Insurance	£100,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured
Permanent Total Disablement (due to accident)	£100,000
Accidental Loss of Use Benefit	£20,000
Critical Illness	£15,000
Child Critical Illness	£3,000
Child Death Grant	£2,000
Hospitalisation Benefit up to five nights	
Accident/incident/emergency admission	£50 per night
Planned admission after first three nights	£50 per night
Sick Pay Benefit	
Half Pay up to 26 weeks	20% Scale Pay
No Pay up to 26 weeks	50% Scale Pay
Family Travel Policy	Worldwide
Mobile Phone Insurance	Member & Partner
Dental Emergency and Injury	Member & Partner
CALENDAR MONTHLY SUBSCRIPTION	£31.95

Cohabiting Partner to age 65

Life Insurance	£50,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured
Critical Illness	£7,500
Child Critical Illness	£1,500
CALENDAR MONTHLY SUBSCRIPTION	£9.95

Upon Acceptance, the first 3 months of membership is Free of Charge

The benefits arranged under this Insurance Scheme are provided strictly under the terms of insurance policies taken out and owned by the Trustees. Copies of the policies are available to view upon request. Subscription to the scheme entitles the member to the benefits provided by the scheme but confers no ownership of any of the underlying policies, which are vested in the Trustees.



35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW
Tel: 01925 604421 Fax: 01925 861351

Philip Williams & Company are authorised and regulated by the Financial Conduct Authority

06/17



35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW
Tel: 01925 604421 Fax: 01925 861351

Philip Williams & Company are authorised and regulated by the Financial Conduct Authority

Please tick appropriate option

Member	<input type="radio"/>
Partner of Member	<input type="radio"/> (Member Name _____)

Date member joined employer

Title	Forename	Surname
-------	----------	---------

Home Address

Postcode

Home tel no.	Mobile tel no.
--------------	----------------

Email

Exact description of occupation

Marital status	Date of birth
----------------	---------------

Place of Birth

Members Work / Pay number.

Nomination of Beneficiary

In the event of my death whilst a subscribing member of this scheme,

I hereby nominate _____ (name)

My _____ (relation to member) as my beneficiary.

Should you require more than one beneficiary, please write your wishes on a separate sheet and enclose with this application form, to be lodged at the Federation Office.

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.

Or, if you are unemployed, (applicable to Spouse/Partner only):-

I confirm that 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 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 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 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.

Applicant Name _____ Date _____

Signature _____

I authorise the payroll department to deduct the appropriate subscription from salary.

Member Name _____ Date _____

Member Signature _____

If you are unable to sign the above declaration please complete a fully underwritten application form which is available from Philip Williams & Co.

**PLEASE COMPLETE AND RETURN TO : Philip Williams and Company,
35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW**