



Durham Police Group Insurance Scheme Top Up Life Assurance Partner of Retired Officer/Police Staff Employee Application Form

Cover only available to Partners already subscribing to the Durham Police Group Insurance Scheme and Top Up Life Scheme prior to the Officer/Police Staff Employee's retirement. To be eligible for Top Up Life, you must have been in the Top Up Life Scheme as the Partner of a Serving Member for a minimum of 6 months prior to their retirement. Membership of the Group Insurance Scheme must also continue upon their retirement.

Please complete the following in BLOCK CAPITALS

Surname: Forename(s):

Date of Birth:

Address:

Telephone No: Email:

Tick the level of covered required:-

- Tier 1 £25,000 £11.51* per month
- Tier 2 £37,500 £16.52* per month
- Tier 3 £50,000 £21.52* per month

* Deductions are taken on a monthly basis from pension. The deductions payable will be subject to periodic review and may go up or down. Monthly deductions are inclusive of fees, details of which can be obtained from the Federation.

Please Note: To be eligible for Top Up Life cover, you must have been in the Top Up Scheme as the Partner of a Serving Officer/Police Staff Employee for at least six months prior to their retirement. All cover ceases at age 65.

The maintaining of an up to date will is advised. Claim payments are made by the Trustees under the terms and conditions of the Trust Deed, which would normally be to the member's chosen beneficiary (as detailed in your application to join the main scheme). The Trustees, will at their own discretion, agree payment in the event of a claim. In accordance with the Trust Deed, the decision of the Trustees is final.

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We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see www.durham.polfed.org If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.

I hereby apply for the additional cover as detailed above and declare that I have been a member of the Top Up Life Scheme for at least 6 months prior to my partner's retirement. (False declaration may result in benefit payment being refused.)

Signed:

Date:

This section to be completed by the Officer/Police Staff Employee

I authorise the appropriate deduction from my pension, in respect of my partner's membership of the above scheme. I also note that the deductions payable will be subject to periodic review and may go up or down.

Surname:

Forename(s):

Pension No:

Signed:

Date:

You will be notified in writing by the Federation of the date upon which the first deduction will be taken from your pension. Please note the reduced benefit level will apply from the date of your retirement.

Exclusions and limitations may apply. Should you require further details of the cover, terms, conditions and exclusions, please contact the Federation with any questions.

For Federation Use Only

Date Received:

Authorised By: