

Declaration/payroll authorisation

I confirm I have been actively at work in my usual occupation for a period of eight 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 eight 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 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 my scheme membership will be cancelled with no return of premiums.

Applicant name:

.....

Signature:

.....

Date: / /

*If you are unable to sign the declaration above, please complete a fully underwritten application form which is available from the LPF Trusts office.

Member name:

.....

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

Member signature:

.....

Date: / /

Your completed form should be returned to the LPF Trusts office.



LPF Trusts

Suite B, Lancaster House,
Grange Business Park,
Enderby Road, Whetstone,
Leicestershire LE8 6EP

T: 0116 275 9930

E: groupinsurance@lpf-trusts.co.uk

W: lpf-trusts.co.uk

Nomination of beneficiary:

In the event of my death while a subscribing member of this scheme, I hereby nominate (insert name),

.....

my (insert relation to member)

.....

as my beneficiary.

If you wish to nominate more than one beneficiary, please write the details on a separate piece of paper and send to the LPF Trusts office with this completed form.



Group Insurance Scheme Application form



GROUP INSURANCE SCHEME

Serving member to age 65

Life insurance	£100,000
Terminal prognosis advance on life insurance*	20%
Permanent total disablement (due to accident)	£100,000
Loss of use of eye, limb or hearing (due to accident)	£100,000
Loss of hearing in one ear (due to accident)	£25,000
Permanent partial disablement	Included
On duty HIV infection	£100,000
Hospitalisation benefit up to seven nights	
Accident/incident/injury	£28 per night
Temporary total disablement	
Max 104 weeks (ex first 7 days)	£28 per week
Dental Injury & Emergency	Member & partner
Family accident	Included
Reg 28 sick pay benefit**	
Half pay (for up to 26 weeks)	20% scale pay
No pay (for up to 26 weeks)	50% scale pay
Critical illness	£10,000
Child critical illness	£2,500
Child death grant	£2,000
Family travel policy	Worldwide
Legal expenses and ID theft protection	Included
Motor breakdown cover (UK & Europe)	Member & partner
Mobile phone cover	Member & partner
CALENDAR MONTHLY PREMIUM	£25.00

Cohabiting partner to age 65

Life insurance	£50,000
Terminal prognosis advance on life insurance*	20%
Critical illness	£10,000
CALENDAR MONTHLY PREMIUM	£7.80

*Terminal prognosis advance only available for members aged 63 and under.

** Cover not available for members of the Special Constabulary.

APPLICATION FORM

Please tick as appropriate:

Police officer

Spouse/partner of police officer

Member's name:

Police staff member

Spouse/partner of police staff member

Member's name:

Special Constabulary member

Spouse/partner of Special Constabulary member

Member's name:

SECTION 1. PERSONAL DETAILS

For police officers and police staff, payment is made by payroll deduction.

Members of the Special Constabulary should complete a direct debit form available from the LPF Trusts office

Name of employer:

Full name: Mr/Mrs/Miss/Ms/Other (please state)

(Please circle as appropriate)

Home address:

Postcode:

Home telephone:

Work telephone:

Mobile telephone:

Home email:

Exact description of job:

Date employment began with current employer: / /

Date of birth: / /

Place of birth:

Marital status:

Member's payroll number: