



**INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY
TO PAY DIRECT DEBITS**

PLEASE COMPLETE SECTIONS 1 TO 5

1. Name & full postal address of your Bank or Building Society branch

To: The Manager	Bank or Building Society
Address	
Postcode	

2. Name(s) of account holder(s)

3. Branch sort code

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4. Account number

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5. Instruction to your Bank or Building Society

Please pay Philip Williams & Co Direct Debits from the account detailed in this instruction subject to safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Philip Williams & Co and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Originators Identification Number

753294

Philip Williams & Co REF.

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Banks and Building Societies may not accept Direct Debits for some types of accounts.



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 Services Authority



03/13

**CIVIL NUCLEAR POLICE FEDERATION
INSURANCE SCHEME**

Application Form April 2013

Serving Member to age 65

Life Insurance	£125,000
Terminal Prognosis Advance on Life Insurance*	20% of sum insured
Permanent Total Disablement (due to accident)	£100,000
Accidental Loss of Use Benefit	£60,000
Infection of HIV/AIDS on duty	£60,000
Temporary Total Disablement (up to 104 weeks excluding first 7 days)	£21 per week
Critical Illness	£10,000
Child Critical Illness	£2,000
Child Death Grant	£2,000
Red Arc Assured	Family Cover
Hospitalisation Benefit up to 5 nights	
Accident/incident/emergency admission	£50 per night
Planned admission after first 3 nights	£50 per night
Sick Pay Benefit (CEM 6.4) up to 26 weeks, then a further 4 weeks when on no pay	20% Scale Pay
Family Travel Policy	Worldwide
Legal Expenses including ID Theft Protection	Included
Emergency and Injury Dental Benefit	Member & Partner
Home Emergency Assistance	Included
Motor Breakdown Cover	Member & Partner
CALENDAR MONTHLY SUBSCRIPTION	£30.00

Cohabiting Partner of Serving Member to age 65

Life Insurance	£50,000
Terminal Prognosis Advance on Life Insurance*	20% of sum insured
Critical Illness	£5,000
CALENDAR MONTHLY SUBSCRIPTION	£5.75

*Terminal Prognosis Advance on Life Insurance is only available to members aged 63 and under

The benefits arranged under this insurance scheme contain exclusions and are provided strictly under the terms of insurance policies taken out and owned by the Trustees of the scheme. 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.

Please tick appropriate option

Serving Member

Partner of Serving Member

(Member Name _____)

Date member joined Police Force

Full name Mr/Mrs/Miss/Ms

Home Address

Postcode

Home tel no.

Mobile tel no.

Email.

Exact description of occupation

Marital status

Date of birth

Place of Birth

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

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.

Name

Date

Signature

If you are unable to sign the above declaration please complete a fully underwritten application form which is available from the Federation Office

PLEASE COMPLETE AND RETURN TOGETHER WITH A COMPLETED DIRECT DEBIT MANDATE TO :

Philip Williams and Company

35 Walton Road

Stockton Heath

Warrington

WA4 6NW