

**Northumbria Group Insurance Scheme Trust**  
Application for Membership/Notification of Amendment  
(Complete and Return)

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Work Tel No \_\_\_\_\_ Home Tel No \_\_\_\_\_ Mobile No \_\_\_\_\_

Email Address \_\_\_\_\_

Rank/Position held \_\_\_\_\_ Collar/Employee No \_\_\_\_\_

Division/Dept \_\_\_\_\_

Date commenced employment with Northumbria Police \_\_\_\_\_

**Beneficiary – Full Name** \_\_\_\_\_  
(if you would like more than one beneficiary, please provide details)

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home Tel No \_\_\_\_\_ Relationship \_\_\_\_\_

**Is your Partner to be covered under the Group Life Scheme** YES/NO

If yes, please complete the following:-

Partner – Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Beneficiary – Full Name** \_\_\_\_\_  
(if you would like more than one beneficiary, please provide details)

Address \_\_\_\_\_

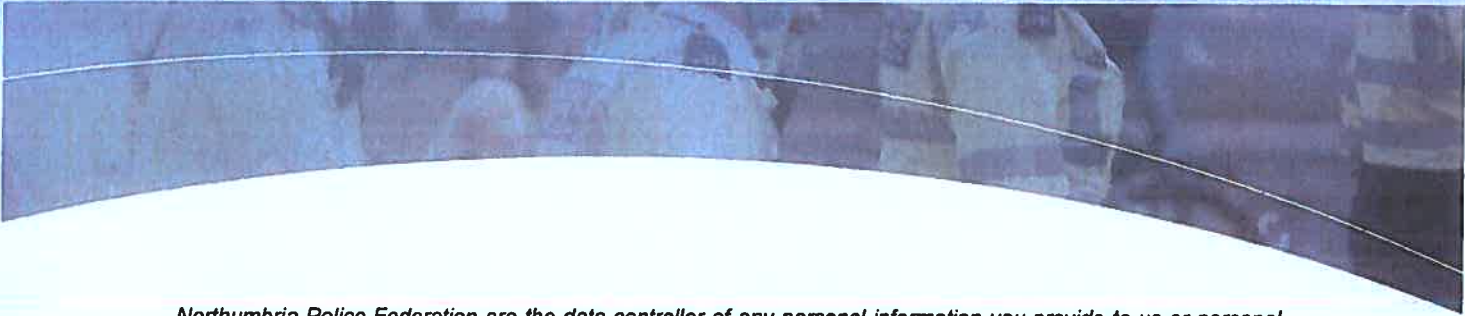
\_\_\_\_\_ Post Code \_\_\_\_\_

Home Tel No \_\_\_\_\_ Relationship \_\_\_\_\_

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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 <https://www.aig.com/uk/privacy-policy/>. 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.



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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.norpolfed.org.uk](http://www.norpolfed.org.uk) 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 wish to become a Member of the Northumbria Group Insurance Scheme Trust and I hereby authorise the appropriate deduction from my pay/bank account in accordance with the Rules governing the Scheme.

Date \_\_\_\_\_ Signed \_\_\_\_\_

***Deductions are taken on a monthly basis from pay or pension – please contact the Federation Office for details of the current cost. The deductions payable will be subject to periodic review and may go up or down.***

**Please note it is your responsibility to advise the Federation Office of any change in your personal circumstances and to ensure that deductions are continuing to be taken at the correct rate.**

Please return to:-

Northumbria Police Federation  
11 – 14 Apex Business Village  
Annitsford  
Cramlington  
Northumberland, NE23 7BF

Northumbria Police Federation is an Appointed Representative of Arthur J. Gallagher Insurance Brokers Limited which is authorised and regulated by the Financial Conduct Authority Registered Office: Spectrum Building, 7th Floor, 55 Blythswood Street, Glasgow, G2 7AT. Registered in Scotland Company Number SC108909.





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## NORTHUMBRIA GROUP INSURANCE SCHEME TRUST

### LATE ENTRANT DECLARATION

I wish to apply for membership into the Northumbria Group Insurance Scheme Trust. I confirm that I have not been absent from duty on account of ill health or injury at any time during the 8 week period prior to the date of my application, nor have I had any serious illness within the last 12 months. Furthermore, I have not previously been declined insurance cover, had a decision postponed, nor am I currently being underwritten.

I hereby authorise the monthly deduction from my pay/bank account.

Name: \_\_\_\_\_ Force Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Serving Officer/Police Staff Employee/Special Constable – *delete as appropriate*)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only

Date Received at Federation: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Forwarded to Gallagher on: \_\_\_\_\_

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Registered Office: Spectrum Building, 55 Blythswood Street, Glasgow, G2 7AT. Registered in Scotland. Company Number: SC108909.

# Northumbria Group Insurance Scheme Trust

## Group Insurance Scheme

### Partner Application Form (Late Joiner)

**This section is to be completed by the partner**

*'Partner' means the spouse or civil partner of an officer/police staff employee or any other person who is a nominated partner as defined in the Police Pensions Regulations 2006.*

Surname:  Forename(s):

Date of birth:

I declare that I am in good health and:

- I have not consulted a doctor or any other member of the medical profession for the same condition on two or more occasions in the past year.
- I have not had a major organ transplant nor have I ever suffered from cancer, heart disease, stroke, multiple sclerosis, kidney failure, diabetes or mental illness requiring hospital treatment.
- I have never tested positive for HIV/AIDS nor am I awaiting the results of such a test.
- No application to an Insurance Company for Life or Critical Illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reasons.
- I share a joint financial commitment with the officer/member of the scheme and understand that if I am admitted to the scheme membership, my membership is dependent on continuity of cover by the officer/member.

To the best of my knowledge and belief, the statements in this declaration are true and complete. (False declaration may result in benefit payment being refused).

I hereby apply to join the scheme with effect from:

Signed:  Date:

#### Beneficiary details

Surname:  Forename(s):

Address:

#### This section is to be completed by the officer/police staff employee

Station/division:  Payroll number:

Surname:  Forename(s):

I hereby authorise the Police Authority to deduct the sum indicated from my pay, in respect of my partner's membership of the above scheme. I also note that the premiums payable will be subject to periodic review and may go up or down.

Signed:  Date:

#### For completion by Federation Office

Date Received at Federation:  Authorised by:

Forwarded to Gallagher on: