

4. How long did the symptoms last?

5. Please advise the last time you suffered from this medical condition and confirm the nature and extent of any resulting disability?

6. What advice and/or treatment were you given ?

7. Did you require any time off work ? **Yes** **No** If "yes" please give details

8. Have you made a complete recovery resulting in cessation of treatment and are no longer attending or waiting follow up appointments **Yes** **No** If "yes" please give details

Section 5 - Declaration

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, as explained below, and I agree that a copy of this consent shall have the validity of the original.

I consent to any insurer seeking information from any doctor or medical adviser who at any time has attended me concerning anything which affects my physical or mental health or seeking medical information from any insurance company to which an application has been made for insurance on my life. I authorise the giving of such information and such authority will continue beyond my death.

I agree to the Insurer holding personal information on me for the purposes of underwriting, administration and claims management associated with this policy.

I declare that to the best of my knowledge and belief, the statements provided in this declaration and any associated declarations are true and complete, and all material facts have been disclosed. I authorise the payroll department to deduct the appropriate premium from my salary.

I wish to see the report before it is sent to the insurer

I do not wish to see the report before it is sent to the insurer please tick one only

Signature of the person whose life is to be insured

Date

Rights and Procedures

Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991
We need your consent before we can approach any doctor for a medical report about you. This is given by signing the declaration in Section 5 of this form. Before you sign, you should read this section carefully. It details your rights under the Act.

- You do not have to give your consent. If you do not give your consent, we may be unable to proceed with your application.
- You can request to see the report before it is sent to us. We will inform the doctor that you want to see the report before it is sent to us and confirm your request to you in writing. You will then have 21 days to arrange with the doctor to see the report. If you haven't arranged to see the report within this period the doctor will send it to us.
- If you indicate that you don't want to see the report, we don't have to tell you if we apply for one. You can, however, ask to see a copy of the report within six months of it being sent to us.
- The doctor may charge you a reasonable fee if you ask to see a copy of the report.
- If you have seen the report before it is sent to us, the doctor will require your written consent to send it to us. You have the right to ask the doctor to change anything that you consider to be incorrect or misleading. The doctor can, however, refuse to make any alterations. If the doctor refuses to change the report you may attach a note giving your views.
- The doctor can refuse to let you see all or part of the report if, in their opinion, it is likely to:
 - > adversely affect your physical or mental health or that of others,
 - > indicate the doctor's intentions to you,
 - > reveal the identity of a third party who has given information about you unless they have consented to its disclosure or it has been supplied by a health professional involved in caring for you.

In such cases the doctor must notify you. You will only be able to see the remaining part of the report. If the whole report is affected the doctor will advise you and not send it to us without your written consent. If you refuse to give your consent we may be unable to proceed with your application.
A terms of business letter is included with this application form. If it has not been included please contact Philip Williams & Co on 01925 604421 for a copy.

PLEASE COMPLETE AND RETURN TO :

Federation Office, 76 Wellington Street, Thame, Oxfordshire, OX9 3BN

09/11

THAMES VALLEY POLICE FEDERATION INSURANCE SCHEME

Application Form - Benefits applicable 1 September 2011

Member	
Life Insurance	£100,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured
Child Death Grant	£2,500
Critical Illness	£20,000
Child Critical Illness	£5,000
Permanent Total Disablement from any occupation	£100,000
Permanent Total Disablement from usual occupation	£30,000
Permanent Total Loss of two or more limbs	£100,000
Permanent Total Loss of one limb	£40,000
Permanent Total Loss of sight in both eyes	£100,000
Permanent Total Loss of sight in one eye	£40,000
Permanent Total Loss of hearing in one ear	£30,000
Permanent Total Loss of hearing in both ears	£100,000
Permanent Total Loss of speech	£100,000
Accidental Injuries	% Scale
Occupationally Acquired HIV/AIDS (Police Duties)	£100,000
Accidental Damage to teeth	Up to £1,000
Court Award Compensation	Up to £250
Temporary Total Disablement (maximum 104 weeks with a 7 day excess)	10% scale pay for first 6 weeks 15% scale pay for next 98 weeks
Red Arc Assistance	Family Cover
Hospitalisation following an accident up to 30 nights	£50 per night
Sick Pay Benefit - Half Pay (for up to 26 weeks)	20% scale pay
- No Pay (for up to 52 weeks)	50% scale pay
Family Travel Policy	Worldwide
Legal Expenses including ID Theft Protection	Included
Motor Breakdown Cover	Member and Partner
CALENDAR MONTHLY SUBSCRIPTION	£19.99
Cohabiting Partner of Member	
Life Insurance	£50,000
Terminal Prognosis Advance on Life Insurance	20% of sum insured
Critical Illness	£10,000
CALENDAR MONTHLY SUBSCRIPTION	£5.80

The benefits arranged under this insurance trust are provided strictly under the terms of insurance policies taken out and owned by the Trust. Copies of the policies are available to view at the Police Federation Office. Subscription to the Trust entitles the member to the benefits provided by the Trust but confers no ownership of any of the underlying policies, which are vested in the Trustees. Membership of the scheme ceases upon leaving the employment of Thames Valley Police unless upon retirement



Please complete this form in block capitals and tick answers as applicable.

The answers you give on this declaration form will be used to assess the proposal for insurance and must be answered fully to the best of your knowledge and belief. All questions should therefore be carefully answered to ensure that all material facts are disclosed. A material fact is information that an insurer would regard as likely to influence the assessment and acceptance of a proposal. If you are unsure whether a particular fact is relevant then this information should be disclosed. As the duty of disclosure of material facts applies until cover commences, any change in your circumstances following the completion of this declaration form should be notified to the Insurer. Part or all of the policy benefits may be forfeited if relevant information is withheld.

Please tick -

Serving Officer Cohabiting Partner of Serving Officer
 Police Staff Cohabiting Partner of Police Staff
 Special Constable Cohabiting Partner of Special Constable Date Member Joined Force _____

Section 1 - Personal Details

Name of employer

Full name Mr/Mrs/Miss/Ms

Home Address
 Postcode

Home tel no. Work tel no.

Exact description of occupation

Marital status Date of birth Place of birth

Members Work / Pay number.

Nomination of Beneficiary (Name and relation)

Section 2 – Insurance history

1. Has any application for life, income protection (PHI) or critical illness insurance on your life ever not been accepted on standard terms?

Yes No If "yes" please give details and dates and name of insurance company

2. Has any proposal for any form of insurance on your life been made to any insurance company within the past six months or are you expecting to do so in the next six months?

Yes No If "yes" please give details and advise if a medical examination was performed

Section 3 – Health & lifestyle (failure to complete this section in full will result in delays)

1. What is your height and weight?
 Height ft ins (or cms). Weight st lbs (or kgs)

2. What is your average WEEKLY consumption of :
 A) Alcoholic drinks ? units B) Tobacco ?
A unit of alcohol is a pub measure of wine or spirits, or half a pint of beer, lager or cider.

3a. Name and address of your current GP :
 3b. Name and address of any other GP consulted in last 5 years
 Tel : Tel:

4. During the past 5 years have you attended or been advised to attend any medical practitioner for any form of medical consultation, investigation, treatment or advice, or are you awaiting these?

Yes No If "yes" please give medical reason(s) and complete section 4

5. Are you currently having treatment (eg diet, medicines, tablets or injections) whether prescribed or not for any medical or psychiatric condition?

Yes No If "yes" please give medical reason(s) and complete section 4

6. Have you EVER suffered from:

If "yes" please state type of treatment and complete section 4
 A) Any disease of the heart/circulatory system, high blood pressure/stroke ? Yes No
 B) Any cancer, growth or malignancy ? Yes No
 C) Any form of kidney (renal) disease ? Yes No
 D) Any disease or disorder of the eyes ? Yes No

7. Have you tested positive for HIV/AIDS or Hepatitis B or C, or been tested/treated for other sexually transmitted diseases or are you awaiting the results of such a test?

Yes No if "yes" then FULL details MUST be declared to avoid delay with your application.

8. Have any of your parents, brothers or sisters died or suffered from heart disease, stroke, high blood pressure, diabetes, kidney disease, cancer, multiple sclerosis, nervous disorder or any hereditary disease before age 65?

Yes No if "yes" then FULL details of age at diagnosis, relevant dates, and information about their current health MUST be declared to avoid delay with your application.

9. Do you currently, or do you intend, to take part in any hazardous leisure activities?
 (For example, Private Aviation, Motor Racing, Mountaineering)

Yes No If "yes" or you are in doubt about any activity, please give details.

Section 4 Further details of life to be insured

Only complete this section if you have disclosed a medical condition in Section 3. Please give full details in the boxes provided and continue on a separate sheet if necessary.

	Condition 1	Condition 2
1. Medical condition disclosed	<input type="text"/>	<input type="text"/>
2. Please describe the symptoms you have suffered and give the date they started	<input type="text"/>	<input type="text"/>
3. How frequent were the conditions ?	<input type="text"/>	<input type="text"/>