# Thames Valley Police Group Insurance Trust

## Membership Package Application & Beneficiary Nomination

## January 2026

| | Member Only | Partner |
|---|---|---|
| New Recruit | ☐ | ☐ |
| Serving Officer – Transferee | ☐ | ☐ |
| Serving Officer – Late entrant | ☐ | ☐ |
| Police Staff | ☐ | ☐ |

## Your Details:

| | |
|---|---|
| Mr ☐ Mrs ☐ Miss ☐ Ms ☐ | |
| Surname: | Forename/s : |
| Address : | |
| | |
| | |
| Postcode: | |
| NI Number: | Mobile No: |
| Work Email :<br><br>Other Email: | Alternate Tel No.: |
| Date of Birth: / / | Date Joined Force: / / |
| Shoulder/Employee No.: | Rank: |

## Scheme Details – Monthly Subscriptions:

| | | | | |
|---|---|---|---|---|
| **Group Insurance Trust**<br>*Free for new recruits for first 12 Months Free for 3 months to all staff and Late Joiner Police Officers | **Member Only**<br>£32.50* | ☐ | **Partner**<br>£6.85* | ☐ |
| **Flint House/Police Childrens Fund/Benevolent Fund:**<br>£12.29 | | ☐ | | |

# Federation Membership Form:

## Section 1

a) I joined Thames Valley Police on_____

Previous Force was: _____

When transferring Force, this form must be completed within the first 6 months, even if previously a member of PFEW

b) I wish to re-join the Federation and restart subscriptions ☐

## Section 2

**Police Federation Subscription:**
(£26.31)

1. Thames Valley Police Federation has informed me of the benefits of joining the Police Federation of England and Wales and that I may opt to join the PFEW but am not required to do so.

**I wish to be a member of the PFEW** ☐

**I do not wish to be a member of the PFEW** ☐

2. Thames Valley Police Federation has informed me that:

- As a member of the PFEW, I will pay subscriptions to gain access to the full range of member services.
- I am not required to join but that if I choose not to, I will not have access to those services (information about the cost of subscriptions is detailed on the next page)

**I wish to pay Federation subscriptions** ☐
*(By confirming yes to paying Federation subscriptions I am authorising the Chief Constable to make the necessary deductions from my salary)*

**I do not wish to pay Federation subscriptions** ☐

Signature: _____Date: _____

A record of your fee-paying status as a member will be stored on the members' database held at Police Federation of England and Wales (PFEW) and updated regularly by your force for membership purposes in line with your contract.
PFEW will retain this information for the length of time you are a member.
The branch will retain this information for your lifetime in order to determine if you are entitled to any benefits or legal assistance to which you were contracted during your service.
It will not be shared outside of the European Economic Area.

## Beneficiary Nomination Details:

As a member of the TVP Group Insurance Life scheme, please provide details of the person(s) that you wish to receive the money in the event of your death. Scheme trustees are not bound to follow the nomination, but will take it into account. It is your responsibility to ensure that in the event of your circumstances or wishes changing you keep the information up to date.

## Officer Beneficiary Details:

| Name | Date of Birth | Relationship to Officer | Percentage of Benefit |
|---|---|---|---|
| | / / | | |
| | / / | | |
| | / / | | |

## To be completed on behalf of your spouse/civil partner/partner if they are to be insured for the partner benefit:

**Name of Spouse/civil partner/partner**: _____

**Date of Birth:** _____ / _____ / _____

**In the event of my partners' death, the nominated beneficiaries are:**

| Name | Date of Birth | Relationship to Partner | Percentage of Benefit |
|---|---|---|---|
| | / / | | |
| | / / | | |

## Please read and then sign the declarations below:

- I hereby authorise payroll, until further notice to make deductions from my pay/ pension at the rate(s) agreed with the Police Federation and TVP Group Insurance Scheme.
- I understand that the premium rates may vary from time to time as agreed with the Police Federation and TVP Group Insurance Scheme
- I confirm that I have read the summary of cover and am aware of the cover afforded under this scheme.
- I consent to the information on this form being stored / processed electronically.
- I understand that if my payments stop, all cover under the scheme will cease.
- If my application to join is successful, and I am not eligible for FREE cover, I will be notified when cover and payments will start and am aware that there is no cover prior to this date.
- I confirm that if I am applying for cover for my partner that the person meets the following criteria;
  - You are co-habiting
  - They are financially interdependent
- I understand that it is my responsibility that in the event of my circumstances or wishes changing that I keep my information up to date.

| |
|---|
| Member Signature: Date / / |

## Health Declaration (Not applicable for New Recruits)

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.

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 and 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 confirm that I have not previously been refused entry into the group insurance scheme.

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.

| | |
|---|---|
| Member Signature: | Date: / / |
| Partner Signature:<br>**(If required)** | Date: / / |

**Please note:** If you are unable to confirm the above statements you may still be able to join the Scheme, but you will need to complete a full medical questionnaire for evaluation by our underwriters.

**Please return this completed form to: Thames Valley Police Federation, Police Federation Office, 76 Wellington Street, Thame, Oxfordshire, OX9 3B, or by Email enquiries@tv.polfed.org**

**Please Note:** Our Privacy Notice can be viewed on our website at www.philipwilliams.co.uk
A hard copy can be provided upon request.