NHS
South Central Ambulance Service
NHS Foundation Trust

Thames Valley Police Group Insurance Trust

Membership Package Application & Beneficiary Nomination

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

	Member	Partner
SCAS Staff	☐	☐

Your Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐		
Surname:	Forename/s:	
Address:		
Postcode:		
NI Number:	Mobile No:	
Work Email: Other Email:	Alternate Tel No.:	
Date of Birth: / /	Date Joined SCAS: / /	
Electronic Staff Record Number (ESR):	Job Role:	

Scheme Membership Form

Section 1

a) I / the member* joined South Central Ambulance Service on:

_____ / _____ / _____

(*delete as applicable)

b) I wish to join and start subscriptions ☐ (Please tick to confirm)

Section 2

Scheme Details – Monthly Subscriptions:

Group Insurance Trust	Member Only £32.50	☐	Partner £6.85	☐

Beneficiary Nomination Details:

As a member of the TVPGI Trust 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 Member	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
	/ /		
	/ /		

Scheme Eligibility:

1. Membership of the scheme is strictly reserved for SCAS staff, retired staff and partners of staff, subject to the policy age limits.

2. All subscriptions for SCAS members will be taken by way of a direct debit

3. It is the responsibility of the SCAS member to inform the trust of any change in employment that results in them leaving the service as the scheme is only available to those listed above. Failure to notify TVPGI Trust of any such changes may affect any claims you make.

Please read and then sign the declarations below:

- I understand that the premium rates may vary from time to time as agreed with the TVPGI Trust. Any change will be notified through social media and SCAS SPOC's.
- 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.
- 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.

You understand that a record of your fee paying status and your personal details as a member will be stored on a secure members' database held at the TVP Police Federation office.
TVPGI Trust will retain this information for the length of time you are a member and unless requested not to do so by yourself upon leaving the scheme, TVPGI Trust 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.
TVPGI Trust will need to share your details with Philip Williams & Company to process claims and confirm membership to the scheme. Details will also be shared with Philip Williams & Company and SCAS to allow the reconciliation process to be undertaken each month.
Your details are not used for any marketing purpose and will not be shared with anyone other than Philip Williams and associated companies to process claims or confirm membership.

Member Signature: **(Required in all cases)**	**Date:** / /

Health 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.

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: **(If applying for cover)**	Date: / /
Partner Signature: **(If applying for cover)**	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 by email to enquiries@tv.polfed.org or post to:
Thames Valley Police Group Insurance Scheme, 76 Wellington Street, Thame, Oxfordshire, OX9 3BN

PhilipWilliams

Please complete this form and upload securely.

GC re PhilipWilliams
35 Walton Road, Stockton Heath, Warrington, WA4 6NW, GB

Instruction to your bank or building society to pay by Direct Debit

Customer Name or Company name

Service User Number

1	2	4	6	2	4

Name(s) of account holder(s)

Reference

Bank/Building Society account number

Instruction to your Bank or Building Society

Please pay GC re PhilipWilliams Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with GC re PhilipWilliams and, if so, details will be passed electronically to my bank/building society.

Branch sort code

Name and full postal address of your Bank/Building Society

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit GC re PhilipWilliams will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request GC re PhilipWilliams to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by GC re PhilipWilliams or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when GC re PhilipWilliams asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.