NHS
South Central Ambulance Service
NHS Foundation Trust

Thames Valley Police Group Insurance Trust
In partnership with Thames Valley Police Federation

Core Group Insurance Scheme Application

Please refer to the scheme summary for full details of the cover available under the scheme and the costs per month.
Please ensure you have reviewed and can agree to the declarations overleaf before completing thisform.

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

Eligibility

SCAS Staff can apply to join the scheme at any time.
The Philip Williams & Co and TVPGI Trust reserve the right to decline any applications.
** You must be a Serving Staff member under age 70 to be eligible to join the scheme.

Please tick this box to confirm that you are eligible for this scheme ☐

MEMBER BENEFITS UNDER AGE 70

Worldwide Travel Policy	Family
HealthHero Assist	Family
Motor Breakdown Cover *(UK & Europe)*	Member & Partner
Mobile Phone Cover	Member & Partner
Legal Expenses including ID Theft Protection	Included
GP 24	Family
CALENDAR MONTHLY PREMIUM	£19.60

MEMBER BENEFITS AGE 70 TO 79**

Worldwide Travel Policy (Europe Only 75-79)	Family
HealthHero Assist	Family
Motor Breakdown Cover *(UK & Europe)*	Member & Partner
Mobile Phone Cover	Member & Partner
Legal Expenses including ID Theft Protection	Included
GP 24	Family
CALENDAR MONTHLY PREMIUM	£24.60

Your Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐		
Surname:	Forename/s:	
Address:		
		Postcode:
Email:		Tel No.:
Date of Birth: / /	Date Joined Service: / /	
Electronic Staff Record Number (ERS):		

Please read and then sign the declarations below:

- I understand that the premium rates may vary from time to time as agreed with TVPGI Trust.
- I understand all subscriptions for SCAS members will be taken by way of a direct debit
- 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 understand that it is my responsibility that in the event of my circumstances or wishes changing that I keep my information up to date.
- By signing this form I consent to Philip Williams & Co sharing data with TVPGI Trust.

Please note:
For all Applicants the payments will be collected by monthly direct debit and the Direct Debit mandate on page 3 must completed.

Signature:	**Date:** / /

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.