



## DEFENCE POLICE FEDERATION INSURANCE SCHEME

### Retired Member Continuation Form

#### SCHEME BENEFITS with effect from 1 October 2017

##### Retired Member to age 70

Death by Any Cause	£5,000
Accidental Death	£25,000
Permanent Total Disablement (due to accident)	£25,000
Accidental Loss of Use of Eye, Limb or Hearing	£25,000
Temporary Total Disablement (excluding first 7 days)	£50 per week Up to 104 weeks
Hospitalisation Benefit up to 7 nights (unplanned)	£25 per night
Dental Accident and Emergency	Included
Home Emergency Assistance	Included
Family Travel Policy	Worldwide
Motor Breakdown Cover (UK and Europe)	Member & Partner

##### CALENDAR MONTHLY SUBSCRIPTION

£13.50

**Retired membership is only available to existing members and if applied for within 3 months of Retirement Date.**

The benefits arranged under this insurance scheme 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.



35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW  
Tel: 01925 604421 Fax: 01925 861351

Philip Williams & Company are authorised and regulated by the Financial Conduct Authority



35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW  
Tel: 01925 605807 Fax: 01925 861351

Date member joined Police Force	Date of Retirement
Full name Mr/Mrs/Miss/Ms	
Home Address	
Postcode	
Home tel no.	Mobile tel no.
Email.	
Marital status	Date of birth
<b>Nomination of Beneficiary</b> In the event of my death whilst a subscribing member of this scheme,  I hereby nominate _____ (name)  My _____ (relation to member) as my beneficiary.  Should you require more than one beneficiary, please write your wishes in the space below.	
Signature	Date



**INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY  
TO PAY DIRECT DEBITS**

PLEASE COMPLETE SECTIONS 1 TO 5

**1. Name & full postal address of your Bank or Building Society branch**

To: The Manager	
	Bank or Building Society
Address	
Postcode	

**2. Name(s) of account holder(s)**


**3. Branch sort code**

**4. Account number**

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**5. Instruction to your Bank or Building Society**

Please pay Philip Williams & Co Direct Debits from the account detailed in this instruction subject to safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Philip Williams & Co and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Service User Number

**753294**

Philip Williams & Co REF.

Banks and Building Societies may not accept Direct Debits for some types of accounts.

**Please complete and return to:**  
 Philip Williams and Company  
 35 Walton Road, Stockton Heath, Warrington,  
 Cheshire WA4 6NW