

## NORTHUMBRIA POLICE STAFF GROUP INSURANCE SCHEME

Arranged by the **Northumbria Police Federation** in conjunction with **Heath Lambert Group, Insurance Brokers.**

**TO: ALL SUPPORT STAFF OF NORTHUMBRIA POLICE**

This leaflet has been produced on behalf of Northumbria Police Federation for distribution to all Support Staff who contribute to the Group Insurance Scheme.

The covers which form part of the Group Insurance Scheme are noted below:-

- **Life Assurance**
- **Personal Accident Insurance**
- **Sick Pay Insurance**
- **Travel Insurance**

**Please Note:**

1. An all-inclusive Insurance Scheme is in force. Whilst Membership is on a voluntary basis, subscribers are automatically included on all elements of the Scheme. This extends to include:-
  - Life Assurance benefit for the Member's Spouse/Common-law Spouse (optional)
  - Personal Accident Insurance in respect of the Member including an Accidental Death benefit in respect of Dependant Children (as defined)
  - Sick Pay Insurance in respect of Members
  - Travel Insurance in respect of the Member's Spouse/Common-law Spouse and Dependant Children (as defined)
2. Membership of the Scheme ceases at the age of 65 years or on leaving the employment of Northumbria Police, if earlier.
3. The Spouse cover ceases:-
  - upon the Member reaching the age of 65 years; or
  - earlier, upon the Spouse reaching the age of 65 years if the Spouse is older than the Member.
4. Individual summaries of cover/key facts, prepared by insurers, for each separate policy are provided by the Federation to all Scheme Members. The actual policy documents containing full details of the cover, terms, conditions and exclusions are retained by the Federation. These may be viewed on request.

**In the first instance ALL queries should be directed to:-**

Northumbria Police Federation Joint Branch Board  
11-14 Apex Business Village  
Annitsford  
Cramlington  
Northumberland  
NE23 7BF

Tel No: (01661) 868 895

Fax No: (01661) 868 898

## ENTRY CRITERIA

Cover in respect of employees who join the Scheme within 3 months of first becoming eligible (i.e. within the first 3 months of employment) will **not** be subject to medical underwriting, which means that pre-existing illnesses/conditions will not be taken into account. Individuals who fall outside this 3 month entry criteria are required to complete a Health Declaration which can be obtained from the Federation Office.

A brief summary of the cover and claims procedure follows:-

### GROUP LIFE ASSURANCE

ASSURER: STERLING LIFE – POLICY No. SLO3000148

- Employee £20,000
- Spouse/Common-law Spouse £ 5,000
- Death from any cause, operative on a Worldwide basis, 24 hour cover.
- All claims should be submitted via the Federation Office who will advise on the procedure to be followed. An original Death Certificate must be provided and a claim form completed.

### PERSONAL ACCIDENT INSURANCE

INSURER: ACE EUROPEAN GROUP LIMITED – POLICY No. 54UK474602

- Accidental Death, Loss of Limb(s)/Eye(s) and Permanent Total Disablement from **usual** occupation (PCSOs – **any** occupation) £12,000
- Temporary Total Disablement – per week (maximum of 52 weeks excluding first 4 weeks) £ 30
- Accidental Death of a child aged up to 18 years, who is dependant of an Insured Person £ 3,000
- Permanent Total Disablement extends to include Continental Scale of Benefits
- Cover for accidental bodily injury sustained – 24 hour basis.
- Worldwide.
- All claims/incidents which could give rise to a claim should be notified to the Federation Office, (where possible within 30 days), who will issue a claim form for completion and return.

### SICK PAY INSURANCE

INSURER: ACE EUROPEAN GROUP LTD – POLICY No. 54UK474602

- Weekly Benefit (up to 26 weeks) £50
- Payable in the event that the Chief Constable places an Employee on half/reduced pay following a period of absence of 182 days (not necessarily consecutive days) in any 12 month period due to accident or sickness.
- Cover ceases on retirement, termination of employment, recovery, resignation or after 26 weeks, whichever occurs first.
- All claims should be notified to the Federation Office, who will issue a claim form for completion and return.

Please Note:-

**If the Member is not actively at work due to sickness at the time an application for membership into the Group Insurance Scheme is made, then cover will not become effective until the Member has returned to work and a period of 60 days has elapsed without recurrence of symptoms, treatment or advice in respect of the condition which has caused the period of absence.**

## TRAVEL INSURANCE

INSURER: ACE EUROPEAN GROUP LIMITED - POLICY No. 54UK474588

- |   |            |
|---|------------|
| • Medical and Additional Expenses including Repatriation (not applicable to travel in the UK) | £5,000,000 |
| • In-patient Benefit - £50 per day up to  | £ 1,000    |
| • Disruption  | £ 5,000    |
| • Travel Delay – per person (minimum 12 hours)  | £ 60       |
| • Missed Connection   | £ 500      |
| • Personal Liability  | £1,000,000 |
| • Personal Injury   | £ 20,000   |
| • Personal Belongings   | £ 2,000    |
| • Money   | £ 500      |
| • Overseas Legal Expenses   | £ 25,000   |
- Cover is provided to the Member, his or her Spouse and dependant children under the age of 21 years, ordinarily resident with the Member. Benefits apply per Insured Person.
  - A £40 excess applies per Insured Person per claim under each of the above sections. Under the Medical Expenses section, if the cost of medical treatment is reduced by the use of Form E111 or European Health Insurance Card, then the excess will not apply.
  - Cover applies on a Worldwide basis.
  - Maximum duration any one trip/journey – 60 days.
  - Maximum period away in any one insurance year – 180 days.
  - UK trips must involve an air flight or an overnight stay.
  - A Travel Policy Document is available from the Federation Office for your retention; this details the full policy terms, conditions and exclusions as well as the medical emergency contact numbers and claims procedures. Should you have any queries concerning this policy, please contact the Federation Office.
  - Claim forms must be obtained from the Federation Office, thereafter the completed claim form and claims correspondence is sent direct to the insurer, ACE.

**(Complete and Return)**

**Northumbria Police Staff  
Group Insurance Scheme  
Application For Membership**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_

Post Code \_\_\_\_\_

Work Tel No \_\_\_\_\_ Home Tel No \_\_\_\_\_ Mobile No \_\_\_\_\_

Email Address \_\_\_\_\_

Payroll No \_\_\_\_\_ Collar No \_\_\_\_\_ NI No (if known) \_\_\_\_\_

Job Title \_\_\_\_\_ Division/Dept \_\_\_\_\_

Date commenced employment with Northumbria Police \_\_\_\_\_

**Beneficiary** – Full Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Home Tel No \_\_\_\_\_ Relationship \_\_\_\_\_

**Is your Spouse/Common-law Spouse to be covered under the Group Life Scheme** **YES/NO**

If yes, please complete the following:-

Spouse/Common-law Spouse – Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I wish to become a Member of the Northumbria Police Staff Group Insurance Scheme and I hereby authorise the appropriate deduction from my pay/bank account in accordance with the Rules governing the Scheme.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**Please note it is your responsibility to advise the Federation Office of any change in your personal circumstances.**

**Please return to:-**

**Northumbria Police Federation Joint Branch Board  
11-14 Apex Business Village  
Annitsford  
Cramlington  
Northumberland  
NE23 7BF**