



**LANCASHIRE POLICE TOP UP DECLARATION**  
**FOR A SPOUSE/PARTNER**  
**OF A SERVING POLICE OFFICER**

Top up Benefit   
**(£12.5k)**  
(Price £0.99)

Top up Benefit   
**(£25k)**  
(Price £2.00)

**Please note: Only one level of Top up Benefit is allowed per Member.**

**Title:** ..... **Forename(s):** ..... **Surname:** .....  
(Mr/Mrs/Miss/Ms)

**Date of Birth:** ..... **Officer's Collar Number:** .....

**Address:** .....  
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.....

**Statement of Health:**

I am not suffering from any medical condition, 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 that I have not had more than 14 days of illness and/or injury during the last 12 months.

I am currently employed  **Yes**  **No**

If "Yes" - 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).

I confirm I have not had any application for Life or Critical Illness Insurance declined, postponed or subject to an increased premium or other special terms.

*(If you are unable to confirm any of the above a full Personal Declaration form will be required. If you are in any doubt please declare the details in the space provided).*

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### **Statement of Practice on Genetics**

In accordance with the Association of British Insurer's ('ABI') policy on genetics and insurance, you do not need to tell us about any genetic test you have had if the proposed level of cover, taken together with any other insurance cover you already have, total:

- £500,000 or less for life assurance
- £300,000 or less for critical illness or income protection

Above these limits you may need to tell us about certain genetic test results when applying for certain types of insurance. We will only be interested in genetic test results which have been approved by the Government's Genetic and Insurance Committee for insurers' use.

If you think this may apply to you please ask us for details of the current position. These details are also available from the ABI website at [www.abi.org.uk](http://www.abi.org.uk) under 'Insurance & Savings / Topics & Issues/ Genetics'

You must tell us if you have a family history of, are experiencing symptoms of, or are having treatment for a medical condition including any genetically inherited condition.

### **Data Protection Act 1998**

I understand and consent to the use of any information provided by me for the operation of this insurance. This includes the process of underwriting, administration, claims management, rehabilitation and handling customer concerns.

I understand that in order to do this the information may be shared with other insurers, reinsurers, insurance intermediaries and service providers who are involved in either the operation of insurance which covers employees or the employee benefit arrangements provided by the company.

I understand the data will be processed fairly and securely in accordance with the Data Protection Act 1998 and the details will be sorted on computer but will not be kept for longer than necessary.

I confirm that the data in relation to this insurance has been obtained and passed to Risk Assurance Management Limited in accordance with the requirements of the Data Protection Act 1998 and confirm that I give my consent to forward such information to the insurer.

### **Declaration:**

Please sign the Personal Declaration once you have read and completed all relevant sections contained in this form. If you are unsure as to whether any information should be given, you should provide it. .

- I confirm I wish to effect insurance under the Scheme and understand that my cover will not commence until confirmation has been received from Risk Assurance Management Limited or its agents.
- I will inform you immediately of any changes that occur before Risk Assurance Management Limited notify the terms on which cover will be offered. I understand that failure to do so may result in the loss or cancellation of the cover being assessed.
- To the best of my knowledge and belief all the statements made, which includes anything I may have said, have been recorded accurately in this form or are attached in a sealed Private and Confidential envelope, and are true and complete.



**Personal Declaration:**

I hereby acknowledge and accept that if any of the statements made by me in this form are untrue or deliberately misleading any payment of benefit may be denied.

Copies of this declaration will be legally valid.

I understand that this form will be passed to or used by member companies of Risk Assurance Management Limited for the purpose of my insurance. This includes underwriting, processing, claims handling and fraud prevention, which could include passing details to agents of Risk Assurance Management Limited or other insurers. You may ask other insurers for information to check the information I have given.

**Signature:**

**Dated:**

**Print Name:**

**For Office Use Only:**

**Acceptance Date:**

**Accepted by:**

**Signature:**

**Dated:**

**Print Name:**

**Please ensure this form is forwarded to Risk Assurance Management Limited.**