

**Greater Manchester
Fire and Rescue Service
Over 65 travel insurance
Cover continuation application form**



**Please complete the following in BLOCK CAPITALS and return the form to: George Burrows,
13 Piries Place, Horsham, West Sussex, RH12 1EH.**

Surname:	<input type="text"/>	Forename:	<input type="text"/>
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Date of birth:	<input type="text"/>	Pension number:	<input type="text"/>
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Address (including postcode):	<input type="text"/>
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<input type="text"/>

I wish to continue to subscribe to the Greater Manchester Fire and Rescue Service group travel insurance scheme.
I hereby authorise the Fire Authority to deduct the calendar monthly premiums indicated below from my pension:

Age 65 – 70:	<input type="text"/>	£11.25	Age 70 – 75:	<input type="text"/>	£15.00
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*The premiums payable will be subject to periodic review and may go up or down.

The premium rate applicable to my age will be collected until further notice or until I attain the age of 75, when my cover under the scheme will cease.

Signed:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please note:

The travel insurance policy contains certain conditions and exclusions relating to the health of the insured persons. It is essential that at the time of taking out this policy and when booking a trip you are able to make the health declaration in relation to yourself and each insured person.

If you agree to the declaration knowing that any part of it is untrue the insurers reserve the right to cancel the policy, or refuse to deal with any claim arising or to reduce the amount of any claim paid. If you have any doubts in relation to the declaration you should refer to your GP for advice.

Once you have read the health declaration, which can be found in the travel policy wording, you may wish to contact the **Police and Fire Brigade Health Line** to see if cover can be provided for your existing condition(s). The number to ring is: **01689 892 262**. This may result in an additional premium requirement in order to cover your medical condition(s).

