## Staffordshire Police Federation Group Insurance Scheme Officer Application Form





## Please complete the following and return the form to: Staffordshire Police, Federation Office, Hearn Court, Rising Brook, Stafford ST17 9QN

## You will need to print this form to sign it.

l am a: new recru	iit serving o	fficer	Date of jo Police For	oining Staff rce	ordshire			
Surname:			Fo	orename(s	):			
Date of birth:				Force number:				
Address:								
	recruits and serving or plication form you co		are current	tly actively	/ at work i	n your normal	occupatio	n and number of
	have not been medica ks preceding this app		ainst work	ing, and h	ave not be	en absent fro	m work du	e to ill health or
Applicable to new	recruits only.							
Membership of the deducted from you	force group life main Ir salary each month.	scheme is free	for the firs	st 52 weeks	s, followin	g which the no	ormal premi	um will be
I wish to join the main package scheme:				<b>£25.50</b> * per month inclusive of the Federation's administration fee of £0.76 and Insurance Premium Tax (IPT)				
I wish to join the Group critical illness scheme: £3.78* per month (no administration fee or IPT applies)								
I hereby apply to join the scheme(s) indicated above / / / / / / / / / / / / / / / / / / /								
I authorise the Police Authority to deduct:					-	h from my pathip of the at		-
*The premiums payabl	e will be subject to perio	dic review and m	ay go up or					
Signed:			Da	ate:	/		/	
circumstances change, ple	rmation you have provided to ase inform us. If we or the ins ancelled or treated as if it neve	urer discover that th						
Cover is conditiona	I to continued membe police service and be	rship of the sc						
Beneficiary deta	IS (Please notify the Fe	deration immedi	ately of any	changes to	o your pers	onal or benefici	ary details)	
Surname:		Forename(	(s):					
Address:								
and conditions of th application to join th	n up to date will is ac e trust deed, which w e main scheme). The all matters, in accord	ould normally Trustees will,	be to the n at their own	nember's n discretic	chosen bon, agree p	eneficiary (as payment in the	detailed in e event of a	your

Officer's payroll number:

Please read the Data Privacy Notice on the reverse of this application form.

## Data Privacy Notice

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