## AVON & SOMERSET CONSTABULARY

## TRAVEL INSURANCE SCHEME

## **REGISTRATION FORM**

As a member of the Avon and Somerset Group Insurance Scheme, you have automatic cover for 'family' travel Insurance (includes member, spouse/partner and any unmarried children under the age of 23 who reside with you and are in full time education), on a worldwide basis.

To register with us as an insured person under the scheme, please complete the details below and return this form to us at the address shown. A copy of all the documents relating to the scheme are available to download from our website at http://www.polfed.org/avonsom/member-services/

Mr/Mrs/Miss/Ms Surname	First Names
Address	
	Postcode
Tel. No E-mail ad	ldress
Date of Birth Date of J	oining
Pay Number Collar No	)
Name of Partner	Date of Birth
Child (1)	Date of Birth
Child (2)	Date of Birth
Child (3)	Date of Birth
Child (4)	Date of Birth
IMPORTANT	
I certify that I am a member of the Avon and Somerset G are deducted from my salary. I understand that if I am no Insurance scheme, or if my contributions stop for any rea understand that any information about those insured, whi history, criminal convictions), will be processed by the insurrows in compliance with the Data Protection Act 1998 insurance cover, administering scheme membership and providing data to third parties as regards scheme membership.	roup Insurance scheme and that premiums t a member of the Avon and Somerset Group son, no travel insurance is provided. I ch may include sensitive data (medical surer and/or claims adjuster and/or George, and only for the purposes of providing handling any claims which will necessitate ership.
Signed	Date

When completed, please return to:
Avon and Somerset Police Federation Office
1 St David's Court
Windmill Road
Kenn, Clevedon, BS21 6UP

Or email to: info.avonsom@polfed.org