Norfolk Police Federation Group Insurance Scheme Partner Application Form





This form is applicable to partners who are joining at the same time as a Student Officer or who are joining within three months of either marrying or qualifying* as a Serving Officer's partner, whichever occurs first. In all other circumstances the Late Joiner application form applies.

Definition of partner - a partner is defined as your legal spouse or civil partner. If you are not married or you do not have a civil partner, a person who is co-habiting with you and *has done so for at least six months prior to joining the scheme and is financially dependant or interdependent with you.

Please complete the following in BLOCK CAPITALS and return the form to: Norfolk Police Federation, Vox House, 43 Thorpe Road, Norwich, NR1 1ES. Once completed you must print this form and sign it.

This section is	to be completed by the Pa	ırtner:				
Surname:			Forename(s):			
Date of birth:	/ /					
Address:						
I hereby apply to jo	oin the scheme with effect from:	/	/ /			
Signed:			Date:		/	
	main in the scheme until they s first. Benefit levels depend on ner information.					
This section is	s to be completed by the St	udent / Servi	ng Officer:			
Surname:			Forename(s):			
Officer's force num	ber:		Email:			
	udent Officers membership is free e full premium of £7.78** will be p n Tax (IPT).					
I hereby authorise above scheme.	the deduction of the applicable si	um indicated abo	ove from my pay,	in respect of r	ny partner's	membership of the
Signed:	**The premiums payable will be subject to periodic review and mag					go up or down.
Date:	/ /	It is important that the information you have provided to us is to the best of your knowledge true, accurate and complete and reflects your current circumstances. If your circumstances change, please inform us. If we or the insurer discover that the details provided to us are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or your policy being cancelled or treated as if it never existed.				
Beneficiary deta	ils (Please notify the Federation	· ·			beneficiary of	details)
Surname:			Forename(s):			
Address:						
			Email:			
Relationship to member:			under the terms of the beneficiary. The Trustee	e 'Trust Deed', which es will, at their own o	n would normally lastretion, agree p	s are made by the Tiustees be to the member's chosen ayment in the event of a life ne Trust Deed, the decision
Officers payroll nu	ımber:	Date Officer id	oined scheme:		/	/

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

Data Privacy Notice

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