



Please complete and return this form to: Avon & Somerset Police Federation Office, 1 St David's Court, Windmill Road, Clevedon, North Somerset BS21 6UP. (Once completed you will need to print this form and sign it)

l am a:	n ew recruit		serving officer	Date of joining Avon & Somerset Police Force:				
Surname:				Forename(s):				
Date of birth:	pirth:			Force number:				
Address:								
				Е	Email:			
By signing the absent from application. Applicable to Membership	your employer's s	m, you service y s free f	confirm that you are a son account of ill-health for the first 26 weeks of	or injury at any time	during the 6	eight weeks pr	eceding this	
t is important t	that the information stances. If your cir	n you h cumsta	ave provided to us is to th inces change, please infor ay result in refusal of a cla	m us. If we or the insur	er discover	that the details	provided to us are	
I wish to joi	n the Group Insu	rance	scheme	£27.95* per mor administration fe				
I would like	to join the sche	ne wit	h effect from:					
I hereby aut	horise the deduc	tion of	f the monthly premium	from my pay in resp	ect of my m	nembership of	the above scheme.	
The premi	um payable wi	II be	subject to periodic i	eview and may g	jo up or c	lown.		
Signed:				Date:		/	/	
reduce or contact the	ease on retire Police Federa another force,	ment tion o	ed membership of t from the police serv or George Burrows t nation or dismissal.	rice and the life b for further inform	enefit red	uces again	at age 65. Please	
Surname:				Forename(s):				
Address:								
				Relationship to n	nember:			
t is importa	ant that you n	otify	the Federation imm		ges to pe	rsonal or b	eneficiary details	
he maintaining be to the memb	g of an up-to-date v ber's chosen benef	vill is ad	the Federation imm dvised. Payments are mad The Trustees will, at their of Deed, the decision of the	ediately of change by the Trustees und pwn discretion, agree p	er the terms	of the 'Trust D	eed', which would nor	

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