

**THE NORTHERN POLICE HEALTHCARE SCHEME
IN ASSOCIATION WITH DEVON AND CORNWALL POLICE FEDERATION
MEMBERSHIP APPLICATION FORM – SERVING OFFICER**

Employee (Subscriber's) details (please complete using BLOCK CAPITALS)		For Office Use Only
Marital Status	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Subscriber's Surname (Mr/Mrs/Miss)		Rec'd
Full Forenames		Mem. No.
Home Address		WEF
		Group No.
Post Code	D.O.B.	Tel. No. (Work) Tel. No. (Home) Tel. No. (M)
Force: Devon & Cornwall	Rank & No.	Probationer Yes/No Date Joined Force:
Email Address (W) Email Address (H)		

**If you wish to include your Spouse and/or Dependants to this cover, please complete the following:-
PLEASE INDICATE BELOW IF YOUR SPOUSE/PARTNER IS A SERVING OFFICER**

Surname	Forenames	Relationship to Subscriber	Date of Birth

Name and Address of General Practitioner

Membership Cover (Please tick appropriate box)

Member Only Member & Spouse/ Partner Full Family One Parent Family

I agree to pay the appropriate amount deducted from my salary. I have read the rules and agree to be bound by them. I am fully aware that benefit is not payable during the first 24 months of membership for any treatment where medical advice was sought during the 24 months prior to joining the scheme.

Signed Name (Please Print)

Payroll No. Date

Please return to: Pauline Chapman, Administrator, Northumbria Police Federation, 11-14 Apex Business Village, Annitsford, Cramlington, Northumberland NE23 7BF, Email pchapman@npf.polfed.org or Devon & Cornwall Constabulary Police Federation Office, 2 River Court, Pynes Hill, Exeter, EX2 5JL, Email fedoffice@devon.polfed.org

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