

**THE NORTHERN POLICE HEALTHCARE SCHEME
MEMBERSHIP APPLICATION FORM
ESSEX POLICE FORCE**

Employee (Subscriber's) details (please complete using BLOCK CAPITALS and tick appropriate boxes)			
Marital Status:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Subscriber's Surname (Mr/Mrs/Ms/Miss)			
Full Forenames			
Home Address			
Post Code	D.O.B.	Date Joined Force:	
Tel. No. (Work)	(Home)	(Mobile)	
Email Address (Work)		(Home)	
Serving Officer <input type="checkbox"/>	Police Staff <input type="checkbox"/>	Transferee <input type="checkbox"/>	Student Officer <input type="checkbox"/> Rank & No.

**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

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Membership Cover (Please tick appropriate box)

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

I agree to pay the appropriate amount by standing order on the **16th of each month**, I understand that in the future this may change to be deducted by 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 pre-existing conditions.

Account Payable Essex Police Federation Sort Code 60-83-01 Account Number 20446589

Signed Name (Please Print)

Payroll No. Date

Please return to: helen.oben@polfed.org or Essex Police Federation, 82, Springfield Road, Chelmsford, Essex, CM2

DATA PROTECTION DISCLAIMER STATEMENT

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