**ESSEX POLICE FEDERATION**

 **GROUP INSURANCE SCHEME FOR SERVING POLICE OFFICERS**

**Beneficiary Form**

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| --- |
| **Full name and collar number of Officer:**  |
| **Address:** **Email:** **Telephone:**  |
| **Please name the person(s) you would like to receive the benefit in the event of your death and their relationship to you and the percentage you wish to give:****Full Name(s):****Date of Birth(s):****Relationship:****Address:****Email Address:****Telephone Number:****Any other information you wish to provide:** |
| **Officer’s signature:****Date:** |

**Please complete this form and return it to:**

**Admin**

**Essex Police Federation**

**82 Springfield Road**

**Chelmsford**

**Essex**

**CM2 6JY**

**or scan and email to essex@polfed.org**