**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**