Leicestershire Police Federation
Medical Scheme Application

ADDITIONAL MEMBER APPLICATION

Please refer to the scheme Terms and Conditions for full details of the cover available under the scheme and the costs per month.
Please ensure you have reviewed and can agree to the declarations overleaf before completing this form.

Please provide a clinical summary with this application form. This is a clinical overview provided by your GP of your medical history. This is not your full medical record. Your application will not be accepted without this.

Main Member Details:

Surname:	Forename/s :
Date of Birth: / /	

Additional Member Details:

Relationship to Main Member:		
Mr ☐ Mrs ☐ Miss ☐ Ms		
Surname:	Forename/s :	
Address :		
		Postcode:
Email :		Tel No.:
Date of Birth: / /		

Have you ever been diagnosed with, or received treatment for, any of the following: *tick all that apply*

Back Injury		Heart Disease	
Lower Gastro-intestinal Disorder		Upper Gastro-intestinal Disorder	
Allergies (inc. to medications)		Seizures/fainting/dizziness	
Tuberculosis		Hearing difficulty	
Muscular Disorder		Hernia	
Diabetes		Headaches	
Ophthalmological Issues		Permanent defect from illness	
ENT Issues		Thyroid Issues	
Abnormal Smear		Abnormal Prostate	
Or any other condition not mentioned above:			

If you answered yes to any item listed above, please give full details including symptoms, dates and nature of any treatment. Continue on a separate sheet if necessary

Have you received, or are you currently receiving, any treatment or diagnosis for any other condition not listed overleaf?

Have you ever been diagnosed with a chronic condition? If yes, please provide as many details as you can to this regard.

AUTHORITY TO RELEASE MEDICAL DETAILS

In order to fully evaluate your application, it may be necessary for us to obtain medical details from the consultant/practitioner

I hereby give consent for access to medical records on accordance with the Access to Medical Records Act 1988.

I declare that, to the best of my knowledge and belief, the statements provided in this declaration are true and complete and all material facts have been disclosed.

Additional Member Signature: _____ **Date:** _____

ADDITIONAL MEMBER

Please read and then sign the declarations below:

- I confirm that I have read the Terms and Conditions and am aware of the cover afforded under this scheme.
- I consent to the information on this form being stored / processed electronically.
- I understand that if payments stop, all cover under the scheme will cease.
- I understand that it is my responsibility that in the event of my circumstances or wishes changing that I keep my information up to date.

Additional Member Signature: **(required in ALL cases)**	**Date:** / /

MAIN MEMBER

Please read and then sign the declarations below:

- I confirm that I agree to have this additional member added to my policy and authorise payroll, until further notice to make deductions from my pay/ pension at the rate(s) agreed with the Police Federation.
- I understand that the premium rates may vary from time to time as agreed with the Police Federation.
- I consent to the information on this form being stored / processed electronically.
- I understand that if my payments stop, all cover under the scheme will cease.

Member Signature: **(required in ALL cases)**	**Date:** / /

Please return this completed form to: Medical Scheme, Leicestershire Police Federation, Suite B, Lancaster House, Grange Business Park, Enderby Road, Whetstone, Leicestershire LE8 6EP

How We Use Your Data

Here at LPF Trusts we take your privacy seriously and will only use your personal information to administer your membership and to provide the services that you have requested from us.

How do we collect information from you?

We will collect personal information about you when you join the Scheme and register a claim. We also obtain personal information from the contracted providers of your services such as the medical facility at which you are treated and the underwriter of your insurance policy.

What type of information is collected?

We collect personal information such as your name, address, contact information and personal medical information pertaining to your claims.

How will we use this information?

We use the information provided to administer your membership and to provide the services you have requested from us.

We will never pass on your information to any other external organisation for the purpose of marketing.