Norfolk Police Federation Group Insurance Scheme





Partner Application Form (Late Joiner)

Definition of partner - a partner is defined as your legal spouse or civil partner. If you are not married or you do not have a civil partner, a person who is co-habiting with you and has done so for at least six months prior to joining the scheme and is financially dependent or interdependent with you.

Please return the completed form to: Norfolk Police Federation, Vox House, 43 Thorpe Road, Norwich, NR1 1ES Once completed you must print this form and sign it.

This section is	to be completed by the Par	tner:	_			
Surname:			Forename(s):			
Date of birth:	/ /		Email:			
Address:			1			
1. During the lass for any form of any form of currer (includes diable (Excludes tab 3. I have never be tested positive 4. No application declined, positive hazardous put 5. I share a joint scheme mem I confirm that I hinformation you circumstances. untrue, inaccura existed.	financial commitment with the empthership; my membership is dependent and taken reasonable care to ensure the provided to us is to the best of the first four circumstances change, pleate or incomplete, this may result in	ration (excluding cation or medication, or awaiting of them, colds, in or Hepatitis B of the tion in the last of the case of the case of the them on continuiting that the state of your knowledge inform us. If	g consultations for all attention, either g any medical or softwars, routine v. r C, nor am I awais years, nor am I assickness insurancestrictions, or become the scheme and ty of cover by the aments above are lage true, accurate twe or the insurer	r colds,asthma, in regularly or irregisurgical consultati accinations, or co iting the result of sawaiting the result ce, or critical illner withdrawn for and understand that employee/membhonest and correct and complete and colored discover that the	fluenza or pregnan ularly for any medicon, test or investigantraception). Such a test. I have tof such a test ess cover has ever any medical reason tif I am admitted to er. ct. It is important the dreflects your curredtails provided to	ncy) cal ation. not r been n or at the rent o us are
I hereby apply to	o join the scheme with effect from:					\neg
Signed:		Da	ite:			
whichever occu George Burrows	main in the scheme until they read the first. Benefit levels depend to for further information. Etails (Please notify the Federal	on the age of	the subscribing	officer. Please	refer to the Fede	eration or
Address:						
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This section is	to be completed by the Serv	vina Officer	Relationship to member:			
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	ise the deduction of the sum of £ om my pay, in respect of my part				d the Federation's	administrati
Signed:			Date:	/	/ /	
*The premiums payab	le will be subject to periodic review and may	go up or down.]	/	/	
Officer's payroll r	number:	Date office	er joined scheme:	/	/	

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