

**WEST MERCIA POLICE GROUP INSURANCE SCHEME**  
**TRANSFEREE APPLICATION FORM**

This form must be completed and returned within ONE MONTH of joining.  
Double Indemnity Clause – you cannot be a Member and a Partner on our policies.

**MEMBER DETAILS**

Rank & Collar No: \_\_\_\_\_ Date Joined West Mercia: \_\_\_\_\_

Full name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ NI Number: \_\_\_\_\_

**TYPE OF COVER**

- MEMBER ONLY @ £30.95 per calendar month
  
- MEMBER AND PARTNER @ £40.10 per calendar month  
*Please provide written proof from your previous Federation confirming the Partner insured including their full name and date of birth.*

Partner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**BENEFICIARY DETAILS**

I understand that in the event of my death, the benefit will be paid to my next of kin at that time, unless I have declared in writing to the contrary. You can nominate more than one person, charity club or society. Please ensure that you keep this updated regarding any changes in circumstances.

I understand that this request is not binding on the Trustee. In the event of my death, I would like the Trustee to consider making payment of any benefits under the Rules of the Scheme to the following:

Full name	Relationship	Date of Birth	%

**DECLARATION**

I authorise West Mercia to deduct the required subscription from my salary at source each pay period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form by email to [staff@wmpf.polfed.org](mailto:staff@wmpf.polfed.org)**