

WEST MERCIA POLICE GROUP INSURANCE SCHEME

TRANSFeree APPLICATION FORM

This application form must be completed and returned within **ONE MONTH** of joining, or you will need to re-apply here: www.polfed.org/westmercia/group-insurance/apply-to-join/.

MEMBER DETAILS

Rank & Collar No:

Date Joined West Mercia:

Full name:

Home Address:

Date of Birth:

NI Number:

TYPE OF COVER - Please tick the membership you held in your previous force

☐ **Member Only** - £31.95 per calendar month

☐ **Member and Partner** - £41.95 per calendar month

• Partner Name:

Partner DOB:

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	%

DECLARATIONS

- I authorise West Mercia to deduct the required subscription from my salary at source each pay period.
- I understand that the information provided will be used solely for the administration of the Group Insurance Scheme and will be handled in accordance with data protection regulations.

DOUBLE INDEMNITY CLAUSE

You cannot be enrolled as both a Member and a Partner under the West Mercia Group Insurance Scheme. Each individual may only be covered under one membership type.

Signature:

Date:

Please return completed form by email to staff@wmpf.polfed.org