

**THE NATIONAL POLICE HEALTHCARE SCHEME
IN ASSOCIATION WITH CAMBRIDGESHIRE POLICE FEDERATION
MEMBERSHIP APPLICATION FORM**

Employee (Subscriber's) details (please complete using BLOCK CAPITALS and tick appropriate boxes)			
Marital Status:	Sex: M	<input type="checkbox"/>	F <input type="checkbox"/>
Subscriber's Surname (Mr/Mrs/Ms/Miss)			
Full Forenames			
Home Address			
Post Code	D.O.B.	Date Joined Force:	
Tel. No. (Work)	(Home)	(Mobile)	
Email Address (Work)	(Home)		
Serving Officer <input type="checkbox"/>	Police Staff <input type="checkbox"/>	Transferee <input type="checkbox"/>	Student Officer <input type="checkbox"/> Rank & Collar No.

**If you wish to include your Spouse and/or Dependants to this cover, please complete the following:-
PLEASE INDICATE BELOW IF YOUR SPOUSE/PARTNER IS A SERVING OFFICER**

Surname	Forenames	Relationship to Subscriber	Date of Birth

Name and Address of General Practitioner

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Membership Cover (Please tick appropriate box)

Member Only Member & Spouse/ Partner Full Family One Parent Family

I agree to pay the appropriate amount deducted from my salary. I have read the rules and agree to be bound by them. I am fully aware that benefit is not payable during the first 24 months of membership for any pre-existing conditions.

Signed Name (Please Print)

Payroll No. Date

Please return to: Healthcare Administrator, Northumbria Police Federation, 11-14 Apex Business Village, Annitsford, Cramlington, Northumberland NE23 7BF, Email Healthcare@npf.polfed.org

DATA PROTECTION DISCLAIMER STATEMENT

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