



**IN ASSOCIATION WITH ESSEX POLICE FEDERATION  
MEMBERSHIP APPLICATION FORM**

<b>Member Details</b>			
<b>Marital Status:</b>			
Surname (Mr/Mrs/Ms/Miss)			
Full Forenames			
Home Address			
			Post Code
Tel No		Email Address	
D.O.B.	Date Joined Force		National Insurance No
Force	Rank	Collar Number	
Serving Officer <input type="checkbox"/>	Police Staff <input type="checkbox"/>	Transferee <input type="checkbox"/>	Student Officer <input type="checkbox"/>

Please complete the following if you wish to include your Spouse/Partner and/or Children (under 21).

**PLEASE INDICATE BELOW IF YOUR SPOUSE/PARTNER IS A SERVING OFFICER**

Surname	Forenames	Relationship to Member	Date of Birth

**Membership Cover** (Please tick appropriate box)

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

Where did you learn about the Healthcare Scheme? \_\_\_\_\_

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](mailto:Healthcare@npf.polfed.org)

**DATA PROTECTION DISCLAIMER STATEMENT**  
The National Police Healthcare Scheme take the security and privacy of your personal data very seriously. To read our full privacy/fair use statement, please visit our website [www.norpolfed.org.uk](http://www.norpolfed.org.uk). The statement can be accessed at the bottom of the homepage.