APPENDIX A

LPMAS APPLICATION FORM
Once completed please return to HR

Please complete the following details to ensure our records are up to date and compliant with Data Protection. ***Important:*** By completing and signing this form, you are authorising the LPMAS to share this information with the Force, and that you also authorise the Force to share your information with PFEW. **You are also signing that you understand that it is your responsibility to update the LPMAS of any changes to the named beneficiary.**

a) Full Name: _____

  Signature: _____ Date: _____

  Rank: _____ Collar No: _____

b) I wish to become a member of the Lincolnshire Police Mutual Assistance Scheme in accordance with the rules as approved and adopted with effect from 13th May 2024, or as may be subsequently amended. I confirm I have been provided with a copy of the rules and have had the opportunity to read them in full.

c) I agree to the deduction from my salary of subscriptions as set from time to time by the Committee under the rules of the Scheme and for the monies to be held in the Mutual Assistance Scheme Suspense Account for the purposes of distribution under the rules of the Scheme.

d) I understand if I wish to cease membership, I must provide written notification of withdrawal to the Secretary of the scheme. I understand termination will be effective 3 months from the date the notice is received by the Secretary as per 3.5(b) of the scheme rules.

e) <u>WITNESS</u> – (Other than beneficiary)

  Full Name: _____

  Signature: _____ Date: _____

  Rank: _____ Collar No: _____

NAMED BENEFICIARY
N.B. IF YOUR BENEFICIARY IS A PARTNER (i.e NOT A SPOUSE OR CIVIL PARTNER) YOU MUST ALSO COMPLETE THE LPMAS DECLARATION OF PARTNERSHIP FORM, FAILURE TO DO THIS WILL NEGATE A CLAIM ARISING FROM YOUR PARTNER IN THE EVENT OF YOUR DEATH.

  Full Name: _____

  Address: _____

  Contact Phone Number: _____

TO BE USED ONLY IF NOMINATING CHILDREN

CHILD 1 Name: _____

Address: _____

PLEASE ENTER PERCENTAGE OF BENEFIT
(**If nominating a single child this must be 100%. For multiple children the total percentage for all nominated children must equal 100%)

[_____] %

CHILD 2 Name: _____

Address: _____

PLEASE ENTER PERCENTAGE OF BENEFIT
(**One nominating a single child this must be 100%. For multiple children the total percentage for all nominated children must equal 100%)

[_____] %

CHILD 3 Name: _____

Address: _____

PLEASE ENTER PERCENTAGE OF BENEFIT
(**One nominating a single child this must be 100%. For multiple children the total percentage for all nominated children must equal 100%)

[_____] %

CHILD 4 Name: _____

Address: _____

PLEASE ENTER PERCENTAGE OF BENEFIT
(**One nominating a single child this must be 100%. For multiple children the total percentage for all nominated children must equal 100%)

[_____] %

COMPLETED BY THE HONORARY SECRETARY
Once completed return to HR and member

To: _____

Your application dated _____ to be enrolled as a member of the Lincolnshire

Police Mutual Assistance Scheme (LPMAS) was received by me on _____

and I hereby certify that your membership becomes effective from _____

Signed: _____

(Honorary Secretary)

NOTES

Membership of the Scheme shall cease:

a) Upon the termination of a member's service with the Lincolnshire Police and the removal of their name from the Register.

b) Upon termination of **three calendar months** from the date of the Secretary receiving a member's written notice of withdrawal from the Scheme.

c) Upon a member failing within a period of eight weeks from the date of a demand to pay a subscription.

d) For those on Career breaks, who will be excluded from Scheme for the duration of break but will be eligible to rejoin on return to Force.

As from the date of cessation of membership a member shall have no claim upon the Scheme or any funds held by the Committee and although liable for any subscription levied before the date of cessation of membership, they shall not be liable for any subscription levied thereafter.

APPENDIX B

LPMAS Joint Declaration of Partnership Form

- By completing this declaration form you are declaring your partner for the purposes of the LPMAS scheme. This declaration is not required for married spouses or civil partners.

- This declaration alone does not give you or your partner entitlement to the LPMAS payment. If you or your partner were to die, the LPMAS would need to be satisfied that your relationship with your partner met the qualifying conditions for the LPMAS payment at the time of your death as per rule 6.3 and part 3 of this form.

- Important: By completing and signing this form, you are authorizing the LPMAS to share this information with the Force, and that you also authorize the Force to share your information with the Committee.

- **Please complete this form in BLOCK CAPITALS in black ink and return to HR**

PART 1. ABOUT YOU (THE SCHEME MEMBER)	
Your name	
Collar number	
Daytime telephone number	

PART 2. ABOUT YOUR PARTNER	
Partner's full name, including title	
Partner's date of birth	
Partner's address **(this should normally be the same as the address of the LMPAS member)**	
Post Code	

PART 3. DECLARATION

- We confirm the following:

  o Evidence is available that either the officer's partner is financially dependent on the officer or the two are financially interdependent.
  o We are not related in a way that would prevent marriage or civil partnership.
  o The officer acknowledges an obligation to give a signed written notice of revocation should the relationship end.
  o It should be noted that people in a purely financial relationship (such as a flat share or joint purpose of property) are not considered to be partners under this scheme.

- We will tell the LPMAS Committee in writing if our relationship comes to an end.

- We understand that benefits will not be paid unless the partner provides satisfactory evidence that the declaration above is valid when the LPMAS member dies. Similarly, we understand that benefits will not be paid unless the LPMAS member provides satisfactory evidence that the declaration above is valid when the member's partner dies.

Scheme member's signature **(signed in the presence of the witness named below)**	
Date	
Partner's signature **(signed in the presence of the witness named below)**	
Date	

PART 4. WITNESS *(NOTE: THE WITNESS IS SIMPLY REQUIRED TO WITNESS THE SIGNING OF THE FORM BY THE SCHEME MEMBER AND PARTNER IN PART 3 ABOVE)*

Name of witness	
Address of witness	
Post Code	
Signature of witness	
Date	