

# SERVING OFFICER SCHEME

TO BE COMPLETED BY THE SUBSCRIBING MEMBER

Please return completed form to:

The Group Insurance Manager Metropolitan Police Federation, York House, 2 Elmfield Park,  
Bromley, Kent, BR1 1LU (or via internal despatch to Police Federation, York House, Bromley)

FULL NAME \_\_\_\_\_

PREFIX/WARRANT NO. \_\_\_\_\_

DATE OF JOINING \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT TEL. NO \_\_\_\_\_

**POLICE FEDERATION VOLUNTARY FUND**

Please tick

I hereby authorise the Police Authority, until further notice, to make deductions from my pay at the rate set out in the Police Federation Fund Rules, on behalf of the local and national funds of the Police Federation, of which I am a voluntary contributing member. **(Only subscribing members of the Voluntary Fund are able to join the Group Insurance and Legal Expenses Insurance).**

**GROUP INSURANCE SCHEME**

Please tick

I hereby make application to join the above scheme as soon as arrangements can be made to commence deductions from pay and declare that I have not been absent from duty through illness or injury during the 7 days prior to submitting this application.

NAME OF BENEFICIARY \_\_\_\_\_

**NB:** The death benefit cannot be assigned. However, the Trustees, who are authorised to make payment to a Beneficiary, will take note of, but are not necessarily bound by, the wishes of the Insured.

**GROUP LEGAL EXPENSES**

Please tick

I hereby make application to join the above scheme as soon as arrangements can be made to commence deductions from pay.

DATE ..... SIGNED .....

The full wording of the Group Insurance Scheme & the Legal Expenses Scheme will be available for inspection, on request at the Metropolitan Police Federation Office.