

RETIRED OFFICER SPOUSE / PARTNER 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)

SURNAME (Retired Officer) _____ **FORENAME** _____

WARRANT NUMBER _____

DATE OF BIRTH _____ DATE OF RETIREMENT _____

PENSION NUMBER (if known) _____

SURNAME (Spouse/Partner) _____ **FORENAME** _____

DATE OF BIRTH _____

HOME ADDRESS _____

POST CODE _____

Changes of address MUST be notified to the Met. Police Federation Office

IMPORTANT: The following information must be given. If this requirement is not met, the Insurance will be invalid

I apply to continue the Life Assurance Scheme for my Spouse/Partner

I confirm that I have, or will retire from the Metropolitan Police Force or the City of London Police Force on:

DATE

SIGNATURE OF APPLICANT **DATE**

SIGNATURE OF SPOUSE/PARTNER **DATE**

The subscription for the Spouse/Partner of retired Officers remains the same (currently £3.95per month) although the Death Benefit is halved (currently £20,000) and the subscription will be taken from your pension at source until you or your spouse is aged 65 years (whichever is the soonest), **unless you contact the Police Federation in writing**

I Authorise deductions to be made from my pension in respect of the monthly subscription at the rate currently in force

SIGNATURE **DATE**

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.

Part 2 FOR USE IN METROPOLITAN POLICE PENSIONS SERVICE ONLY.

HEADER CODE 250

Date Received _____

Input on System _____

(Initials & Date) _____ **(Initials & Date)** _____