

**NORTHUMBRIA POLICE FEDERATION
THE NORTHERN POLICE HEALTHCARE SCHEME
MEMBERSHIP APPLICATION FORM**

Employee (Subscriber's) details (please complete using BLOCK CAPITALS)		For Office Use Only
Marital Status	Sex: M <input type="checkbox"/>	F <input type="checkbox"/>
Subscriber's Surname (Mr/Mrs/Miss)		Rec'd
Full Forenames		Mem. No.
Home Address		WEF
		Group No.
Post Code	D.O.B.	Tel. No. (Work) Tel. No. (Home) Tel. No. (M)
Force: Northumbria	Rank & No.	Probationer Yes/No
		Date Joined Force:

Email Address (W) Email Address (H)

If you wish to include your Spouse and/or Dependants to this cover, please complete the following:-

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 Member & Spouse/ Full Family One Parent Family
Only Partner

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 treatment where medical advice was sought during the 24 months prior to joining the scheme.

Signed Name (Please Print)

Payroll No. Date

Please return to: Pauline Chapman, Administrator, Northumbria Police Federation, 11-14 Apex Business Village, Annitsford, Cramlington, Northumberland NE23 7BF