

METROPOLITAN POLICE FEDERATION

Surname: First N	ame(s): Date of Birth:		
Home Address:	Postcode:		
Home Telephone:	Mobile Telephone:		
Work email:	Home Email:		
Rank:	Warrant Number:		
NI Number:			
SECTION 1			
Answer (a) or (b) below:			
a) I joined Metropolitan Police Service Or	e on:/) ¹		
b) I wish to re-join the Police Federati	on and/or re-start subscriptions Tick here		
SECTION 2			
	have informed me of the benefits of joining the Police Federation of pioin the PFEW but am not required to do so.		
I wish to be a member of the Police Federa statement below	tion of England and Wales No Yes – please complete the		
subscriptions to gain access to the full required to opt to pay subscriptions	nember of the Police Federation of England and Wales, I may pay range of member services. The MPF have informed me that I am not and that if I choose not to, I will not have access to those services otions is contained on the MPF website or from the Federation Offices		
I wish to pay Federation subscriptions	Yes $-I$ authorise the Commissioner to make the necessary deductions from my salary.		
	No		
SIGNATURE:	DATE:		
I understand that a copy of the above Federation of England and Wales	information will be retained by the MPF and provided to the Police		

data after six years after your membership ends by either death or transfer to another scheme to ensure the correct payment of benefits are paid and deal with any enquiries.

Your data will be retained for the duration of your membership to the scheme(s). PFEW / MPF may delete

¹ Officers who transfer to a new Force will need to complete this form within six months of transferring, even if they were members of the Police Federation in their previous Force.

As a subscribing Member of the Police Federation of England and Wales I would also like to join the following Membership schemes provided by George Burrows, operated by the Metropolitan Police Federation:

Group Insurance Scheme (please select applicable tick box)

Name of Beneficiary ___

Officer Application - By signing this application form you confirm that you are currently actively at work in your normal occupation and number of contracted hours, have not been medically advised against working, and have not been absent from work due to ill health or injury in the 8 weeks preceding this application. I hereby make application to join the above scheme as soon as arrangements can be made to commence deductions of £15.81* per month from pay.

New Recruit Application - By signing this application form you confirm that you are currently actively at work in your normal occupation and number of contracted hours, have not been medically advised against working, and have not been absent from work due to ill health or injury in the 8 weeks preceding this application. I hereby make application to join the above scheme, I accept the first 32 weeks are free from date of service and wish for deductions of £15.81* per month from my pay to commence following this free period.

*Premium includes Insurance Premium Tax (IPT). The premium payable will be subject to periodic review and may go up or down.

Regulation 28 Cover - £6.76 (free for 32 weeks if purchased with Group Insurance)				
I wish to join the Regulation 28 Cover Scheme		No	Yes	
Are you currently fit for duty?		No	Yes	
Have you been unfit for duty during the previous 30 days?		No	Yes	
<u>Travel Insurance</u> - £7.74 (free for 32 weeks if purchased with Group Insurance)				
Insurance cover will commence on the receipt of this application. This is a 12 month policy should you fail to complete the 12 months you will be required to pay the full policy before the insurance is issued to you or it may be declined. (EXCLUDING the first 32 weeks free) If my application is accepted, I agree to remain a member of the scheme for a period of twelve consecutive months subject to my status as a Police Officer.				
I wish to join the Constables Travel Insurance Scheme		No	Yes	
SIGNATURE:	DATE:			

The Information provided on this form will be used by the Federation to process your application for the products indicated and administer your membership. Your contact information will be shared with Metfriendly. Metfriendly will occasionally send you information on financial matters relating to the police as well as their products and services. You will be able to unsubscribe at any time.

If you consent to receive information from Metfriendly via email, please tick this box