

DEDUCTIONS FROM PAY – STUDENT OFFICERS

FORCE NO _____ PAYROLL NO _____

SURNAME _____ FORENAME(S) _____

DATE OF BIRTH _____ DATE OF JOINING _____

HOME ADDRESS _____

POSTCODE _____

TELEPHONE _____ MOBILE _____

N.I. NUMBER _____ EMAIL ADDRESS _____

AREA COMMAND _____ STATION _____

I hereby authorise the Chief Constable to deduct the following 4 weekly amounts
 from my pay in respect of:-

FUND	£	Please tick
Federation Subscription	16.20	
Group Life/Accident	FREE FOR FIRST YEAR 15.00 THEREAFTER	
Spouse/Partner Death Benefit	FREE FOR FIRST YEAR 4.00 THEREAFTER	
Group Healthcare Scheme	FREE FOR FIRST YEAR (Officer only)	
Legal Expenses Insurance	2.00	
Police Treatment Centres	3.68	
St George's Police Trust	0.60	
Lillian Eve Memorial Trust Fund	2.00	

SIGNED _____ DATE _____

*This information will be held on the database of Northumbria Police Federation
 solely for the use of the Joint Branch Board*

PLEASE RETURN THIS FORM TO THE FEDERATION OFFICE