

(Complete and Return)

**Northumbria Police Federation Joint Branch Board  
Group Insurance Scheme  
Application for Membership/Change of Circumstances**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Rank (state if retired) \_\_\_\_\_ Division No \_\_\_\_\_ Station/Dept \_\_\_\_\_

Beneficiary – Full Name \_\_\_\_\_

Is your Spouse/Common-law Spouse to be covered under the Spouse's Group Life Scheme YES/NO

If yes, please complete the following:-

Spouse/Common-law Spouse – full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I wish to become a Member of the Northumbria Federation Joint Branch Board Group Insurance Scheme and I hereby authorise the appropriate deduction from my pay/bank account in accordance with the Rules governing the Scheme.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**Please note it is your responsibility to advise the Federation of any change in your personal circumstances.**

**Please return to:-**

**Northumbria Police Federation JBB  
11-14 Apex Business Village  
Annitsford  
Cramlington  
Northumberland  
NE23 7BF**



**NORTHUMBRIA POLICE FEDERATION**

**GROUP LIFE ASSURANCE**

**ACTIVELY AT WORK CONDITION DECLARATION**

I wish to apply for membership into the Northumbria Police Federation Group Insurance Scheme. I confirm that I have not been absent from duty on account of ill health or injury at any time during the 8 week period prior to the date of my application, nor have I had any serious illness within the last 12 months.

Name: \_\_\_\_\_ Force Number \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date Received at Federation: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Forwarded to Heath Lambert on: \_\_\_\_\_