

## Membership Package

### Late Entrant—Police Staff

#### PERSONAL INFORMATION

<b>Name:</b>		<b>Employee Number:</b>	
<b>Address:</b>			
<b>Date of Birth:</b>		<b>National Insurance Number:</b>	
<b>Personal Email:</b>			
<b>Work Email:</b>			
<b>Date Joined TVP:</b>			
<b>Name of Partner:</b>		<b>DOB of Partner:</b>	

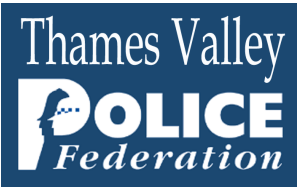
#### SCHEMES

I am applying to join the schemes as indicated below, and authorise the relevant deductions from my salary.									
								<b>For Payroll use only</b>	
								<b>Deductions to start</b>	
Group Insurance Scheme	<input type="checkbox"/>	£19.99 per month							
Partner Group Insurance Scheme	<input type="checkbox"/>	£5.80 per month							
Death Benefit Scheme	<input type="checkbox"/>	£2.00 on each occasion that a Member dies							
<b>Top Up Cover—Member Only</b>									
Additional Life Cover	£25,000	<input type="checkbox"/>	£2.70	£50,000	<input type="checkbox"/>	£5.40	£75,000	<input type="checkbox"/>	£8.10
Additional Critical Illness Cover	£5,000	<input type="checkbox"/>	£1.30	£10,000	<input type="checkbox"/>	£2.60	£15,000	<input type="checkbox"/>	£3.90

I understand that I can cancel my membership of these Schemes at any time, and that such cancellations must be in writing or email to Thames Valley Police Federation and to Thames Valley Police Payroll Department. There are no cancellation periods, and no penalties will be incurred for cancellation.

Signed:

Date:



# BENEFICIARY NOMINATIONS

Name:

Shoulder/Employee Number:

Role:

**In the event of my death I wish to nominate the following as beneficiaries for all payments from the Group Insurance Scheme**

Nominated Beneficiary 1			
Name:		Date of Birth:	
Address:			
Relationship:		Percentage of Benefit:	%

Nominated Beneficiary 2			
Name:		Date of Birth:	
Address:			
Relationship:		Percentage of Benefit:	%

Nominated Beneficiary 3			
Name:		Date of Birth:	
Address:			
Relationship:		Percentage of Benefit:	%

**In the event of my death I wish to nominate the following as beneficiary for all payments from the Death Benefit Scheme**

Nominated Beneficiary			
Name:		Date of Birth:	
Address:			
Relationship:		Percentage of Benefit:	%

If additional nominations are required please continue on a separate sheet.

If you wish to change your beneficiary, at any time, you can download a form from [www.tvpfed.org](http://www.tvpfed.org).

Please ensure that if your personal circumstances change, you keep us updated.

Please return this form to the Deputy Secretary, Thames Valley Police federation, 76 Wellington Street, Thame, Oxfordshire, OX9 3BN.

Signed:

Date: