

**Group Life, Critical Illness, Travel, Personal Accident
& Sickness Benefit Scheme**

Officers Name:

Collar No. :

Marital status:

Name of Next of Kin: (state relationship, ie spouse)

Next of Kin D.O.B

Next of Kin Address: (if different)

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Dependants: (include name and date of birth)

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Officer Beneficiary Details: *(in the event of your death who do you wish to receive the benefit i.e. spouse, children etc):*

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.....

Signature: **Date:**

If you have spouse cover please ask your spouse to complete the below.

Spouse Beneficiary Details: *(in the event of your death who do you wish to receive the benefit i.e. spouse, children etc):*

.....

.....

Signature: **Date:**

THE ABOVE INFORMATION IS IMPORTANT

**PLEASE ENSURE THAT THIS FORM IS RETURNED AS SOON AS POSSIBLE TO:
THE POLICE FEDERATION OFFICE
1 St David's Court, Windmill Road
Kenn, Clevedon
BS21 6UP**