



Membership Application Form

Police Force:

Position: Serving Officer Student Officer 2-year Degree Entry/IDLDP
 Police Staff Student Officer 3-Year Apprenticeship

Where did you hear about us?

Collar No

Payroll No **Date of joining Force**

Title: Mr Mrs Miss Ms Other **D.O.B**

First Name(s) **Surname**

Home Address

Postcode

Mobile no **Email Address**

Type of Cover: Single Couple Couple & Children Single & Children

Please give dependants details below:

Full name	Date of Birth	Relationship to Member
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependants eligible for membership of the Scheme are Spouse / Partner, Children & Stepchildren* (*children / stepchildren are eligible to be members until they are 21 or 24 if in full time education)

Do any of the above have any Pre-existing conditions?* No Yes

If yes, please give full details below.* A Pre-existing Condition means any condition (e.g. injury/illness or related injury/illness) that is known by the Member to exist within 5 years prior to the Member joining the Scheme. Please note Benefits will not be paid for the first 24 months of the membership for a Member in relation to the pre-existing condition. During the first 2 years of membership, medical records will need to be made available.

Details of Pre-existing Conditions

(Please use this space to list any pre-existing conditions, as explained above. Should you need any advice, please contact the Bluline Office to discuss with our team)



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Please sign below to confirm changes and to for authority to release medical details:

In order to fully evaluate any future claim it may be necessary for Bluline Administration Ltd to obtain medical details for the Consultant / Practitioner. I hereby give consent for access to medical records in accordance with the Access to Medical records Act 1988

Signature of member:

Date:

(Note: The information entered on this form will be held on a computerised database - All personal data that Bluline Administration Ltd use will be collected, processed, and held in accordance with the provisions of the Data Protection Act 2018 and the UK General Data Protection Regulation ("UK GDPR") and our member's rights under the GDPR. For complete details please refer to our Privacy Notice)

*You must be a member for three years prior to retiring from the Police to be eligible for continued membership.