



Northumbria Police Federation

Your Federation
Your Voice
Your Future
representing and supporting YOU

DEDUCTIONS FROM PAY – STUDENT OFFICERS

FORCE NO _____ PAYROLL NO _____		
SURNAME _____ FORENAME(S) _____		
DATE OF BIRTH _____ DATE OF JOINING _____		
I hereby authorise the Chief Constable to deduct the following 4 weekly amounts from my pay in respect of:-		
FUND	AMOUNT	Please tick as appropriate
Group Life/Accident (now including Motor Breakdown and Legal Expenses Insurance)	<u>FREE FOR FIRST YEAR</u> 17.35 THEREAFTER	
Spouse/Partner Death Benefit	<u>FREE FOR FIRST YEAR</u> 4.50 THEREAFTER	
Group Healthcare Scheme	<u>FREE FOR FIRST YEAR</u> (Officer only)	
Police Treatment Centres	<u>FREE FOR FIRST YEAR</u> 7.20 THEREAFTER	
St George's Police Trust	1.40	
Lillian Eve Memorial Trust Fund	2.00	
SIGNED _____ DATE _____		
<i>This information will be held on the database of Northumbria Police Federation solely for the use of the Joint Branch Board</i>		

**PLEASE RETURN THIS FORM TO THE FEDERATION OFFICE,
11-14 Apex Business Village, Annitsford, Cramlington, Northumberland NE23 7BF
Tel 01661 863494 or by email to info@norpolfed.org.uk**