

DEDUCTIONS FROM PAY

FORCE NO _____ PAYROLL NO _____

SURNAME _____ FORENAME(S) _____

DATE OF BIRTH _____ DATE OF JOINING _____

HOME ADDRESS _____

POSTCODE _____

I hereby authorise the Chief Constable to deduct the following
4 weekly amounts from my pay in respect of:-

FUND	£	Please tick
Group Life/Accident/Legal Assistance Insurance	17.35	
Spouse Death Benefit	4.50	
Group Healthcare Scheme	See attached letter or ring 01661 863491 for details	
Police Treatment Centres	7.20	
St George's Fund Police Trust	1.40	
Lillian Eve Memorial Trust Fund	2.00	

SIGNED _____ DATE _____

This information will be held on the database of Northumbria Police Federation solely for
the use of the Joint Branch Board

PLEASE RETURN THIS FORM TO THE FEDERATION OFFICE FOR
PROCESSING