

**WEST MIDLANDS POLICE FEDERATION  
POLICE STAFF TRAVEL INSURANCE SCHEME**

I hereby apply to continue the West Midlands Police Federation Travel Insurance Scheme and authorize the deduction of £5.18 to be taken from my pay each month.

I understand that I am required to be a member of this scheme for at least a 12 month period.

FULL NAME.....

ADDRESS.....

.....

.....Post code.....

Date of Birth.....Age.....

Payroll number.....

Telephone No.. Home .....Mobile.....

Signature.....Date.....

This insurance covers members up to the age 75.  
Premium increases from age 65.

If you have **Pre-existing Medical conditions**  
and require help or advice please contact the  
Health Line on: 01689 892 262

*PLEASE NOTE ALL RECORDS ARE NOW STORED ELECTRONICALLY*

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