



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.

Please complete the direct debit mandate accompanying this form.

Instruction to your bank or building society to pay by Direct Debit



Service user number

8	6	6	6	5	9
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Bluline Health Limited,
Suite 2,
Cadbury House,
Blackpole East,
Worcester WR3 8SG

FOR BLULINE HEALTH LIMITED OFFICIAL USE ONLY
This is not part of the instruction to your bank or building society.

Name and full postal address of your bank or building society

To: The Manager Bank/building society
Address
Postcode

Name of account holder

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Bank/building society account number

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Branch sort code

--	--	--	--	--	--

Reference

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Banks and building societies may not accept Direct Debit Instructions for some types of account.

Instruction to your bank or building society

Please pay Bluline Health Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Bluline Health Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date:

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The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Bluline Health Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request Bluline Health Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Bluline Health Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when Bluline Health Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.