



Managing Health Schemes for
**The Police Federations of
 Gloucestershire
 West Mercia
 West Yorkshire**

REQUEST FOR CHANGE(S) TO MEMBERSHIP

Name:..... **Address:**

..... **Post code:**.....

Telephone number:..... **Email address:**.....

Membership number:..... **GL/ WM / WY** (please delete as applicable)

Please add the under mentioned name(s) to my list of dependants covered under the above mentioned membership with effect from (date):

Full name	Relationship to member	Date of Birth
.....
.....
.....

Dependants eligible for membership of the Fund are (1) Spouse / Partner (2) Children* (3) Stepchildren * (*children / stepchildren must be unmarried & under the age of 21 years at joining)

If any dependant has a pre-existing condition please complete the box below:

Pre-existing condition – No Yes If yes – Access to Medical Records Act 1988

AUTHORITY TO RELEASE MEDICAL DETAILS. In order to fully evaluate any future claim it may be necessary for us 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

Patients Signature:..... Date:.....

Please delete the under mentioned names(s) from my list of dependants under the above mentioned membership with effect from (date):

Full name	Date of Birth
.....
.....
.....

Signature of member:..... **Date:**.....