

**DYFED POWYS POLICE FEDERATION  
 GROUP INSURANCE SCHEME  
 RETIRING OFFICERS APPLICATION FORM**

I wish to apply for continuing membership of the Group Life Scheme following my retirement from the Dyfed Powys Police Force.

NAME:		
ADDRESS:		
TELEPHONE NO:		
PAY REFERENCE NUMBER:		
REASON FOR RETIREMENT:		

I am currently insuring my spouse and I want/do not want\* to continue with that option  
 \*delete as appropriate.

- I am currently insuring my spouse and I want/do not want\* to continue with that option  
\*delete as appropriate.
- I confirm I am an existing Member of the Scheme
- I confirm my spouse is an existing Member of the Scheme (if applicable)
- I understand that the benefits will reduce when I reach 60 and 65 years of age, this will also apply to my spouse if applicable
- I agree to the deduction of the appropriate amount from my pension until further notice.
- I understand that this scheme ceases when I reach the age of 70 and I am responsible for informing payroll to cancel my subscription

Date:		Signature:	
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Please return this form together with a completed Health Declaration Form to the Federation Office

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