Group Insurance Scheme (ASGIS) Partner Application Form



This form must be completed by partners who are joining at the same time as a new employee. It also applies if joining within three months of either marrying or becoming a member's partner (whichever occurs first). In all other circumstances the Late Joiner application form applies.

'Partner' means the person to whom the member of the associated policy is married or in a Civil Partnership with or, if not, a person who is openly cohabiting with him or her and who has been so cohabiting for the six months' period prior to the date of their inclusion in the policy, and on whom such a member is financially interdependent.

Please complete the following and email it to: info.avonsom@polfed.org

This section is to	be con	ipleted by th	ne Partner					
Surname:				Forename(s):				
Date of birth:			/					
Address:				-				
					Email:			
hereby apply to join	the scher	ne with effect fro	om:					
Signed:				Date:				
0 years, whicheve he Federation or	er occu Gallaghe	er for further i	ntil they reach the fit levels dependent information. Cover the New Recruit/	d on the age of er is conditiona	f the sub I to the so	scribing off	icer. Please	refer to
Surname:	De coi	——————————————————————————————————————	THE NEW INECTURE	Forename(s):	'			
sumame.]				
Officer's force numbe	er:			Email:				
I hereby authorise the Group Insurand this the full premiu	ce scheme	e. For partners	um indicated below of new recruits me able.	from my pay, in mbership is free	respect of for the firs	f my partner's st 26 weeks of	membership f service. Follo	of wing
Group insurance so Premium Tax (IPT)	cheme: £0	6.95* per month	n inclusive of the Fe *The pre	deration's admini emiums payable will				or down
urrent circumstances	. If your ci	rcumstances cha	ided to us is to the be ange, please inform us in refusal of a claim a	s. If we or the insur	er discover	that the details	provided to us	are
Signed:				Date:		/	/	
Beneficiary details								
Surname:				Forename(s):				
Address:								
				Relationship to m	nember:			
e to the member's ch	osen bene	ficiary. The Trust	Payments are made by tees will, at their own o the decision of the Tru	discretion, agree pa				
Officer's payroll number:			National Insu	rance no:				

Data Privacy Notice

How do we maintain your privacy?

We are the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies. We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes. Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at https://www.aig.com/uk/privacy-policy/. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes. If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.

