

# Essex Police Federation Group Insurance Scheme Officer Application Form



**Please complete and return the form to:** (Once completed you will need to print this form and sign it) **Essex Police Federation, 82 Springfield Road, Chelmsford, Essex CM2 6JY**

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>	Collar number:	<input type="text"/>
Address:	<input type="text"/>		
<input type="text"/>		Telephone:	<input type="text"/>
Date of joining Police Force:	<input type="text"/>	Email:	<input type="text"/>

I confirm I have been actively at work in my usual occupation for a period of 8 consecutive weeks prior to my intended commencement of cover date (normal annual holiday entitlement may be ignored) and that I have not had more than 14 days absence through illness and/or injury during the last 12 months.

I confirm I am in good health and not aware of any condition or symptoms which may give rise to a claim under this insurance.

I confirm I am not in receipt of any ongoing treatment or care (including checkups or regular medication) for any accident, illness or medical condition.

I confirm that I am not currently awaiting referral to a medical practitioner or specialist/consultant and I am not awaiting the results of any tests or medical investigation.

I confirm I have not had any application for insurance declined, postponed or subject to an increased premium or other special terms, and that I have not previously made any claim for Critical Illness or Sickness insurance.

I understand that if this declaration is found to be untrue then my insurance will be invalidated and scheme membership cancelled with no return of premiums.

**Please note: If you are unable to confirm the above statements you may still be able to join the Scheme, but you will need to complete a full medical questionnaire for evaluation by our underwriters.**

I wish to join the group insurance scheme (Tick box) ☐ £29.97\* per month inclusive of the Federation's administration fee of £1.56 and Insurance Premium Tax (IPT).

\* The premiums payable will be subject to periodic review and may go up or down.

**I have read the declaration contained in this application form and I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if they are not correct this could mean a claim is rejected. I hereby apply to join the scheme with effect from:**

Month and year of commencement:  and I authorise the deduction of the monthly premium from my salary in respect of my membership of the scheme.

Signature:  Date:

**Cover is conditional to continued membership of the scheme and ceases at age 70. Some benefits reduce or cease on retirement from the police service and benefits change again at age 65. Please refer to the Federation or Gallagher for further information. Cover ceases immediately on transfer to another force, resignation or dismissal.**

**Beneficiary details** (Please notify the Federation immediately of any changes to your personal or beneficiary details)

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>	Relationship to member:	<input type="text"/>
Address:	<input type="text"/>		
<input type="text"/>			

The maintaining of an up to date will is advised. Death claim payments are made by the Trustees under the terms and conditions of the trust deed, which would normally be to the member's chosen beneficiary (as detailed in your application to join the main scheme). The Trustees will, at their own discretion, agree payment in the event of a claim. I understand that in all matters, in accordance with the trust deed, the decision of the Trustees is final.

Officer's payroll number:

### **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.ajg.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.



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