

**Essex Police Federation  
Group Insurance Scheme  
Partner of Special Constable Application Form**



**Definition of partner** - a partner is defined as your legal spouse or civil partner. If you are not married or you do not have a civil partner, a person who is co-habiting with you and has done so for at least six months prior to joining the scheme and is financially dependant or interdependent with you.

**Please return the completed form to: Essex Police Federation, 82 Springfield Road, Chelmsford, Essex CM2 6JY**  
**Once completed you must print this form and sign it.**

This section is to be completed by the Partner:

Surname:		Forename(s):	
Date of birth:	/ /	Email:	
Address:			

**I declare that I am in good health and:**

1. During the last 12 months, I have not attended or been advised to attend a hospital or clinic (excludes routine visits to a GP) for any form of advice, test, investigation or operation (excluding consultations for colds, asthma, influenza or pregnancy)
2. I am not currently receiving any treatment, medication or medical attention, either regularly or irregularly for any medical (includes diabetes), physical or psychiatric condition, or awaiting any medical or surgical consultation, test or investigation. (Excludes tablets, medicine or drugs taken for asthma, colds, influenza, routine vaccinations, or contraception).
3. I have never been tested positive for HIV/AIDS, or Hepatitis B or C, nor am I awaiting the result of such a test. I have not tested positive for any sexually transmitted infection in the last 5 years, nor am I awaiting the result of such a test
4. No application to an Insurance Company for life, accident or sickness insurance, or critical illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.
5. I share a joint financial commitment with the employee/member of the scheme and understand that if I am admitted to scheme membership; my membership is dependent on continuity of cover by the employee/member.

**I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. It is important that the information you have provided to us is to the best of your knowledge true, accurate and complete and reflects your current circumstances. If your circumstances change, please inform us. If we or the insurer discover that the details provided to us are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or your policy being cancelled or treated as if it never existed.**

I hereby apply to join the scheme with effect from:

/ /
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Signed:

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Date:

/ /
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**Partners can remain in the scheme until they reach the age of 70 years or until the serving officer reaches 70 years, whichever occurs first. Benefit levels depend on the age of the subscribing officer. Please refer to the Federation or Gallagher for further information.**

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

Surname:		Forename(s):	
Address:			
		Email:	
		Relationship to member:	

This section is to be completed by the Special Constable

Surname:		Forename(s):	
Warrant number:		Email:	

**I hereby authorise the deduction of the sum of £8.99\* (inclusive of Insurance Premium Tax) from my account and for my monthly direct debit to increase from £29.77 to £38.76 in respect of my partner's membership of the above scheme.**

Signed:

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Date:

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

Date Special Constable joined scheme:

/ /
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### **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.



Insurance | Risk Management | Consulting



# Instruction to your Bank or Building Society To pay by Direct Debit



Insurance | Risk Management | Consulting

Please fill in the whole form using a ball point pen  
and send it to:

Essex Police Federation,  
82 Springfield Road,  
Chelmsford,  
Essex CM2 6JY



Name(s) of Account Holder(s)

Bank/Building Society  
Account Number

Branch Sort Code

Originator's Identification  
Number  9  9  6  0  4  6

Reference  E  S  X  S  P  C

Instruction to your Bank or Building Society

Please pay Arthur J. Gallagher Insurance Brokers 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 Arthur J. Gallagher Insurance Brokers Limited and, if so, details will be passed electronically to my Bank/ Building Society.

Signature(s)

Date  /  /

Name and full postal address of your Bank  
or Building Society

To the Manager

Bank/Building  
Society

Address

Postcode



Banks and Building Societies may not accept Direct Debit instructions for some types of account.

## The Direct Debit Guarantee



- The Guarantee is offered by all banks and building societies that accept instruction to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Arthur J. Gallagher Insurance Brokers Limited will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request Arthur J. Gallagher Insurance Brokers 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 Arthur J. Gallagher Insurance Brokers 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 Arthur J. Gallagher Insurance Brokers 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 the organisation.

Arthur J. Gallagher Insurance Brokers Limited is authorised and regulated by the Financial Conduct Authority. Registered Office: Spectrum Building, 55 Blythwood Street, Glasgow, G2 7AT. Registered in Scotland. Company Number: SC108909

GB1110/V2