

## Group Insurance Scheme Partner 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: Hampshire@polfed.org**

**Once completed you must print this form and sign it.**

This section is to be completed by the Partner:

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

**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illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.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:  /  /

Signed:  Date:  /  /

**Partners can remain in the scheme until they reach the age of 70 years or until the officer / employee reaches 70 years, whichever occurs first.**

**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"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	Email:	<input type="text"/>	
	Relationship to member:	<input type="text"/>	

This section is to be completed by the Officer / Employee

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Force/Employee number:	<input type="text"/>	Email:	<input type="text"/>

**I hereby authorise the deduction of the sum of £9.10\* from my pay, in respect of my partner's membership of the above scheme.**

Signed:  Date:  /  /

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

Mobile Number:	<input type="text"/>	Home Email:	<input type="text"/>
Payroll number:	<input type="text"/>	Date officer/employee joined scheme:	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Please read the Data Privacy Notice on the reverse of this application form.**

## Data Privacy Notice

George Burrows is a trading name of Arthur J. Gallagher Insurance Brokers Limited. We are the 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 services to you.