Hertfordshire Police Federation Group Insurance Scheme Partner Application Form



This form is applicable to partners who are joining at the same time as a Student Officer or who are joining within three months of either marrying or qualifying* as a Serving Officer's partner, whichever occurs first. In all other circumstances the Late Joiner application form applies.

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 dependent or interdependent with you.

Please complete the following in BLOCK CAPITALS and return the form via email to:

PoliceFederation@Herts.police.uk (Once completed you must print this form and sign it)

This section is	to be c	ompleted	by the Partne	r:				
Surname:					Forename(s):			
Date of birth:		/	/					
Address:								
I hereby apply to	join the	scheme with	effect from:		/ /	,		
Signed:					Date:			/
whichever occu Gallagher for fur	rs first	. Benefit lo	evels depend	on the age o	f the subscribin			cer reaches 70 years to the Federation o
This section i	s to be	e complet	ed by the St	tudent / Serv	ving Officer:			
Surname:					Forename(s):			
Officer's force nur	mber:				Email:			
	2 mont	hs of serv	ice, following	g which the fu	e reduced prei ull premium of £			month during the
I hereby authorise	e the de	eduction of t	he applicable s	sum from my pa	ay, in respect of m	y partner's me	mbership	of the above scheme.
Signed:				*The pre	emiums payable will be	subject to periodic	review and n	nay go up or down.
Date:	/	/	/	true, acc change, untrue, i	curate and complete and please inform us. If we	d reflects your curre or the insurer disco e, this may result in	ent circumsta over that the o	the best of your knowledge nces. If your circumstances details provided to us are claim and/or your policy
Beneficiary deta	ails (Pl	ease notify	the Federation	immediately of	any changes to y	our personal o	r beneficia	ary details)
Surname:					Forename(s):			
Address:								
					Email:			
Relationship to member:					under the terms of the beneficiary. The Truste	e 'Trust Deed', whic ees will, at their own at in all matters, in	h would norm discretion, ag	nents are made by the Tiustee nally be to the member's chose ree payment in the event of a lif vith the Trust Deed, the decisio
Officers payroll n	umber:			Date Officer	joined scheme:		/	

Data Privacy Notice

How do we maintain your privacy?

We are an authorised representative of Arthur J. Gallagher Insurance Brokers Limited ("Gallagher") and we may share your personal data with Gallagher. Gallagher are the controller of any personal data you provide to them or personal data that has been provided to them by a third party such as ourselves. Gallagher 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 their products and services and to comply with their legal and regulatory obligations. This may involve sharing information with, and obtaining information from, their group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, their regulators or fraud prevention agencies.

Gallagher may record telephone calls to help them monitor and improve the service they provide as well as for regulatory purposes.

Please see Gallagher's 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 their Data Protection Officer. Gallagher's Privacy Notice can be found at https://www.ajg.com/uk/privacy-policy/. From time to time they may make important updates to their Privacy Notice and these may in turn affect the way they use and handle your data. Please ensure you review their Privacy Notice periodically to ensure you are aware of any changes. If you are providing Gallagher with personal data of another individual that would be covered under the insurance policy they may be placing or services they may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to Gallagher and show them a copy of this notice. You must not share personal data with Gallagher that is not necessary for them to offer, provide or administer their services to you.

