Norfolk 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 dependant or interdependent with you.

Please complete the following and email the form to: Norfolk@polfed.org

This section is	s to be	complet	ed by the Pa	rtner	•						
Surname:						Forenar	ne(s):				
Date of birth:		/	/								
Address:											
I hereby apply to j	oin the	scheme witl	effect from:			/	/				
Signed:							Date:		/	/	
whichever occu Gallagher for fur	rs first ther inf	. Benefit I ormation.	evels depend	on the	e age of	f the sub	scribinç			icer reaches 70 ye to the Federation	
This section is	s to be	comple	ted by the St	uden	t / Serv	ring Offic	cer:				
Surname:						Forena	me(s):				
Officer's collar nun	nber:					ı	Email:				
For partners of St 27 - 104, following of £0.79 and Insur	g which	the full pre	mium of £10.20							th for weeks n's administration fe	е
I hereby authorise above scheme.	the de	duction of t	he applicable s	um ind	icated ab	oove from	my pay,	in respect of	my partne	er's membership of	the
Signed:					**The premiums payable will be subject to periodic review and may go up or down, Correct at 1 August 2025.						
Date:	/	/	/	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.							
Beneficiary deta	ails (Ple	ease notify	the Federation	immed	liately of	any chanç	ges to yo	our personal o	r benefici	ary details)	
Surname:						Foren	ame(s):				
Address:											
						Er	nail:				
Relationship to member:						under the to beneficiary.	erms of the The Trusted derstand that	e 'Trust Deed', which es will, at their own	h would norr discretion, ac	ments are made by the Timmally be to the member's congree payment in the event continuity with the Trust Deed, the de	chosen of a life
Officers payroll nu	umber:			Dat	e Officer	joined sch	eme:		/	/	

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.

