Suffolk Police Federation Group Insurance scheme



Additional life assurance Officer application form

This form is applicable to serving officers who are already subscribing to the Group Life scheme. Additional life assurance is subject to continued membership of both schemes.

Please complete the following in BLOCK CAPITALS and return the form to: Suffolk Police Federation, The Pines. Police Headquarters. Martlesham Heath. Ipswich. Suffolk IP5 3QS

			, , , , , ,		-	
Officer's full name:						
Date of birth:	/	/	Force No:			
			Date joined m scheme:	nain	/	/
Telephone number:			Email:			
Address:						
I declare that I am in	good health and:					
• I have not consulted in the past year, nor (Please note that ye	l a doctor or any other m am I intending to cons ou can ignore any plant chiropractor or routine	ult a member of ned cosultation	f the medical profess with a sports me	ession regardi edicine profes	ng any medic sional such a	cal condition.
failure, diabetes or n	or organ transplant nor h nental illness requiring ho	ospital treatment	t.		oke, multiple	sclerosis, kidney
 I have never tested 	positive for HIV/AIDS nor	r am I awaiting tl	he results of such a	ı test.		
understand that if the and/or my policy be	e taken reasonable ca he details provided a eing cancelled or trea meet the above Declar	re untrue, inac ted as if it nev	ccurate or incom ver existed.	nplete, this m	ay result in	refusal of a claim
Tick the box to sh	ow which level of a	dditional cov	er you require			
Tier 1 £50,000	£6.05* per month					
Tier 2 £75,000	£9.00* per month					
Tier 3 £100,000	£12.00* per month	ı				
*The premiums payable v	vill be subject to periodic re	eview and may go	o up or down			
I hereby apply for add scheme as indicated a	litional cover under the q above and authorise the	group life deduction of	£ p	er month from	my salary	
Cover is to commence	from /	/	(this date must	(this date must be after today's date)		
Serving officer's signa	ature**		Date:			

**You must print this form to sign it.

Note: All cover ceases at age 65. Benefits halve and premiums increase if you opt to continue in the retired officer scheme.

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.

Data Protection Notice

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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/brokerage-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.

