## Suffolk Police Federation Group Insurance scheme



## Additional life assurance Partner application form

This form is applicable to partners of serving officers who are already members of the Group Life scheme and for whom the appropriate additional premium is being paid. Additional life assurance is subject to continued membership of both schemes.

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Full name:		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Date of birth:	/	/	Email:			
Address:						
in the past year, no (Please note that yor chiropractor or I have not had a magnitude failure, diabetes or I have never tested I confirm that I have details provided are utreated as if it never the confirm that I have details provided are utreated as if it never the confirm that I have details provided are utreated as if it never the confirm that I have details provided are utreated as if it never the confirm that I have details provided are utreated as if it never the confirmation in the confirmation	ed a doctor or any of or am I intending to you can ignore any routine consultating agor organ transplar mental illness required taken reasonable cuntrue, inaccurate dexisted.	o consult a member planned cosultations regarding until nor have I ever string hospital treations for am I awaiting to ensure that or incomplete, this	e medical profession for the restrictions with a sports medical professions with a sports medicomplicated pregnancy suffered from cancer, hearment.  In the results of such a test the statements above a smay result in refusal of George Burrows by telephores.	esion regarding any medicine professional such  the disease, stroke, multiplest.  re honest and correct. If a claim and/or my police	dical condition. as a physiotherapist e sclerosis, kidney understand that if the	
Tick the box to sh		•		iiig 01400 327713		
Tier 1 £50,000	£6.05* per month		Tier 2 £75,000	£9.00* per m	£9.00* per month	
Tier 3 £100,000	£12.00* per month		*The premiums pa	*The premiums payable will be subject to periodic review and may go up or down		
I hereby apply for ac	lditional cover unde	er the group life so	cheme as indicated abov	/e		
Partner's signature**:			Date:	/	/	
This section to	be completed	by the office	r in BLOCK CAPITAL	S.		
Officer's full name:						
Date of birth:	/	/	Force No:			
Date partner joined main scheme:	/	/	Payroll number:			
I hereby authorise the	e deduction of		per month from	per month from my salary in respect of the cover detailed above		
Cover is to commence from			(this date must b	(this date must be after today's date)		
Serving officer's sign	nature**		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 Federation may pass information held by the Force to the brokers/insurers but only that which is necessary in connection with your membership of the scheme or any claim.

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 may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.georgeburrows.com. If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.

