West Midlands Police Federation Group Insurance scheme





Additional life assurance Partner application form

Full name:

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.

Please complete and return to: Westmidlandspf@polfed.org

This section to be completed by the Partner:

Date of birth:	/	/	Email:				
Address:							
I declare that I an	n in good health and:						
in the past year, (Please note tha	nor am I intending to cons	ult a member o ned cosultations	f the medical professio s with a sports medicin	same condition on two or more occasions n regarding any medical condition. e professional such as a physiotherapist			
 I have not had a major organ transplant nor have I ever suffered from cancer, heart disease, stroke, multiple sclerosis, kidney failure, diabetes or mental illness requiring hospital treatment. 							
failure, diabetes or mental illness requiring nospital treatment. I have never tested positive for HIV/AIDS nor am I awaiting the results of such a test.							
treated as if it never If you are unable to n Tick the box to	er existed. neet the above Declaration plea show which level of ad	ase contact Georg	er you require				
Tier 1 £50,000	£5.25* per month		Tier 4 £125,000	£12.75* per month			
Tier 2 £75,000	£7.75* per month		Tier 5 £150,000	£15.25* per month			
Tier 3 £100,000	£10.25* per month						
The premiums payable	e will be subject to periodic rev	iew and may go ι	p or down				
hereby apply for ac	dditional cover under the gro	oup life scheme	as indicated above				
Partner's signature**:			Date:				

This section to be completed by the officer:

Officer's full name:					
Date of birth:	/	/	Collar No:		
Date partner joined main scheme:	/	/	Payroll number:		
I hereby authorise the deduction of:			per month from my	per month from my salary in respect of the cover detailed above	
Cover is to commence from			(this date must be a	(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.

Please read the Data Protection notice on the reverse of this application form.

Data Protection 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.

