

West Midlands Police Federation
Group Insurance Scheme
Partner Application Form (Late Joiner)



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 return the completed form to: Westmidlandspf@polfed.org

This section is to be completed by the Partner:

Surname:	Forename(s):
Date of birth:	Email:
Address:	

I declare that I am in good health and:

1. During the last 12 months, I have not attended or been advised to attend a hospital or clinic (excludes routine visits to a GP) for any form of advice, test, investigation or operation (excluding consultations for colds, asthma, influenza or pregnancy)
2. I am not currently receiving any treatment, medication or medical attention, either regularly or irregularly for any medical (includes diabetes), physical or psychiatric condition, or awaiting any medical or surgical consultation, test or investigation. (Excludes tablets, medicine or drugs taken for asthma, colds, influenza, routine vaccinations, or contraception).
3. I have never been tested positive for HIV/AIDS, or Hepatitis B or C, nor am I awaiting the result of such a test. I have not tested positive for any sexually transmitted infection in the last 5 years, nor am I awaiting the result of such a test
4. No application to an Insurance Company for life, accident or sickness insurance, or critical illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.
5. I share a joint financial commitment with the employee/member of the scheme and understand that if I am admitted to scheme membership; my membership is dependent on continuity of cover by the employee/member.

I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. 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.

I hereby apply to join the scheme with effect from:

Signed:

Date:

Partners can remain in the scheme until they reach the age of 70 years or until the serving officer reaches 70 years, whichever occurs first. Benefit levels depend on the age of the subscribing officer. Please refer to the Federation or George Burrows for further information.

This section is to be completed by the Serving Officer

Surname:	Forename(s):
Collar number:	Email:

I hereby authorise the deduction of the sum of £11.00 * (inclusive of Insurance Premium Tax and the Federation's administration fee £1.00p) from my pay, in respect of my partner's membership of the above scheme.

Signed:

Date:

*The premiums payable will be subject to periodic review and may go up or down.

Officer's payroll number:

Date officer joined scheme:

Please read the Data Privacy Notice on the reverse of this application form.

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.



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