Norfolk Police Federation Group Insurance scheme



Additional life assurance Officer application form

Officer's full name:

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: Police Federation Office, Norfolk Constabulary, Vox House, 43 Thorpe Road, Norwich, Norfolk NR1 1ES.

Date of birth:	/	/	Force No:		
			Date joined m scheme:	ain /	/
Telephone number:			Email:		
Address:					
I declare that I am	in good health and:				
• I have not consulted a doctor or any other member of the medical profession for the same condition on two or more occasions in the past year, nor am I intending to consult a member of the medical profession regarding any medical condition. (Please note that you can ignore any planned cosultations with a sports medicine professional such as a physiotherapist or chiropractor or routine consultations regarding uncomplicated pregnancy.)					
 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. I have never tested positive for HIV/AIDS nor am I awaiting the results of such a test. 					
I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if the details provided are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or my policy being cancelled or treated as if it never existed. If you are unable to meet the above Declaration please contact George Burrows by telephoning 01403 327719					
Tick the box to s	how which level of a	dditional cov	er you require	, , ,	
Tier 1 £50,000	£6.55* per month inclusive of the Federation's administration fee of £0.50				
Tier 2 £75,000	£9.50* per month inclusive of the Federation's administration fee of £0.50				
Tier 3 £100,000	£12.50* per month inclusive of the Federation's administration fee of £0.50				
*The premiums payable will be subject to periodic review and may go up or down					
	dditional cover under the o		£ pe	er month from my salary	
Cover is to commend	ce from	/	(this date must be after today's date)		
Serving officer's signature** Date:					/
**Vou much wint this form to sign it					

**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 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.

