

**West Midlands 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 and return the form to: Federation Office, West Midlands Police, Guardians House, 2111 Coventry Road, Sheldon, Birmingham B26 3EA**

Officer's full name:	
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Date of birth:	/ /	Collar No:	
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Date joined main scheme:	/ /
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Telephone number:	Email:
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Address:	
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**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 consultations 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 show which level of additional cover you require

Tier 1 £50,000	<input type="checkbox"/>	£6.05* per month
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Tier 2 £75,000	<input type="checkbox"/>	£9.00* per month
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Tier 3 £100,000	<input type="checkbox"/>	£12.00* per month
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\*The premiums payable will be subject to periodic review and may go up or down

I hereby apply for additional cover under the group life scheme as indicated above and authorise the deduction of	£	per month from my salary
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Cover is to commence from	/ /	(this date must be after today's date)
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Serving officer's signature**	Date:	/ /
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**\*\*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.

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

### **Data Protection Notice**

George Burrows is the trading name of Arthur J. Gallagher Insurance Brokers Ltd (AJG). We are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, reinsurers, other brokers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

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](http://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.

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