## AVON & SOMERSET CONSTABULARY

## TRAVEL INSURANCE SCHEME

## **REGISTRATION FORM – Retired Member**

As a member of the Avon and Somerset Group Insurance Scheme, you have automatic cover for 'family' travel Insurance (includes member, spouse/partner and any unmarried children under the age of 23 provided they reside with you and are in full time eduction), on a worldwide basis.

To register with us as an insured person under the scheme, please complete the details below and return this form to us at the address shown. A copy of all the documents relating to the scheme are available to download from our website at http://www.avsomfed.org/services.html.

| Mr/Mrs/Miss/Ms SurnameFirst Names  | . • |
|--|-----|
| Address  |     |
| Postcode   |     |
| Tel. No E-mail address   |     |
| Date of Birth Date of Joining  |     |
| Pay Number Collar No   |     |
| Name of Partner Date of Birth  |     |
| Child (1) Date of Birth  |     |
| Child (2) Date of Birth  |     |
| Child (3) Date of Birth  |     |
| Child (4) Date of Birth  |     |
| IMPORTANT  |     |
| I certify that I am a member of the Avon and Somerset Group Insurance scheme and that premiums are deducted from my pension. I understand that if I am not a member of the Avon and Somerset Group Insurance scheme, or if my contributions stop for any reason, no travel insurance is provided. understand that any information about those insured, which may include sensitive data (medical history, criminal convictions), will be processed by the insurer and/or claims adjuster and/or George Burrows in compliance with the Data Protection Act 1998, and only for the purposes of providing insurance cover, administering scheme membership and handling any claims which will necessitate providing data to third parties as regards scheme membership. | I   |
| Signed Date  |     |
| When completed please return to:   |     |

When completed, please return to:

Police Federation Office

1 St David's Court
Windmill Road
Kenn
Clevedon
BS21 6UP