



**Group Insurance Scheme**

**Partner Application Form (Late Joiner)**

'Partner' means the person to whom the member of the associated policy is married or in a Civil Partnership with or, if not, a person who is openly co-habiting with him or her and who has been so cohabiting for the six months' period prior to the date of their inclusion in the policy, and on whom such a member is financially interdependent.

**This section is to be completed by the Partner** (Once completed you will need to print this form and sign it)

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

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illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.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. I understand that if they are not correct this could result in the insurance being treated as though it never existed or a claim being rejected.

I hereby apply to join the scheme with effect from: / /

Signed:		Date:	/	/
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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. Cover is conditional to the serving officer's membership.

**Beneficiary details**

Surname:		Forename(s):	
Address:			

**This section is to be completed by the New Recruit/Serving Officer**

Please return this form to the Police Federation Office: 1 St David's Court, Windmill Road, Clevedon, North Somerset BS21 6UP

Surname:		Forename(s):	
Station/division:		Payroll number:	
National Insurance No:		Email:	

I hereby authorise the deduction of the sum of £6.95\*, inclusive of the Federation's administration fee and Insurance Premium Tax (IPT) from my pay, in respect of my partner's membership of the Group Insurance scheme.

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

Signed:		Date:	/	/
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### **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.