

Special Constable Group Insurance scheme application form

Please complete the following in **BLOCK CAPITALS** and return the form to: info.avonsom@polfed.org

Please note: once completed you must print this form and sign it.

I am a Special Constable:	<input type="checkbox"/>	Attestation Date:	<input type="text"/>
Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Home email:	<input type="text"/>	Mobile number:	<input type="text"/>

By signing this application form, you confirm that you are a serving Special Constable for Avon & Somerset Police, that you have been actively on duty for 8 consecutive shifts preceding this application to join, have not been medically advised against working, and have not been absent from your usual occupation due to ill health or injury during this period. Please note that your entitlement to cover under this scheme is dependent on your continued service as a Special Constable.

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 wish to join the Group Insurance Scheme and authorise by completion of a direct debit mandate the collection of £29.99* per month, which includes the Federation's administration fee of £0.36p and Insurance Premium Tax (IPT), from my bank account in respect of my membership of the scheme.

Signed:	<input type="text"/>	<i>*The premiums will be subject to periodic review and may go up or down.</i>
Date:	<input type="text"/>	

This application form must be accompanied by a completed direct debit mandate. The Federation will notify you of the date your cover will commence.

Cover is conditional to continued service as a Special Constable and unbroken payment of premiums. Cover ceases at age 70.

It is important that you contact the Federation immediately if you are no longer eligible to be a member of this scheme.

Beneficiary details (Please notify the Federation of any changes to your personal or beneficiary details as soon as possible)

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Email:	<input type="text"/>	Relationship to member:	<input type="text"/>

The maintaining of an up-to-date will is advised. Payments are made by the Trustees under the terms of the 'Trust Deed', which would normally be to the member's chosen beneficiary. The Trustees will, at their own discretion, agree payment in the event of a life claim. I understand that in all matters, in accordance with the Trust Deed, the decision of the Trustees is final.

Date joined scheme:	<input type="text"/>
---------------------	----------------------

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

Data Privacy Notice

George Burrows is a trading name of Arthur J. Gallagher Insurance Brokers Limited. We are the controller of any personal data you provide to us. We 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 our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes.

Please see our 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 our Data Protection Officer. Our Privacy Notice can be found at <https://www.ajg.com/uk/privacy-policy/>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.

If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer services to you.



Instruction to your Bank or Building Society To pay by Direct Debit

Please fully complete this form and send it to:

Avon & Somerset Police Federation Office,
1 St David's Court,
Windmill Road,
Clevedon,
North Somerset
BS21 6UP.



Name(s) of Account Holder(s)

Bank/Building Society
Account Number

Branch Sort Code

Name and full postal address of your Bank
or Building Society

To the Manager

Bank/Building
Society

Address

Postcode

Originator's Identification
Number

9	9	6	0	4	6
---	---	---	---	---	---

Reference

A	&	S	S	P	C
---	---	---	---	---	---

Instruction to your Bank or Building Society

Please pay Arthur J. Gallagher Insurance Brokers Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Arthur J. Gallagher Insurance Brokers Limited and, if so, details will be passed electronically to my Bank/ Building Society.

Signature(s)

Date



Banks and Building Societies may not accept Direct Debit instructions for some types of account.

The Direct Debit Guarantee



- The Guarantee is offered by all banks and building societies that accept instruction to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Arthur J. Gallagher Insurance Brokers Limited will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request Arthur J. Gallagher Insurance Brokers Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Arthur J. Gallagher Insurance Brokers Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when Arthur J. Gallagher Insurance Brokers Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify the organisation.