

Essex Police Federation

Special Constables Group Insurance

Scheme Application form

Please complete the following in **BLOCK CAPITALS** and return the form to:

Essex Police Federation, 82 Springfield Road, Chelmsford, Essex CM2 6JY

Special Constables may join the scheme providing they have been actively on duty for 8 consecutive shift days preceding this application. Cover under this scheme is not applicable if you are no longer a Special Constable. It is important that you notify the Federation immediately if your circumstances change.

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

Surname:

Forename(s):

Date of birth:

Email:

Address:

Home email:

Mobile number:

By signing this application form, you confirm that you are a Special Constable and meet the applicable joining criteria as detailed above.

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.

To enable the monthly premium of £25.92*, inclusive of the Federation's administration fee of £1.56 and Insurance Premium Tax (IPT), to be collected from your bank account this application must be accompanied by a completed direct debit mandate. George Burrows will write to you to confirm cover commencement when your application has been processed.

Signed:

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

Date:

Warrant Force No:

Cover is conditional to continued payment of premiums and service as a Special Constable.

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

Surname:

Forename(s):

Date of birth:

Relationship to member:

Address:

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 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 (Gallagher).

We are the data 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/brokerage-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 our services to you.