



Group Insurance Scheme Application form for Police Staff

GeorgeBurrows

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

Hampshire Police Federation, 1490 Parkway, Solent Business Park, Whiteley, Hampshire PO15 7AF

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

I am a new employee: ☐ (tick if applicable)

Date of joining Hampshire Police Force: / /

Surname:

Forename(s):

Date of birth:

Email:

Address:

By signing this application form you confirm that you are a police employee who is actively at work in your normal occupation and number of contracted hours. If not joining within 6 months of commencement of employment you also confirm that you have not been advised against working, and have not been absent from work due to ill health or injury in the eight weeks preceding this application to join.

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 hereby authorise the deduction of £24.25 per month, which includes the Federation's administration fee of £0.50 and Insurance Premium Tax (IPT), from my pay in respect of my membership of the scheme.

For new employees membership of the scheme is free for the first 52 weeks of employment, following which the full premium of £24.25 will be deducted from your salary each month.*

Signed:

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

Date:

 / /

Mobile number:

Employee no:

Home email:

Cover is conditional to continued membership of the scheme and ceases at age 70 or on retirement, whichever happens first.

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

Surname:

Forename(s):

Address:

Email:

Relationship to member:

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:

 / /

Payroll number:

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

Data Privacy 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. 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.