HAMPSHIRE POLICE Federation

GeorgeBurrows
A Gallagher Company

Special Constables
Group Insurance scheme application form

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 Special Constable: ☐ **Date of first shift as a Special Constable:** / /

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 for the Hampshire Police authority and that you have been actively on duty for 8 consecutive shifts preceding this application to join. 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 £26.75* per month, which includes the Federation's administration fee of £0.83 and Insurance Premium Tax (IPT), from my bank account in respect of my membership of the scheme.

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

Date: / / **Warrant / Service number:**

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 payment of premiums and 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: **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: / /

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.

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