

Hampshire Police Federation Group Insurance Application Form

Please complete and send to the Police Federation via email: Hampshire@polfed.org



	Premium (pcm)*	Please tick as necessary
Serving Late Joiner	£35.97*	
Police Staff	£35.97*	
Serving Partner	£9.10*	

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

Serving Officer / Staff Member Details:

Collar/Employee Number: Date of joining Hampshire Police Force:

Surname: Forename(s):

Date of birth: Email:

Address:

Cover is conditional to continued membership of the scheme and ceases at age 70. Some benefits reduce or cease on retirement from the police service and benefits change again at age 65. Please refer to the Federation or George Burrows for further information.

Partner/Spouse Details(if required):

'Partner' means the person to whom the member of the associated policy is married or, if the member is not married, a person who is openly cohabiting 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.

Surname: Forename(s):

Date of birth: Telephone:

Address:

Email:

Partners can remain in the scheme until they reach the age of 70 years or until the 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 continued membership.

Continue overleaf.....

Health Declaration (applicable to late joiners):

By signing this application form, you confirm that you are a subscribing member of the Police Federation and have been actively at work in your normal occupation and number of contracted hours, 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.

Health Declaration (applicable to partners):

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.

Health Declaration (applicable to staff members):

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.

Serving Officer/Staff Member	Date: / /
Partner/Spouse Signature (if applicable):	Date: / /

Beneficiary details (To be completed by the officer/Staff member)

(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.

Continue overleaf.....

Beneficiary details (To be completed by the Partner/Spouse)

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

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.

I wish to join the Group Insurance Scheme and hereby authorize the deduction selected within this application, per month (inclusive of the Federation's administration fee and Insurance Premium Tax) from my pay in respect of my membership of the scheme.

Serving Officer / Staff Signature	Date: / /
<input type="text"/>	<input type="text"/>

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.