Hertfordshire Police Federation Group Insurance Scheme





Partner Application Form

This form is applicable to partners who are joining at the same time as a Student Officer or who are joining within three months of either marrying or qualifying* as a Serving Officer's partner, whichever occurs first. In all other circumstances the Late Joiner application form applies.

Definition of partner - a partner is defined as your legal spouse or civil partner. If you are not married or you do not have a civil partner, a person who is co-habiting with you and *has done so for at least six months prior to joining the scheme and is financially dependant or interdependent with you.

Please complete the following in BLOCK CAPITALS and return the form to: policefederation@herts.police.uk This section is to be completed by the Partner:

Surname:						Forena	ame(s):				
Date of birth:		/	/								
Address:											
I hereby apply to	join the	scheme wit	n effect from:			/	/	,			
Signed:							Date:				
Partners can re whichever occu Burrows for furt	rs first.	Benefit le									
This section i	s to be	e comple	ted by the S	tudent	t / Serv	ing Off	icer:				
Surname:						Foren	ame(s):				
Officer's force nu	mber:						Email:				
For partners officer's first 1 The premiums I hereby authoris	2 mont includ	ths of ser le Insuran	vice, followin ce Premium	g whic Fax (IP	h the fu T).	ıll prem	ium of £	27.26* will be	payable).	
	e ine ue	suuction of	пе аррпсавіе :	sum noi				subject to periodic	•		
Signed:											
Date:	It is important that the information you have provided to us is to the best of your knowled true, accurate and complete and reflects your current circumstances. If your circumstance 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.									mstances o us are	
Beneficiary deta	ails (Pl	ease notify	the Federation	immed	iately of	any char	nges to y	our personal o	· benefici	ary details)	
Surname:						Fore	name(s):				
Address:											
						E	mail:				
Relationship to member:						under the beneficiar claim. I u	terms of the truste	n up-to-date will is a le 'Trust Deed', which lees will, at their own on lat in all matters, in a l.	n would norr discretion, ag	mally be to the mer gree payment in the	mber's choser e event of a life
Officers payroll n	umber:			Date	e Officer	joined so	heme:		/		

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.

