

Kent Police Federation

Group Insurance Application Form

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



	Premium (pcm)**	Please tick as necessary
Student Officer	£11.50*	
Serving Officer	£11.50*	
Partner/Spouse (if required)***	£6.00*	

* Membership of the scheme is free for the first 32 weeks of service following which a full premium will be deducted from your salary each month inclusive of the Federation's administration fee of £1.50p and Insurance Premium Tax.

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

***inclusive of the Federation's administration fee of £0.30p and Insurance Premium

Serving Officer Details:

Date of joining Kent Police Force:

Surname:

Forename(s):

Date of birth:

Email:

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 New Recruits/Serving Officers/Partners*):

By signing this application form, you confirm that you have not been absent from the employer's service on account of ill-health or injury at any time during the eight weeks preceding this application.

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.

*Partners who are joining at the same time as a new employee. It also applies if joining within three months of either marrying or becoming a members partner(whichever occurs first). For all other scenarios partners may refer to health declaration for late joiners below.

Health Declaration (applicable to late joiners):

I confirm I have been actively at work in my usual occupation for a period of 8 consecutive weeks prior to my intended commencement of cover date (normal annual holiday entitlement may be ignored) and that I have not had more than 14 days absence through illness and/or injury during the last 12 months.

I confirm I am in good health and not aware of any condition or symptoms which may give rise to a claim under this insurance.

I confirm I am not in receipt of any ongoing treatment or care (including checkups or regular medication) for any accident, illness or medical condition.

I confirm that I am not currently awaiting referral to a medical practitioner or specialist/consultant and I am not awaiting the results of any tests or medical investigation.

I confirm I have not had any application for insurance declined, postponed or subject to an increased premium or other special terms, and that I have not previously made any claim for Critical Illness or Sickness insurance.

I understand that if this declaration is found to be untrue then my insurance will be invalidated and scheme membership cancelled with no return of premiums.

Please note: If you are unable to confirm the above statements you may still be able to join the Scheme, but you will need to complete a full medical questionnaire for evaluation by our underwriters.

Serving Officer	Date:
SignaturePartner/Spouse	
Signature(if required):	Date:

Beneficiary details (To be completed by the officer)

(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.

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 Signature 	Date:
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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.