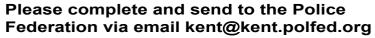
Kent Police Federation

Group Insurance Application Form







		Premi	um (pcm)**	Please	e tick as necessary
Student Offi	cer	£11.50*			
Serving Office	cer	£11.50*			
Partner/Spo	use (if required)***	£6.00*			
•	ne scheme is free for the firs r salary each month inclusiv n Tax.		•		
** The premium wi	Il be subject to periodic revie	ew and may go up or dow	'n		
***inclusive of the l	Federation's administration	fee of £0.30p and Insuran	ice Premium		
Serving	Officer Detai	ils:	Date of joining Ken	t Police Force:	/ /
Surname:			Forename(s):		
Date of birth:			Email:		
cease on retire or George Bur	itional to continued mement from the police rows for further information. Spouse Deta the person to whom the me	service and benefit mation. ils(if require	s change again a	t age 65. Please ref	er to the Federation
openly cohabiting	with him or her and who long such a member is fina	has been so cohabiting			
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

Continue overleaf.....

membership.

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:	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)

Surname:	Forename(s):	
Address:		
	Relationship to	
Email:	member:	
the member's ch	of an up-to-date will is advised. Payments are made by the Trustees under the nosen beneficiary. The Trustees will, at their own discretion, agree payment in the release with the Trust Pased, the decision of the Trustees is finely	
the member's ch matters, in acco		he event of a life claim. I understand that in all the event of a life claim. I understand that in all the event of a life claim.
I wish to jo application Tax) from	in the Group Insurance Scheme and hereby authorize a, per month (inclusive of the Federation's administration)	he event of a life claim. I understand that in all the event of a life claim. I understand that in all the event of a life claim.

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.

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