

# Norfolk Police Federation Group Insurance Scheme Officer Application form



Please complete the following in BLOCK CAPITALS and email the form to:  
Norfolk@polfed.org

I am a serving officer:	<input type="checkbox"/>	Date of joining Norfolk Police Force:	<input type="text"/>
Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		

By signing this application form you confirm that you are currently actively at work in your normal occupation and number of contracted hours, have not been medically advised against working, and have not been absent from work due to ill health or injury in the 8 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.

I wish to join the Group Insurance Scheme and hereby authorise the deduction of £33.97\* per month (inclusive of the Federation's administration fee of £1.18 and Insurance Premium Tax ) from my pay in respect of my membership of the scheme.

Signed:

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

Date:

Officer's Collar No:

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.

**Beneficiary details** (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.

Date joined scheme:

Payroll number:

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.



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