Norfolk 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 email the form to: Norfolk@polfed.org

This section is	s to be	completed by the	e Partne	er:					
Surname:					Forename(s):				
Date of birth:		/	/						
Address:				<u> </u>					
I hereby apply to j	join the s	cheme with effect from	n:		/ /	/			
Signed:					Date:		/	/	
	rs first.	Benefit levels depend						cer reaches 70 year Federation or Georg	
This section is	s to be	completed by the	e Stude	nt / Serv	ing Officer:				_
Surname:					Forename(s):				
Officer's collar nur	nber:				Email:				
For partners of St 27 - 104, following of £0.79 and Insu	g which	fficers membership is the full premium of £9 emium Tax (IPT).	free for t 9.20** will	he first 26 I be payab	weeks of service le. The premiums	and at £5.59** include the Fo	per mon ederation!	th for weeks s administration fee	
I hereby authorise above scheme.	e the de	duction of the applicat	ole sum ir	ndicated ab	ove from my pay	, in respect of	my partne	er's membership of the)
Signed:				**The pre	emiums payable will be	e subject to periodic	review and	may go up or down.	
Date:	/	/		true, acc change, untrue, ir	urate and complete an please inform us. If we	d reflects your curre or the insurer disco e, this may result in	ent circumsta over that the	the best of your knowledge nces. If your circumstances details provided to us are claim and/or your policy	
Beneficiary deta	ails (Ple	ease notify the Federa	tion imme	ediately of	any changes to y	our personal o	r beneficia	ary details)	
Surname:					Forename(s):				
Address:									
					Email:				
Relationship to member:					under the terms of the beneficiary. The Trust	ne 'Trust Deed', whice ees will, at their own nat in all matters, in	h would nom discretion, ag	ments are made by the Tiuste nally be to the member's chos gree payment in the event of a vith the Trust Deed, the decis	sen life
Officers payroll no	umber:		D	ate Officer	joined scheme:		/		

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.

