

**Suffolk Police Federation
Group Insurance Scheme**



Additional Life Assurance Partner Application Form

This form is applicable to partners of serving officers who are already members of the Group Life scheme and for whom the appropriate additional premium is being paid. Additional life assurance is subject to continued membership of both schemes.

Please complete in full and return via email to Suffolk@polfed.org

Full name:	
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Date of birth:	/ /	Email:	
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Address:	
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I declare that I am in good health and:	- I have not consulted a doctor or any other member of the medical profession for the same condition on two or more occasions in the past year, nor am I intending to consult a member of the medical profession regarding any medical condition. (Please note that you can ignore any planned consultations with a sports medicine professional such as a physiotherapist or chiropractor or routine consultations regarding uncomplicated pregnancy.) - I have not had a major organ transplant nor have I ever suffered from cancer, heart disease, stroke, multiple sclerosis, kidney failure, diabetes or mental illness requiring hospital treatment. - I have never tested positive for HIV/AIDS nor am I awaiting the results of such a test.
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I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if the details provided are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or my policy being cancelled or treated as if it never existed.

If you are unable to meet the above Declaration please contact Gallagher by telephoning 01403 327719

Tick the box to show which level of additional cover you require

Tier 1 £50,000	☐	£6.05* per month	Tier 2 £75,000	☐	£9.00* per month
Tier 3 £100,000	☐	£12.00* per month	*The premiums payable will be subject to periodic review and may go up or down		

I hereby apply for additional cover under the group life scheme as indicated above
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Partner's signature**:		Date:	/ /
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This section to be completed by the officer in BLOCK CAPITALS.

Officer's full name:	
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Date of birth:	/ /	Force No:	
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Date partner joined main scheme:	/ /	Payroll number:	
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I hereby authorise the deduction of		per month from my salary in respect of the cover detailed above
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Cover is to commence from	/ /	(this date must be after today's date)
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Serving officer's signature**		Date:	/ /
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****You must print this form to sign it**

Note: All cover ceases at age 65. Benefits halve and premiums increase if you opt to continue in the retired officer scheme. The Federation may pass information held by the Force to the brokers/insurers but only that which is necessary in connection with your membership of the scheme or any claim.

The maintaining of an up to date will is advised. Death claim payments are made by the Trustees under the terms and conditions of the trust deed, which would normally be to the member's chosen beneficiary (as detailed in your application to join the main scheme). The Trustees will, at their own discretion, agree payment in the event of a claim. I understand that in all matters, in accordance with the trust deed, the decision of the Trustees is final.

Data Protection Notice

How do we maintain your privacy?

We are the data 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 our services to you.



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