

West Midlands 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 return the form to: Federation Office, West Midlands Police, Guardians House, 2111 Coventry Road, Sheldon, Birmingham B26 3EA
Once completed you must print this form and sign it.

This section is to be completed by the Partner:

Surname: Forename(s):

Date of birth:

Address:

I hereby apply to join the scheme with effect from:

Signed: Date:

Partners can remain in the scheme until they reach the age of 70 years or until the serving 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.

This section is to be completed by the Student / Serving Officer:

Surname: Forename(s):

Officer's Collar number: Email:

For partners of Student Officers membership is free for the first 26 weeks of service, following which the full premium of £10.01 (inclusive of Insurance Premium Tax and the Federation's administration fee) will be payable.**

I hereby authorise the deduction of the applicable sum from my pay, in respect of my partner's membership of the above scheme.

Signed:

Date:

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

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.

Officers payroll number:

Date 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 (Gallagher).

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/brokerage-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.

