West Midlands Police Federation Group Insurance Scheme





For Partners who are also Serving Officers Application Form

This form is applicable to partners who are joining the scheme who are also serving officers themselves.

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: Westmidlandspf@polfed.org

This section is to be completed by the Partner:

Surname:			Forename(s):						
Date of birth:	/ /		Partners Collar Number:						
Address:									
I hereby apply to	join the scheme with effect from:		/ /						
Signed:			Date:		/				
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.									
years, whichev	remain in the scheme until they er occurs first. Benefit levels depen s for further information.								
This section	is to be completed by the Serv	ving Office	er:						
Surname:			Forename(s):						
ٔ Officer's Collar nur	nber:		Email:						
	who are also serving officers ration's administration fee) will b		ip is £23.64 ** (i	nclusive of	Insuranc	e Premium Tax			
	nat should you no longer meet th		defitintion, you	will need to	contact	your Federation	n.		
I hereby authori	se the deduction of the applicable sun	n from my pa	y, in respect of m	y partner's m	embership	of the above sche	eme.		
Signed:					/				
			_						

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

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Officers payroll number:			
Date Officer joined scheme	:	/	

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(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.

