Hertfordshire Police Federation Group Insurance scheme





This form is applicable to serving officers who are already subscribing to the Group Life scheme. Additional life assurance is subject to continued membership of both schemes.

Please complete the following in BLOCK CAPITALS and return the form to: Hertfordshire Police Federation Office, c/o Police Headquarters, Stanborough Road, Welwyn Garden City, Hertfordshire AL8 6XF You must print this form and sign it

Tou must print ti	iis ioiiii and sign it.							
Officer's full name:								
Date of birth:	/	/	Collar No:					
			Date joine scheme:	d main	/		/	
Telephone number:			Email:					
Address:								
I declare that I am in	good health and:							
I have not consulte in the past year, no that you can ignore	d a doctor or any other me or am I intending to consult any planned consultations as regarding uncomplicated	a member of the with a sports m	e medical profe	ssion regard	ing any medica	al condition	on. (Please note	
failure, diabetes or	ajor organ transplant nor h mental illness requiring ho I positive for HIV/AIDS nor	spital treatment.			se, stroke, mu	ltiple scle	erosis, kidney	
understand that if and/or my policy b	re taken reasonable ca the details provided ar eing cancelled or treat et the above Declaration plea	e untrue, inac ed as if it nev	curate or inc er existed.	omplete, th	nis may resu			
Tick the box to sl	now which level of ad	Iditional cove	er you requir	e				
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 re	eview and may go	up or down					
I hereby apply for ad scheme as indicated	ditional cover under the g above and authorise the	roup life deduction of	£	per month	from my sala	ry		
Cover is to commence from			(this date n	(this date must be after today's date)				
Serving officer's sigr	nature		Date:		/		/	

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 Privacy Notice

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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.

