# Staffordshire Police Federation Police Staff Scheme

**Member Application Form** 



### Please complete the following (you will need to print this form and sign it)

| Date of joining<br>Staffordshire Police  | Force: |   | / |                     |  |
|--|--------|---|---|---------------------|--|
| Surname:   |        |   |   | Forename(s):        |  |
| Date of birth:   | /      | / |   | Employee<br>number: |  |
| Address:   |        |   |   |                     |  |
|  |        |   |   |                     |  |
| By signing this application form, you confirm that you are under age 60 and have not been absent from your employer's service on account of ill-health or injury at any time during the eight weeks preceding this application.    |        |   |   |                     |  |
| I hereby apply to join the group insurance scheme with effect from:  |        |   |   |                     |  |
| I hereby authorise the police authority to deduct £10.04 per month from my salary in respect of my membership of the scheme.<br>The premium includes the Federation's administration fee of £0.93 and Insurance Premium Tax (IPT). |        |   |   |                     |  |

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

| Signed: | Date: | / | / | , |
|---------|-------|---|---|---|
|         |       |   |   |   |

## All cover ceases at age 70, on retirement or on leaving the Force, whichever occurs first.

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.

#### **Beneficiary details**

| Surname: | Forename(s): |  |
|----------|--------------|--|
| Address: |              |  |
|          |              |  |

# Cover is conditional to continued membership of the scheme and ceases at age 70 or on retirement, whichever occurs first.

The maintaining of an up-to-date will is advised. Payments are made by the Trustees under the terms of the 'Trust Deed', which would normally be to the member's chosen beneficiary. The Trustees will, at their own discretion, agree payment in the event of a life claim. I understand that in all matters, in accordance with the Trust Deed, the decision of the Trustees is final.

| Employee's payroll number: |  |
|----------------------------|--|
|----------------------------|--|

#### **Data Privacy Notice**

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We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.georgeburrows.com. If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.