## Staffordshire Police Federation Group Insurance Scheme Partner Application Form





This form must be completed by partners who are joining at the same time as a new employee. It also applies if joining within three months of either marrying or becoming a member'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, print & sign the form and return it to: info@staffs.polfed.org

This section	is to be completed by the Partner		
Surname:		Forename(s):	
Date of birth:			
Address:			
I hereby apply to	o join the scheme(s) with effect from:	/ /	
Signed:		Date:	/ /
This section is	to be completed by the New Recruit/Ser	ving Officer	
Surname:		Forename(s):	
Station/division:		Collar number:	
	the Police Authority to deduct the sum(s) indicated be the first 52 weeks of service are free, following which  £12.98* per month inclusive of the Federation's administration fee of £1.38 and Insurance Premium Tax (IPT)		
•	ns payable will be subject to periodic r	eview and may g	o up or down.
Signed:		Date:	/ /

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.

Partners may 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 reduce on the officers' retirement and partner benefits will then be applicable to the age of the subscribing retired officer. Please refer to the Federation or George Burrows for further information.

beneficiary de	(Please	notify the Federation	immediately of any changes to	your personal or benefic	ciary details)
Surname:			Forename(s):		
Address:					
would normally b	e to the memb	er's chosen benefic	yments are made by the Trus iary. The Trustees will, at the lance with the Trust Deed, the	ir own discretion, agre	e payment in the event of a
Officer's payroll n	umber:				

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## **Data Privacy Notice**

George Burrows is a trading name of Arthur J. Gallagher Insurance Brokers Limited. We are the 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 services to you.

