

**Staffordshire Police Federation
Group Insurance Scheme
Partner Application Form (Late Joiner)**



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 and return the form to: Staffordshire Police, Federation Office, Hearn Court, Rising Brook, Stafford ST17 9QN. You will need to print this form to sign it.

This section is to be completed by the Partner

Surname:	Forename(s):
Date of birth:	
Address:	

I declare that I am in good health and:

1. During the last 12 months, I have not attended or been advised to attend a hospital or clinic (excludes routine visits to a GP), for any form of advice, test, investigation or operation (excluding consultations for colds, influenza or pregnancy).
2. I am not currently receiving any treatment, medication or medical attention, either regularly or irregularly for any medical (includes diabetes), physical or psychiatric condition, or awaiting any medical or surgical consultation, test or investigation. (Excludes tablets, medicine or drugs taken for asthma, colds, influenza, routine vaccinations or contraception).
3. I have never been tested positive for HIV/AIDS, or Hepatitis B or C, nor am I awaiting the result of such a test. I have not tested positive for any sexually transmitted infection in the last 5 years, nor am I awaiting the result of such a test.
4. No application to an Insurance Company for life, accident or sickness insurance, or critical illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.
5. I share a joint financial commitment with the employee/member of the scheme and understand that if I am admitted to scheme membership; my membership is dependent on continuity of cover by the employee/member.

I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if they are not correct this could result in the insurance being treated as though it never existed or a claim being declined.

I hereby apply to join the scheme(s) with effect from:

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Signed:

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Date:

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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 Gallagher for further information.

Beneficiary details

Surname:	Forename(s):
Address:	

This section is to be completed by the New Recruit/Serving Officer

Surname:	Forename(s):
Station/division:	Collar number:

I hereby authorise the deduction of the sum(s) indicated from my pay, in respect of my partner's membership of the scheme(s). For new recruits the first 52 weeks of service are free, following which the normal premium will be deducted from salary each month.

Main Package Scheme <input type="checkbox"/> £12.98* per month inclusive of the Federation's administration fee of £1.38 and Insurance Premium Tax (IPT)	Group Critical Illness scheme <input type="checkbox"/> £3.62* per month. No administration fee or IPT is applied to this premium.
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*The premiums payable will be subject to periodic review and may go up or down.

Signed:	Date:
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Data Privacy Notice

How do we maintain your privacy?

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/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.



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