

I certify that I am a subscribing member of the scheme and to the best of my knowledge the statements made are true and without reservation. I agree that the information on this form, including sensitive (medical) information, may be stored and shared with Staffordshire Police Federation, the insurers or underwriters, their agents and the scheme brokers, but only for the purposes of processing and recording my claim. I authorise the Police Authority to provide confirmation of my sick pay status in relation to my claim for benefit under the scheme.

Signature of Officer.....Date.....

Benefit payments are made to your bank account; please complete the following:
Bank name and address.....
Account name:
Branch sort code:/...../.....
Account number:

DATA PRIVACY NOTICE

George Burrows is the trading name of Arthur J. Gallagher Insurance Brokers Ltd (AJG). We are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, reinsurers, other brokers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

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.

To be completed by the Federation office:

The above named person is a member of the scheme and has been a scheme member for at least 6 months prior to pay being reduced.

Signed..... For Staffordshire Police Federation



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For office use only:
Name: _____ Claim number: _____