

Personal Protection Insurance Scheme for Police Staff Partner Application Form

'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 it to your scheme administrator or HR Department (whichever is applicable).

Once completed you must print this form and sign it.

This section is to be completed by the Partner

Surname:		Forename(s):	
Date of birth:	/ /	Email:	
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, asthma, 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, contraception or uncomplicated pregnancy).
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illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reason or hazardous pursuits.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 mean a claim is rejected.

I hereby apply to join the above scheme with effect from:

	/ /
Signed:	Date: / /

Partners can remain in the scheme until they reach the age of 70 years or until the employee reaches 70 years, whichever occurs first.

Beneficiary details

Surname:		Forename(s):	
Address:			
	Relationship to member:		

This section is to be completed by the Employee

Surname:		Forename(s):	
Payroll number:		Force:	
		Email:	

I hereby authorise the deduction of £15.43* per month from my pay, in respect of my partner's membership of the scheme.

*The premium includes Insurance Premium Tax (IPT)

Signed:		Date: / /
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The premiums payable will be subject to periodic review and may go up or down.

Please read the Data Privacy Notice on the reverse of this application form.

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.