## Greater Manchester Fire and Rescue service Group insurance scheme Late joiner Partner application form



'Partner' means the person to whom the member of the associated policy is married or in a Civil Partnership with or, if not, a person who is openly co-habiting with him or her and who has been cohabiting for the six months' period prior to the date of their inclusion in the policy, and on whom such a member is financially independent.

To be completed by the partner in BLOCK CAPITALS. Once completed in full the form should be returned to: George Burrows, St Mark's Court, North Street, Horsham, West Sussex RH12 1RZ

Full name:					
Date of birth:	/	/			
Address:					
<ul> <li>in the past year.</li> <li>I have not had a magnitudent failure, diabetes of the law of th</li></ul>	ed a doctor or any other najor organ transplant remental illness requiring the positive for HIV/AIDS set the above Declaration show which level of £8.25 inclusive of	nor have I ever suffered g hospital treatment. nor am I awaiting the r please contact George B	from cancer, heart disesults of such a test. Surrows by telephoning Partners must Tier 3 £90,000	join the scheme at	the same level
		ensure that the statement as though it never exist		d correct. I understand the	at if they are not correc
I hereby apply for cover under the group insurance scheme as indicated above					
Partner's signature			Date:	/	/
Life assurance benefits halve at age 60. Partners may remain in the scheme until they reach the age of 65 years or until the fire service employee reaches 65 years, whichever occurs first. Premiums payable are age applicable. Full details of the premiums payable are available from George Burrows.  Beneficiary details  Surname:  Forename(s):					
			i orename(s).		
Address:  This section is to be completed by the fire service employee					
Surname:	, 11 , 12 , 12 12 12 12 12 12 12 12 12 12 12 12 12		Forename(s):		
Station/division			Employee number:		
I hereby authorise the Fire Authority to deduct the sum indicated from my pay, in respect of my partner's membership of the above scheme.					
Signature			Date:	/	/

The maintaining of an up to date will is advised. Death claim payments are made by the Trustees under the terms and conditions of the trust deed, which would normally be to the member's chosen beneficiary (as detailed in your application to join the main scheme). The Trustees will, at their own discretion, agree payment in the event of a claim. I understand that in all matters, in accordance with the trust deed, the decision of the Trustees is final.

## **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.

