

**Greater Manchester  
Fire and Rescue Service  
Group Insurance scheme  
Retired Member  
Application Form**



Please complete the following in **BLOCK CAPITALS** and return the form to: **George Burrows, St Mark's Court, North Street, Horsham, West Sussex RH12 1RZ**

Date of retirement from Greater Manchester Fire Service:			/	/
Surname:		Forename(s):		
Age:		Date Of Birth:	/	/
Contact telephone number:				
Address:				

By signing this application form, I confirm that I have been a member of the Greater Manchester Fire Service group insurance scheme during employment and wish to transfer to the retired life and travel scheme.

I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if the details provided are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or my policy being cancelled or treated as if it never existed.

**Tick the box to show which level of cover you require.**

**Note: Benefit levels can be maintained or reduced at retirement but they cannot be increased.**

Tier 1 £35,000	<input type="checkbox"/>	£15.72 inclusive of £0.50 administration fee
Tier 2 £60,000	<input type="checkbox"/>	£20.84 inclusive of £0.50 administration fee
Tier 3 £90,000	<input type="checkbox"/>	£27.04 inclusive of £0.50 administration fee

The premiums payable will be subject to periodic review and may go up or down

**ALL BENEFITS ARE HALVED AT 60 YEARS AND COVER CEASES AT AGE 65**

I hereby apply to transfer to the retired member scheme with effect from:			/	/
I hereby authorise the deduction of	£		per month from my pension in respect of my membership of the above scheme	
Signature:		Date:	/	/

**Beneficiary details**

Surname:		Forename(s):		
Address:				

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.

**For office use only**

Pension Number:	
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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](http://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.