

**Greater Manchester
Fire and Rescue Service
Group Insurance scheme
Serving 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 joining Greater Manchester Fire Service:	/ /		
Surname:		Forename(s):	
Age:		Date Of Birth:	/ /
Contact telephone number:			
Address:			

Applicable to new and existing employees

By signing this application form, you confirm that you are a member of the Greater Manchester Fire Service and have not been absent from your employers service on account of ill health or injury at any time in the eight weeks preceding this application.

I wish to join the scheme indicated below:

Tick the box to show which level of cover you require

Tier 1 £35,000	<input type="checkbox"/>	£15.06 inclusive of £0.90 administration fee
Tier 2 £60,000	<input type="checkbox"/>	£20.41 inclusive of £0.60 administration fee
Tier 3 £90,000	<input type="checkbox"/>	£26.92 inclusive of £0.30 administration fee

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

It is important that the information you have provided to us is to the best of your knowledge true, accurate and complete and reflects your current circumstances. If your circumstances change, please inform us. If we or the insurer discover that the details provided to us are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or your policy being cancelled or treated as if it never existed.

Life assurance benefits are halved at 60 years and ALL cover ceases at age 65.

I hereby apply to join the above scheme with effect from:			
I hereby authorise the Fire Authority to deduct	£		per month from my salary 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

Employee Payroll 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. 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.