

Personal Protection Insurance Scheme for Police Staff

Employee Application Form



New employees may join the scheme providing they are actively at work on the date they wish to join and do so within two months of commencement of employment.

Existing employees may join the scheme providing they are actively at work and have been actively at work for the 20 consecutive working days preceding this application.

Please complete the following and return the form to the Police Federation office.

Once completed you must print this form and sign it.

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
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Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Email:	<input type="text"/>
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Address:	<input type="text"/>
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<input type="text"/>	Phone:	<input type="text"/>
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By signing this application form, you confirm that you are employed by the Police Force and meet the applicable joining criteria as detailed above.

I hereby apply to join the above scheme with effect from:	<input type="text"/> / <input type="text"/> / <input type="text"/>
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I hereby authorise the deduction of £29.25 per month (inclusive of Insurance Premium Tax and the Federation's administration fee) from my pay in respect of my membership of the above scheme.
First month free for members joining within two months of employment commencement.

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

Signed:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Force:	<input type="text"/>	Employee's Force number:	<input type="text"/>
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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.

Cover is conditional to continued membership of the scheme and ceases at age 70.

Beneficiary details

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
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Address:	<input type="text"/>
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<input type="text"/>

Relationship to member:	<input type="text"/>
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The Trustees will, at their own discretion, agree payment in the event of a life claim. I understand that in all matters, in accordance with the Trust Deed, the decision of the Trustees is final. The maintaining of an up-to-date will is advised. Payments are made by the Trustees under the terms of the 'Trust Deed' which would normally be to the member's chosen beneficiary.

For office use only

Employee's payroll number:	<input type="text"/>
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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.