

# Personal Protection Insurance Scheme for Police Staff Employee Application Form

Existing employees may join the scheme providing they are currently actively at work in their normal occupation and number of contracted hours, have not been medically advised against working, and have not been absent from work due to ill health or injury in the 8 weeks preceding this application.

New employees may join the scheme within 2 months of their date of joining if they are actively at work at the date of joining. If joining the scheme after the initial 2 month period, the rules for existing employees apply.

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.**

Surname:		Forename(s):	
Date of birth:	/ /	Email:	
Address:			
	Phone:		

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:

/ /
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I hereby authorise the deduction of £38.59 per month (inclusive of Insurance Premium Tax) 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:		Date:	/ /
Force:		Employee's Force number:	

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:		Forename(s):	
Address:			
Relationship to member:			
Email:		Phone:	

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.

Employee's 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 a trading name of Arthur J. Gallagher Insurance Brokers Limited (Gallagher).

We are the data 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/brokerage-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 our services to you.

