



Northumbria Police Federation

Your Federation
Your Voice
Your Future

Representing and Supporting YOU

11-14 Apex Business Village, Annitsford,
Cramlington, Northumberland NE23 7BF
Telephone 01661 863490
Fax 0191 2502961
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Website www.norpolfed.org.uk
VAT Reg No. 993179764

Our ref

Your ref DO/RF

Date as postmark

Dear Colleague

Group Life Assurance Entry / Eligibility Criteria

With reference to your wish to subscribe to the Group Insurance Scheme, there is a 12 month entry period, which gives the officer the opportunity to join the Scheme within 12 months of joining the Force. All you need to do is complete and return the attached application form.

Any officer wishing to become a member after this time can still do so, however, they will be regarded as a "discretionary entrant". To qualify for entry into the scheme, it is necessary for you to complete and return the attached 'Actively at Work Condition Declaration' together with the Application Form. If you have been absent through sickness during the past 8 weeks and cannot comply with this condition, then a Health Declaration Form will be required to be completed by you. You have two options open to you, namely, wait until there are 8 clear weeks and complete the 8 week declaration or complete a health declaration form. If the latter option is the case, please contact me and I will send the relevant form to you.

If you wish to join the Partner Life Assurance at the same time, then a Late Entrant Partner form (also attached) will need to be completed. If your Partner is unable to comply with the conditions on this form, they also will have to complete a health declaration which can be obtained from the Federation.

Yours sincerely

Robert Finn
Administrator

Northumbria Police Federation is an appointed representative of Arthur J. Gallagher Insurance Brokers Limited which is authorised and regulated by the Financial Conduct Authority.
Registered Office: Spectrum Building, 7th Floor, 55 Blythswood Street, Glasgow, G2 7AT.
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To read our full privacy/fair use statement, please visit our website www.norpolfed.org.uk.
The statement can be accessed at the bottom of the homepage.



Northumbria Police Federation Group Insurance Scheme

(Complete and Return)

Application for Membership/Notification of Amendment

Full Name _____

Date of Birth _____ Gender _____ Marital Status _____

Home Address _____

_____ Post Code _____

Work Tel No _____ Home Tel No _____ Mobile No _____

Email Address _____

Rank/Position held _____ Collar/Employee No _____

Division/Dept _____

Date commenced employment with Northumbria Police _____

Beneficiary – Full Name _____

(if you would like more than one beneficiary, please provide details)

Address _____

_____ Post Code _____

Home Tel No _____ Relationship _____

Is your Partner to be covered under the Group Life Scheme

YES/NO

If yes, please complete the following:-

Partner – Full Name _____ Date of Birth _____

Beneficiary – Full Name _____

(if you would like more than one beneficiary, please provide details)

Address _____

_____ Post Code _____

Home Tel No _____ Relationship _____

Data Protection Notice

It is understood by you that any personal data provided to us will be processed by us, the insurer and our agents for the purposes of providing insurance, handling any claims and any other related purposes. The insurer may also provide you with a separate notice in relation to how they will process your personal data. Your personal data may also be used for offering renewal, research and statistical purposes. Where you provide us with personal or sensitive personal data that relates to anyone other than you, you must obtain the explicit consent of that person for both the disclosure and the use of that data. We may also provide your personal data to carefully selected third parties involved in providing products or services to us, the insurer or to service providers who perform services on our behalf. These include:

- *your related Police Federation;*
- *our group companies;*
- *(re)insurers;*
- *other insurance intermediaries;*
- *credit agencies;*



- *medical service providers;*
- *solicitors/barristers;*
- *regulatory authorities; and*
- *as may be required by law*

Your personal data may be transferred by us to a destination outside the European Economic Area ("EEA"). Where we do this, we will take the necessary steps to ensure that your personal data is treated securely and in accordance with the Data Protection Act 1998, or any subsequent legislation.

The Data Protection Act entitles you to apply for a copy of any personal data held about you by us, for which we may charge an administration fee of £10, and to have any inaccuracies corrected.

For the purposes of the Data Protection Act, the Data Controller in relation to any personal data you supply to us is Arthur J. Gallagher Insurance Brokers Ltd.

For more information on how we use your data please visit our website at www.ajginternational.com which is updated from time to time.

I wish to become a Member of the Northumbria Police Federation Group Insurance Scheme and I hereby authorise the appropriate deduction from my pay/bank account in accordance with the Rules governing the Scheme.

Date _____ Signed _____

Deductions are taken on a monthly basis from pay or pension – please contact the Federation Office for details of the current cost. The deductions payable will be subject to periodic review and may go up or down.

Please note it is your responsibility to advise the Federation Office of any change in your personal circumstances and to ensure that deductions are continuing to be taken at the correct rate.

Please return to:-

Northumbria Police Federation
11 – 14 Apex Business Village
Annitsford
Cramlington
Northumberland, NE23 7BF



Arthur J. Gallagher

NORTHUMBRIA POLICE FEDERATION

GROUP LIFE ASSURANCE

LATE ENTRANT DECLARATION

I wish to apply for membership into the Northumbria Police Federation Group Insurance Scheme. I confirm that I have not been absent from duty on account of ill health or injury at any time during the 8 week period prior to the date of my application, nor have I had any serious illness within the last 12 months. Furthermore, I have not previously been declined insurance cover, had a decision postponed, nor am I currently being underwritten.

Name: _____ Force Number _____

(Serving Officer/Police Staff Employee – *delete as appropriate*)

Signed: _____ Date: _____

For Office Use Only

Date Received at Federation: _____

Authorised by: _____

Forwarded to Arthur J. Gallagher on: _____

Northumbria Police Federation JBB Group Insurance Scheme Partner Application Form (Late Joiner)

This section is to be completed by the partner

'Partner' means the spouse or civil partner of an officer/police staff employee or any other person who is a nominated partner as defined in the Police Pensions Regulations 2006.

Surname: Forename(s):

Date of birth:

I declare that I am in good health and:

- I have not consulted a doctor or any other member of the medical profession for the same condition on two or more occasions in the past year.
- I have not had a major organ transplant nor have I ever suffered from cancer, heart disease, stroke, multiple sclerosis, kidney failure, diabetes or mental illness requiring hospital treatment.
- I have never tested positive for HIV/AIDS nor am I awaiting the results of such a test.
- No application to an Insurance Company for Life or Critical Illness cover has ever been declined, postponed, offered or accepted with special terms or restrictions, or been withdrawn for any medical reasons.
- I share a joint financial commitment with the officer/member of the scheme and understand that if I am admitted to the scheme membership, my membership is dependent on continuity of cover by the officer/member.

To the best of my knowledge and belief, the statements in this declaration are true and complete. (False declaration may result in benefit payment being refused).

I hereby apply to join the scheme with effect from:

Signed: Date:

Beneficiary details

Surname: Forename(s):

Address:

This section is to be completed by the officer/police staff employee

Station/division: Payroll number:

Surname: Forename(s):

I hereby authorise the Police Authority to deduct the sum indicated from my pay, in respect of my partner's membership of the above scheme. I also note that the premiums payable will be subject to periodic review and may go up or down.

Signed: Date:

For completion by Federation Office

Date Received at Federation: Authorised by:

Forwarded to Gallagher Heath on: