

# Northumbria Police Federation Top Up Life Assurance Partner Application Form



Arthur J. Gallagher

*This form is applicable to Partners of Serving Officers who are already subscribing to the Northumbria Police Federation Group Insurance Scheme. The "Top Up" cover is subject to continued membership of both Schemes.*

Please complete the following in BLOCK CAPITALS

Surname:  Forename(s):

Date of Birth:

Address:

Telephone No:  Email:

Tick the level of covered required:-

- |          |          |                   |                          |
|----------|----------|-------------------|--------------------------|
| • Tier 1 | £ 50,000 | £ 6.60* per month | <input type="checkbox"/> |
| • Tier 2 | £ 75,000 | £ 8.91* per month | <input type="checkbox"/> |
| • Tier 3 | £100,000 | £11.27* per month | <input type="checkbox"/> |

\* Deductions are taken on a monthly basis from pay. The deductions payable will be subject to periodic review and may go up or down. Monthly deductions are inclusive of fees, details of which can be obtained from the Federation.

**Please Note:** All cover ceases at age 65. Benefits halve and premiums increase if you opt to continue cover as the Partner of a Retired Officer. To continue cover, you must have been in the Top Up Scheme as the Partner of a Serving Officer for at least six months prior to the Serving Officer's retirement.

The maintaining of an up to date will is advised. 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. In accordance with the Trust Deed, the decision of the Trustees is final.

## 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](http://www.ajginternational.com) which is updated from time to time.

I hereby apply for the additional cover as detailed above. 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, nor am I intending to consult a member of the medical profession regarding any medical condition. (Please note – you can ignore any planned consultations with a sports medicine professional such as a physiotherapist or chiropractor or routine consultations regarding uncomplicated pregnancy.)
- 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.

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).

Signed:

Date:

**This section to be completed by the Officer**

I 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.

Station/Division:

Payroll No:

Surname:

Forename(s):

Signed:

Date:

You will be notified in writing by the Federation of the date from which cover will commence and when the first deduction will be taken.

Exclusions and limitations may apply. Should you require further details of the cover, terms, conditions and exclusions, please contact the Federation with any questions.

**For Federation Use Only**

Date Received:

Authorised By: