



# Northumbria Police Federation

Your Federation  
Your Voice  
Your Future

Representing and Supporting YOU

11-14 Apex Business Village, Annitsford,  
Cramlington, Northumberland NE23 7BF  
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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 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 \_\_\_\_\_

## Privacy Notice

Arthur J. Gallagher Insurance Brokers Limited is 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 your Police Federation, 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 <https://www.ajginternational.com/privacy-and-cookies-policy/>. 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.



Northumbria Police Federation 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 [www.norpolfed.org.uk](http://www.norpolfed.org.uk) 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.

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



**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 Health on: