

DEFENCE POLICE FEDERATION GROUP INSURANCE SCHEME

Application Form 1

NAME: _____ STATION: _____

ADDRESS: _____

POSTCODE: _____

EMAIL ADDRESS: _____ TEL NO: _____

DATE OF BIRTH: ____ / ____ / ____ DATE JOINED FORCE: ____ / ____ / ____

STAFF NUMBER: _____ RANK: _____

FORCE NO: _____ FEDERATION NO: _____

Declaration of Health

I confirm I have been actively at work in my usual occupation for a period of 8 consecutive weeks prior to my intended commencement of cover date (normal annual holiday entitlement may be ignored) and that I have not had more than 14 days absence through illness and/or injury during the last 12 months.

Yes	No
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I confirm I am in good health and not aware of any condition or symptoms which may give rise to a claim under this insurance.

Yes	No
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I confirm I am not in receipt of any ongoing treatment or care (including checkups or regular medication) for any accident, illness or medical condition.

Yes	No
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I confirm that I am not currently awaiting referral to a medical practitioner or specialist/consultant and I am not awaiting the results of any tests or medical investigation.

Yes	No
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I confirm I have not had any application for insurance declined, postponed or subject to an increased premium or other special terms, and that I have not previously made any claim for Critical Illness or Sickness insurance.

Yes	No
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I understand that if this declaration is found to be untrue then my insurance will be invalidated and scheme membership cancelled with no return of premiums.

Yes	No
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If you have ticked "No" for any of the above declaration, please complete a fully underwritten Application Form 2 which is available at the Federation Office; on the Force Internet site or from Philip Williams & Co

I wish to join the DPF Group Insurance Scheme and authorise CPRO(B) to deduct the appropriate premium from my salary commencing _____ (please state month)

Signed (by DFP Member): _____ **Date:** _____

CERTIFICATION OF DPF MEMBERSHIP (This section will be completed by DPF Head Office)

I confirm that is a DPF Member.

Signed @ DPF HQ: _____

Authorisation Stamp (by DPFHQ):

DISTRIBUTION:

- A. This form must be returned to the General Secretary, Defence Police Federation Unit 131, China Works, Black Prince Road, London, SE1 7SJ Tel: 0203 176 6509/6511/6512
- B. On certification the General Secretary will forward this form to the relevant pay section CPRO Bath.
- C. A copy of the form will be returned to the member and also retained at Head Office.

CPRO(B) Use Only

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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From Screen 1519 input. _____ Pay clerk initials _____ Date _____

Privacy Notice (also known as “Fair Processing Notice”)

Data Controller:

Philip Williams (G Ins) Management Limited, 35 Walton Road, Stockton Heath, Warrington WA4 6NW

Contact for queries:

Data Protection Manager, Tel. 01925 604421. Email dataprotection@philipwilliams.co.uk

How will we use the information you give us?

We will only use your information on the basis that it is necessary to administer your insurance contract or help you make a claim. Where we need to pass information to other firms, it will only be for that purpose. These firms will be Insurers, other insurance brokers, firms handling claims, finance providers and firms that process or administer our records, including Federations / Trust Administrators.

When we contact you, it will either be for the above reason, or because we have a legitimate interest in marketing related products. For any other marketing it will only be with your consent and you will be able to withdraw your consent or unsubscribe easily at any time.

If we have to transfer information to a third country outside the EU, we will only do so if a similar level of protection applies. If we need to obtain information which is by nature sensitive, we will only do so on the basis that it is in the public interest - for example to fight crime, prevent fraud or to make sure insurance is available.

What type of personal information do we need?

- We may need personal details which might include details of lifestyle, family, finances, business or education.
- We will only collect what is necessary and will only keep it for as long as we are required to do in line with our data retention policy.

What other types of information do we need?

- Under certain circumstances we may also need to obtain information about Race or Origin, Gender, Religion, Health, Politics, Genetics, Trade Union Membership, Sex or Sexual Orientation.
- We might also need details of criminal convictions.
- We will only collect what is necessary and protect it with appropriate security measures.

How do we obtain your information?

- We may gather it from information you submit to a website, by telephone, mail, face to face or by email.
- We may receive it from insurers, other insurance brokers, firms handling claims, finance providers and firms that process or store our records, including Federations / Trust Administrators.

What are my legal rights?

- You can obtain a copy of your personal information from us without charge by contacting us at the address above. This may include the right to transfer information to other providers.
- You have the right to ask us to correct information.
- You have the right to ask us to delete your information or stop using it, unless it is necessary for us to retain it for insurance or financial purposes as set out in our document retention policy.
- You may have the right to object if decisions about you are made solely by a computer.
- You have the right to complain to the Information Commissioner at www.ico.org.uk, Tel 0303 123 1113.