Defence Police Federation

Group Insurance Scheme – Application Form

(Please complete and return to: admin1@dpf.org.uk)

This form is applicable to Serving Officers and their qualifying partners* who wish to join the Group Insurance Scheme. New Members – Membership of the scheme is free for the first 16 weeks of service. Following this, the full premium of £29.85** will be deducted from your salary each month.

***Definition of partner -** *a partner is defined as your legal spouse or civil partner. If you are not married or you do not have a civil partner, a person who is co-habiting with you and has done so for at least six months prior to joining the scheme and is financially dependant or interdependent with you.*

	Premium per calendar month	Please tick as necessary
Serving Officer *(under age 70)*	£29.85**	☐
Partner/Spouse *(if required)*	£7.75**	☐

***The premium payable will be subject to periodic review and may go up or down.*

Serving Officer Details:

I am a New Recruit: ☐ Serving Officer: ☐ Date of Joining the Defence Police Force: ☐

Surname:		Forename:			
Address:					
Force Number:		Telephone Number:			
Email Address:			Date of Birth:		

Life cover is conditional to continued membership of the scheme and ceases at age 70. Some benefits reduce or cease on retirement and certain age limitations are in place. Please refer to the Federation or Gallagher for further information.

Partner/Spouse Details (if required):

Surname:		Forename:			
Address:					
Email Address:			Date of Birth:		

Partners can remain in the scheme until they reach the age of 70 years or until the officer reaches 70 years, whichever occurs first. Benefit levels depend on the age of the subscribing officer. Please refer to the Federation or Gallagher for further information. Cover is conditional to the serving officer's continued membership.

Serving Officer Signature:		Date:	
Partner/Spouse Signature: *(if required)*		Date:	

Please complete the section overleaf to confirm beneficiary details and read the data privacy notice.

Beneficiary Details – Serving Officer

Surname:		Forename:	
Address:			
Email Address:			
Relationship to Member:			

Beneficiary Details – Partner/Spouse

Surname:		Forename:	
Address:			
Email Address:			
Relationship to Member:			

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. 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.

By signing this application form, you confirm that you are currently actively at work in your 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. 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.

I confirm that I have taken reasonable care to ensure that the statements above are honest and correct. I understand that if they are not correct this could mean a claim is rejected.

I wish to join the Group Insurance Scheme, and I authorise the deduction selected within this application form per month (inclusive of Insurance Premium Tax) from my pay in respect of the scheme.

Serving Officer Signature:		Date:	

Data Privacy Notice

How do we maintain your privacy? 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/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.