

# Cleveland Police Federation JBB Top Up Life Assurance Partner Application Form



***This form is applicable to Partners of Serving Officers/Police Staff Employees who are already subscribing to the Cleveland Police Federation JBB 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:

Serving Officer/Police Staff Employee Full Name:

Collar/Staff No:

***Cover will commence with effect from the first day of the month following confirmed acceptance of your application. Cover is subject to payment being made prior to the commencement date. Annual, six-monthly or quarterly payments will be charged thereafter.***

<p><b>Tick the level of cover required:-</b></p> <ul style="list-style-type: none"> <li>• Tier 1    £50,000    £7.00* per month    <input type="checkbox"/></li> <li>• Tier 2    £75,000    £9.50* per month    <input type="checkbox"/></li> <li>• Tier 3    £100,000    £12.06* per month    <input type="checkbox"/></li> </ul> <p><small>* The payment amount will be subject to periodic review and may go up or down. The amount is inclusive of fees, details of which can be obtained from the Federation.</small></p>	<p><b>Following the initial payment, my preferred payment option will be (please tick):-</b></p> <ul style="list-style-type: none"> <li>• Annually (1<sup>st</sup> April)    <input type="checkbox"/></li> <li>• Six-monthly (1<sup>st</sup> April &amp; 1<sup>st</sup> October)    <input type="checkbox"/></li> <li>• Quarterly (1<sup>st</sup> April, 1<sup>st</sup> July, 1<sup>st</sup> October &amp; 1<sup>st</sup> January)    <input type="checkbox"/></li> </ul> <p><small>The policy renews annually on 1<sup>st</sup> April. Depending upon option taken, subsequent payments must be received prior to the above dates for cover to continue.</small></p>
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**Payment direct to Arthur J. Gallagher by debit or credit card on receipt of invoice.**

**Please Note:** All cover ceases at age 65. Benefits halve and deductions increase if you opt to continue cover as the Partner of a Retired Officer/Police Staff Employee. To continue cover, you must have been in the Top Up Scheme as the Partner of a Serving Officer/Police Staff Employee for at least six months prior to their 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).

Surname:  Forename(s):

Signed:  Date:

**The completed application form should be returned to the Federation Office, who will forward the form to Arthur J. Gallagher Insurance Brokers. Arthur J. Gallagher will contact you in writing via email at the earliest opportunity to advise if your application has been accepted. If accepted, an invoice will be provided for your first payment. Thereafter Arthur J. Gallagher will forward an invoice to you when the next payment is due depending upon your preferred payment frequency.**

***Continuation of cover is subject to the payment being made.***

**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:

Date forwarded to AJG: