## **George Burrows Group Insurance Scheme for Fire Brigades Partner**

## **Application Form**



**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 dependent or interdependent with you.

Please return the completed form to: info@georgeburrows.com

This section is	s to be completed by the Partner:							
Surname:		Forename(s):						
Date of birth:	/ /	Email:						
Address:								
I declare that I	am in good health and:							
I am not suffering from any medical condition or experiencing symptoms for which I have not yet consulted a medical practitioner, 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.								
I confirm that I have not had more than 14 days of illness and/or injury during the last 12 months.								
I am currently employed Yes No								
If "Yes" - 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).								
I confirm I have not had any application for Life or Critical Illness Insurance declined, postponed or subject to an increased premium or other special terms.								
(If you are unable to confirm any of the above a full Personal Declaration form will be required. If you are in any doubt please declare the details in the space provided).								
I confirm that I have taken reasonable care to ensure that the statements above are honest and correct.  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 or treated as if it never existed.  I hereby apply to join the scheme with effect from:								
Signed:		ate:						
	remain in the scheme until they reach the er occurs first.	e age of 70 year	rs or until the officer/employee reaches 70					
Beneficiary o	details (Please notify the Fire Service imme	diately of any cha	inges to your personal or beneficiary					
Surname: Forename(s):								
Address:		Email:						
Relationship to member:								

This section is to be	completed by the Member:	_						
Surname:	Fo	rename(s):						
Member number:	En	nail:						
I hereby authorise the deduction of the sum of £12.40* from my pay, in respect of my partner's membership of the above scheme.								
Signed:	[	Date:	/					
*The premiums payable will be subject to periodic review and may go up or down.								
Mobile Number:	н	lome Email:						
Payroll number:	Date member scheme:	r joined	/					

Please read the Data Privacy Notice on the reverse of this application form.

## **Data Privacy Notice**

George Burrows is a trading name of Arthur J. Gallagher Insurance Brokers Limited. We are the 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 services to you.

