PRIVACY NOTICE

(ALSO KNOWN AS "FAIR PROCESSING NOTICE")

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

Telephone number **0303 123 1113**

Data Controller

Philip Williams & Company 35 Walton Road Stockton Heath Warrington WA4 6NW

Contact for queries

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

Privacy Notice Apr 2018 v3



DEFENCE POLICE FEDERATION INSURANCE SCHEME

PARTNER APPLICATION FORM

SCHEME BENEFITS with effect from 1 October 2019

PARTNER TO AGE 70 OF SERVING MEMBER

Death by Any Cause £50,000

Terminal Prognosis Advance (to age 64) 20%

CALENDAR MONTHLY SUBSCRIPTION £7.75



DEFENCE POLICE FEDERATION INSURANCE SCHEME PARTNER APPLICATION FORM

Serving Member Name		
Date Joined Force		
Staff Number		
Force No	Rank	
Federation No		
Full name Mr/Mrs/Miss/Ms		
Home Address		
Postcode		
Home tel no.	Mobile tel no.	
Email.		
Exact description of occupation		
Marital status	Date of birth	
Place of Birth		
Nomination of Beneficiary		
In the event of my death whilst a subscribing member of this scheme,		
I hereby nominate	(name)	
Му	(relation to applicant) as my beneficiary.	
Should you require more than one beneficiary, please write your wishes on a separate sheet and enclose with this application form, to be lodged at the Defence Police Federation.		

Declaration/Payroll Authorisation

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.

Or, if you are unemployed:-

I confirm that I have been fully fit and active for a period of 8 weeks prior to my intended commencement of cover date and that I have not suffered from illness or injury for more than 14 days in total during the last 12 months.

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.

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.

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.

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.

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.

Applicant Name	Date
Signature	
I authorise the payroll department to dedisubscription from salary.	uct the appropriate member and partne
Member Name	Date
Marria of Circustoms	

Member Signature

If you are unable to sign the above declaration please complete a fully underwritten application form.

PLEASE COMPLETE AND RETURN TO: Defence Police Federation DPF, Unit 131, China Works Black Prince Road London SE1 7SJ