

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

Data Controller: Philip Williams & Company, 35 Walton Road, Stockton Heath, Warrington WA4 6NW

Contact for queries: Janice Dunkerley, Tel. 01925 604421. Email janiced@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 11132.

SERVING MEMBER TO AGE 65

Life Insurance	£110,000
Terminal Prognosis Advance on Life Insurance*	20%
Child Death Grant	£2,500
Permanent Total Disablement (<i>due to accident</i>)	£75,000
Permanent Partial Disablement (<i>dependent upon severity</i>)	% Scale
Occupationally Acquired HIV / AIDS	£75,000
Unrecovered Criminal Court Compensation	£500
Convalescent Benefit: (per treatment period)	£40 at Harrogate
	£70 at Auchterader
Casting Benefit (during first 5 years of service)	£5,000
On-Duty Assault benefit	
Firearm	£1,500
Knife / Sharp Instrument	£750
Quadruplegia	£50,000
Paraplegia	£25,000
Coma x 51 weeks (<i>excluding first 7 days</i>)	£25 per day
Convalescent Benefit: (<i>per treatment period</i>)	£40 at Harrogate
	£70 at Auchterader
Unsocial Hours x 24 weeks (<i>excluding first 14 days</i>)	7.5% hourly rate
	to max £60 per week
Childcare Expenses	£15 per hour
	to max £1,000
Critical Illness	£6,000
Child Critical Illness	£1,500
Family Travel Policy	Worldwide
Dental Injury and Emergency	Included
Legal Expenses	Included
Motor Breakdown (<i>UK and Europe</i>)	Family Cover
CALENDAR MONTHLY PREMIUM	£17.36

COHABITING PARTNER TO AGE 65

Life Insurance	£55,000
Terminal Prognosis Advance on Life Insurance*	20%
CALENDAR MONTHLY PREMIUM	£5.75

*Terminal Prognosis Advance is only available for members aged 63 and under

The benefits arranged under this insurance scheme are provided strictly under the terms of insurance policies taken out and owned by the Trustees of the scheme. Copies of the policies are available to view at the Police Federation Office. Subscription to the scheme entitles the member to the benefits provided by the scheme but confers no ownership of any of the underlying policies, which are vested in the Trustees.

Please tick appropriate option

Serving Member

Partner of Serving Member (Member Name _____)

Police Staff Member

Partner of Police Staff (Member Name _____)

Date member joined Police Force _____

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 _____

Members Work / Pay number. _____

Nomination of Beneficiary

In the event of my death whilst a subscribing member of this scheme,

I hereby nominate _____ (name)

My _____ (relation to member) as my beneficiary.

Address of beneficiary _____

Telephone number of 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 Federation Office.

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, (applicable to Spouse/Partner only):-

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 deduct the appropriate subscription from salary.

Member Name _____ Date _____

Member Signature _____

If you are unable to sign the above declaration please complete a fully underwritten application form which is available from the Federation Office

PLEASE COMPLETE AND RETURN TO :

North Wales Police Federation Office, 311 Abergele Road, Old Colwyn,
Colwyn Bay, Conwy LL29 9YF