



Annual Travel Insurance Scheme Application Form

To be eligible for this insurance you must be a member of the RPOAS at time of application and throughout the period of cover. If you are unsure whether you have a valid membership, please check with RPOAS before purchasing the policy.

- Please complete this form and return to RPOAS Travel Insurance, 7 Station Lane, Hornchurch, Essex RM12 6JL.
- Please complete this form in ink using **BLOCK CAPITALS**.

1. Lead member details

<p>1.1 Your title and name:</p> <p><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss</p> <p>Other: <input type="text"/></p> <p>First name: <input type="text"/></p> <p>Surname: <input type="text"/></p> <p>1.2 RPOAS Membership number: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>1.3 Your date of birth:</p> <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	<p>1.4 Your home address: <input type="text"/></p> <p>Postcode: <input type="text"/></p> <p>1.5 Your phone number (including area code): <input type="text"/></p> <p>Please Note Your Confirmation Letter and Insurance Documents will be sent electronically to the Email address you provide:</p> <p>1.6 Email address: <input type="text"/></p>
D	D	M	M	Y	Y		

2. Details of all family members to be included under your plan

<p>2.1 Family member's first name: <input type="text"/></p> <p>Relationship to lead member: <input type="text"/></p> <p>2.2 Family member's first name: <input type="text"/></p> <p>Relationship to lead member: <input type="text"/></p> <p>2.3 Family member's first name: <input type="text"/></p> <p>Relationship to lead member: <input type="text"/></p> <p>2.4 Family member's first name: <input type="text"/></p> <p>Relationship to lead member: <input type="text"/></p>	<p>Family member's last name: <input type="text"/></p> <p>Your date of birth: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table></p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Family member's last name: <input type="text"/></p> <p>Your date of birth: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table></p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Family member's last name: <input type="text"/></p> <p>Your date of birth: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table></p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Family member's last name: <input type="text"/></p> <p>Your date of birth: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table></p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y
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3. Cover details

- 3.1** Level of cover to be provided: Worldwide cover
- 3.2** Type of cover to be provided: Individual Couple Family
- 3.3** Cover to commence: Current Scheme Year Next RPOAS Scheme Renewal Date (1st April)*

*** Please note:**

Applications for Insurance cover to begin at next scheme renewal can only be made within 30 days prior to 1st April. As stated on the dedicated RPOAS Travel Insurance website Members can join at any time. Your cover will start once we have processed your application. If you are joining the scheme part way through the year, we will let you know what the proportionate cost will be.

4. Data Protection Regulation - How your data is managed

To set up and manage your Insurance, we (RPOAS Travel Insurance) will hold and use information about you and any of your family members. This information may have been supplied by you, family members or healthcare professionals and providers.

We collect your information through our administrator, Grove & Dean Private Clients Limited, and your premium is processed by them on our behalf. Once collected your information will be shared with your insurer, Lloyd’s Syndicate 4444 which is managed by Canopus Managing Agents Limited. Your insurer has appointed Roger Rich & Company Part of the Claims Consortium Group to administer any claims you may have. Should you have a medical emergency your information will be shared with our medical assistance provider. Your information may also be accessible by IT and other contractors for them to meet our operational needs. Your data will be used to provide you with quotes or to administer your insurance, whilst we and those administering your insurance may analyse your insurance data with that of others to aid product design and performance. None of the controllers or processors of your information will share your information with any other party without your consent. As well as communicating with your healthcare providers we provide non sensitive information to your intermediary (if you use one). When necessary we transfer information to countries outside of the European Economic Area (EEA) though when doing so take steps to ensure companies working for us give an appropriate level of protection.

We call the lead member the “Covered Party” under the Annual Travel Insurance Scheme, and the lead member is the legal owner of the insurance. Because of this, whilst additional persons may also be insured to travel, we send most of our written communications about the insurance and about claims to the lead member.

By signing this form the lead member confirms that:

- any family members have agreed that the lead member can act for them to incept this travel Insurance
- the lead member consents on behalf of those family members and themselves to RPOAS Travel Insurance, using personal information in the ways described above.

We may pass information directly to third parties or by using shared databases. These third parties will include other insurers and law enforcement agencies. This is to prevent or investigate crime, including fraudulent or other improper claims.

If any person would like details of the information that we hold about them they should write to the Data Protection Manager, RPOAS Travel Insurance, Stansted House, Rowlands Castle, Hampshire PO9 6DX.

I agree by signing the Declaration that to administer my insurance my information, as detailed above, may be shared with others. Also, should I wish to restrict or cease the processing of my information cover will no insurance longer be available.

Retired Police Officers Association of Scotland may market this product to all its members through its various publications and electronic media.

5. Declaration

I declare that to the best of my knowledge, the information contained on this application is true and correct; I have read the RPOAS Travel Insurance Demands & Needs and Terms of Business and agree to be bound by them unless I notify RPOAS Travel Insurance of my wish to cancel the insurance within 14 days of receipt of my insurance documents.

Please note: If you don’t take reasonable care and the information you give is inaccurate or incomplete then we take one or more of the following actions:

i) Cancel your insurance;

5.1 Lead member’s signature:

- ii) Declare your membership void (treating your scheme membership and insurance as if it had never existed);**
- iii) Change the terms of your insurance; or**
- iv) Refuse to deal with all or part of any claim or reduce the amount of any claim payments.**

We may ask you to provide further information and/or documentation to make sure that the information you gave us when taking out; making changes to or renewing your plan was accurate and complete. You are advised to keep a record of all information supplied in connection with this application, including any letters you send us.

Date:

D	D	M	M	Y	Y
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Please fill in the whole form and send it to:

RPOAS Travel Insurance
C/O Associated Premium Funding Limited
7 Station Lane
Hornchurch
Essex
RM12 6JL

**Instruction to your Bank or Building
Society to pay by Direct Debit**

Please complete the white boxes below and sign where indicated.

Name(s) of account holder(s)

Bank/Building Society account number

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Branch sort code

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Name and full postal address of your Bank/Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Originators Identification Number

4	1	7	1	3	8
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Reference

G	D	R	P	O	A	S	T	R	A	V									
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Instruction to your Bank or Building Society

Please pay Associated Premium Funding Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with Associated Premium Funding Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date:

D	D	M	M	Y	Y
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Banks and Building Societies may not accept Direct Debit instructions for some types of account

This is not part of the Instruction to your Bank or Building Society and must be detached by Associated Premium Funding Ltd before submission to the Paying Bank



This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Associated Premium Funding Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Associated Premium Funding Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Associated Premium Funding Ltd or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Associated Premium Funding Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.