

Group Protection

Member's Declaration



What you need to do

This form should be completed on a computer, then printed and signed by hand. The signed copy should then be posted to the address below the signature box on the back page.

What you need to know

The information provided in this Member's Declaration, together with any medical report from your doctor, is only used by us to assess the cover being requested and any future cover request. We may also require you to attend a medical examination. We follow a strict confidentiality code regarding all medical information you provide on a Member's Declaration and through any additional medical reports. For confidentiality you have the right to send your answers, in a sealed envelope, directly to the Chief Medical Officer at the below address on the back page.

Please answer all of the questions on this form honestly and in full. Please do not assume that we will write to your doctor, it remains your responsibility to complete the application form properly. If you miss any information out, or give misleading information, it may affect payment of benefit if a claim is made in respect of you. If you are uncertain about whether any particular fact would influence our decision, you should include it.

Genetic Testing

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals to:

- £500,000 or less for life insurance.
- £300,000 or less for other types of insurance.

Above these limits, you may need to tell us about certain genetic test results when applying for insurance. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. These are available from the Association of British Insurers' web site at www.abi.org.uk/consumer2/disclosure.htm. Alternatively, please ask us for details of the current position.

However, you must tell us if you are experiencing symptoms of, or are having treatment for a medical condition including any genetically inherited condition.

If you wish to tell us about a negative genetic test result we will be willing to consider this when assessing the cover being requested.

A copy of the Association of British Insurers' Code of Practice on Genetic Testing is available from us on request.

A SCHEME DETAILS (To be completed by the policyholder or broker)

Instructions for policyholder/broker:

Complete Section A, then save this file and email it to the member. The member should then complete the remainder of the form on a computer. The member must print off the completed form, sign it by hand, then post it to our Group Protection Department at the address given below the signature box on the back page.

Scheme Name

Please tick the type of benefit required and give the policy number.

Group Life Assurance	<input type="checkbox"/>	<input type="text"/>	Group Critical Illness Cover	<input type="checkbox"/>	<input type="text"/>
Group Dependant's Pension	<input type="checkbox"/>	<input type="text"/>	Health Crisis Cover	<input type="checkbox"/>	<input type="text"/>
Group Income Protection	<input type="checkbox"/>	<input type="text"/>	Benefit Category	<input type="text"/>	

Salary / Scheme Earnings

£

Dependant's Pension

(Please state the benefit amount)

£

per annum

B PERSONAL DETAILS

1 Surname

2 Forename(s)

3 Title

4 Gender

Male

Female

5 Date of birth

6 Personal status

7 Address

Postcode

It may be quicker and easier to contact you by phone or email to clarify unclear information on this form. Please give contact details where we can contact you between 9am - 6pm, Monday to Friday. We will not use these details for any other purposes.

8 Contact number

9 email address

C OCCUPATION DETAILS

1 What is your occupation title?

2 Would you describe your occupational duties as: (please tick one only)

Administrative / Office based

Light manual

Heavy manual

3 If you are required to drive as part of your occupation (this does not include commuting to your place of work), please give a percentage of your time spent driving and time spent at work.

Driving

 %

Office

 %

4 How many hours do you work on average per week?

D TRAVEL DETAILS

You do not need to tell us about holidays that last for less than one month or business trips that are less than one week to any of the countries listed below

Countries: UK, Australia, Austria, Belgium, Canada, the Channel Islands, Denmark, Finland, France, Germany, Greece, Holland, Isle of Man, Italy, Luxembourg, New Zealand, Portugal, Republic of Ireland (Eire), Spain, Sweden and the USA.

- 1 In the past five years have you lived, worked or travelled outside any of the countries listed above? Yes No

If Yes, please give details below.

Country	Regions	When (month / year)	Duration of stay (number of nights)	Reason for travel (holiday / business)

- 2 Do you intend to live, work or travel outside any of the countries listed above? Yes No

If Yes, please give details below.

Country	Regions	When (month / year)	Duration of stay (number of nights)	Reason for travel (holiday / business)

E LIFESTYLE

Failure to disclose information may result in non-payment of a claim.

- 1 What is your height? Feet Inches OR Metres

- 2 What is your weight? Stone Pounds OR Kgs

- 3 What is your waist measurement? Inches OR cm

- 4 Has your weight changed by more than two stone (12.6 kgs) in the last 12 months? Yes No

If Yes, please give details below.

5 How often do you drink alcohol?

Teetotal 1 - 2 times per week 3 - 4 times per week More than 5 times per week

6 What is your average weekly consumption of alcohol?

Beer, lager, cider - medium strength
(Carling, Fosters, Woodpecker etc) pints

Beer, lager, cider - premium strength
(Stella Artois, Kronenbourg 1664, Dry Blackthorn, Strongbow etc) pints

Wine 175ml glass

Spirits 35ml measure

Flavoured Alcoholic Beverages
(Smirnoff Ice, Bacardi Breezer etc) 275ml bottle

7 (a) Have you ever been medically advised to reduce your alcohol consumption? Yes No

If Yes

(b) When was the advice given?

(c) How often did you drink alcohol at that time? (Please tick one only)

1 - 2 times per week 3 - 4 times per week More than 5 times per week

(d) What was your alcohol consumption at the time?

Beer, lager, cider - medium strength
(Carling, Fosters, Woodpecker etc) pints

Beer, lager, cider - premium strength
(Stella Artois, Kronenbourg 1664, Dry Blackthorn, Strongbow etc) pints

Wine 175ml glass

Spirits 35ml measure

Flavoured Alcoholic Beverages
(Smirnoff Ice, Bacardi Breezer etc) 275ml bottle

8 Have you smoked cigarettes in the last 12 months? Yes No

If Yes, please state your average daily amount

9 (a) In the last five years have you used any recreational drugs, other than cannabis, for example ecstasy, cocaine or heroin? Yes No

Where examples are shown they are not intended to be a complete list. We will only use the answer to this question in underwriting the requested cover or at claim stage. Therefore there are no legal implications in responding to this question.

If Yes, please give the following details.

Name or type of drug	When	Last used

(b) If you have answered 'Yes' to 9 (a), are you now drug free? Yes No

10 In the last five years have you ever tested positive or been treated for any disease which was transmitted sexually? Yes No

If Yes, please give the following details.

Name of disease	When	Number of instances	Full recovery (yes or no)

11 Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test? Yes No

A negative HIV or Hepatitis test result will not, of itself, have any effect on your acceptance terms for insurance.

If Yes, please specify by ticking the boxes below

Tested Positive for HIV	<input type="checkbox"/>	Awaiting results for HIV test	<input type="checkbox"/>
Tested Positive for Hepatitis B	<input type="checkbox"/>	Awaiting results for Hepatitis B test	<input type="checkbox"/>
Tested Positive for Hepatitis C	<input type="checkbox"/>	Awaiting results for Hepatitis C test	<input type="checkbox"/>

If you are awaiting the results of a Hepatitis test, please give the reason for the test.

12 In the last five years have you been exposed to the risk of HIV infection? Yes No

This can be caught through unsafe sex, injecting a non-prescription drug, treatment with a blood product or blood transfusion or surgery undertaken outside any of the countries stated - UK, Australia, Austria, Belgium, Canada, the Channel Islands, Denmark, Finland, France, Germany, Greece, Holland, Isle of Man, Italy, Luxembourg, New Zealand, Portugal, Republic of Ireland (Eire), Spain, Sweden and the USA.

If Yes, please state if due to: tick all that apply.

Unsafe sex other than with a long term partner

Injecting a non-prescription drug

Blood product or transfusion outside a country stated above

Please tick when 0 - 1 year 2 - 3 years 4 - 5 years

Please state the country it occurred in:

Surgery outside a country stated above

Please tick when 0 - 1 year 2 - 3 years 4 - 5 years

Please state the country it occurred in:

13 Do you take part in regular exercise for example gym, football, tennis or golf? Yes No

If Yes, please give the following details.

Activity	Frequency (number of times per week)	How long (in minutes)

14 Do you take part in, or intend to take part in any hazardous or dangerous activity or pursuit?

Examples are: aviation and aero sports (fixed wing and rotary wing), climbing, caving, diving, competitive horse riding, motor sport, offshore or competitive sailing. Yes No

If Yes please give the following details.

If you are unsure whether an activity is deemed hazardous or dangerous then it should be disclosed.

Pursuit	Frequency (number of dives/races/ climbs/hours per annum)	Location (countries / waters / mountains etc)	Qualification or licence held	Extent of activity (maximum height, depth or type of race)

F WORK AND HEALTH

We do not expect you to check these details with your GP or HR department but please answer them to the best of your ability

1 In the last 3 years how many days, in total, have you had off work due to sickness or accident?

None 1-10 11-30 More than 30

2 Have you ever been absent from work for more than 2 consecutive weeks due to illness, sickness or accident? Yes No

If Yes, please give an explanation below

Reason for absence	From (month/year)	To (month/year)	Full recovery (yes or no)

3 Has your health ever affected your ability to perform your occupational duties? Yes No

If Yes, please give an explanation below

G MEDICAL

Failure to disclose information may result in non-payment of a claim.

Further space is available at the end of the form if required to continue your answers

1 What is the name and address of your General Practitioner (GP)?

Name

Address Telephone number

Fax number

Postcode

2 If you have changed doctors within the last 6 months, please give your previous doctor's name and address.

Name

Address Telephone number

Fax number

Postcode

3 How many times in the last 12 months have you consulted your GP, other than for repeat prescriptions?

None 1-10 11-30 More than 30

If more than 11, please give an explanation below

4 Have you been diagnosed as having high blood pressure, been treated for it or ever had a blood pressure reading greater than 150/90? Yes No

If Yes, please provide the following. If you are unsure of any of the details please tick here.

Month/Year	Reading	Treatment (yes / no)

5 Have you been diagnosed with having high cholesterol, been treated for it or ever had a cholesterol reading greater than 6.5? Yes No

If Yes, please provide the following. If you are unsure of any of the details please tick here.

Month/Year	Reading	Treatment (yes / no)

6 Are you currently taking or receiving any treatment? This should include any prescribed, over the counter, herbal treatment or privately arranged treatment such as physiotherapy etc. Yes No

If Yes, please give details below.

Condition	Investigations or tests carried out	Date of first symptoms	Date of last symptoms	Treatment	Time off work

7 Have you ever consulted a doctor or any other health care professional due to any form of stress, anxiety, depression or mood disorder? Yes No

8 Have you ever had a panic attack? Yes No

9 Do you or have you ever suffered from Myalgic Encephalomyelitis (ME), Chronic Fatigue Syndrome (CFS) or post viral fatigue? Yes No

- 10 Has your doctor or any other health care professional ever advised you to take medication for stress, anxiety, depression or any other psychological condition? Yes No
- 11 Have you undergone any other form of treatment for psychological conditions, such as counselling or Cognitive Behavioural Therapy (CBT)? Yes No
- 12 Have you ever had a nervous breakdown? Yes No
- 13 Do you suffer with a bipolar disorder or schizophrenia? Yes No

For each of Questions 7 to 13 you have answered 'yes' to, please give details below.

Condition	Investigations or tests carried out	Date of first symptoms	Date of last symptoms	Treatment	Time off work

14 Do you currently have or have you ever had any of the following:

- (a) Cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour? Yes No
- (b) Heart attack, heart murmur, angina, cardiomyopathy, heart valve disorders or any disease or abnormality of your heart, arteries or veins? Yes No
- (c) Stroke, brain haemorrhage or permanent brain injury through accident, muscular dystrophy or motor neuron disease? Yes No
- (d) Multiple sclerosis, Parkinson's disease, epilepsy, Alzheimer's disease, dementia or cerebral palsy? Yes No
- (e) Arthritis, spine, neck or joint disorder (including slipped disc, sciatica, carpal tunnel syndrome, Dupuytren's Contracture, Repetitive Strain Injury (RSI) or gout)? Yes No
- (f) Asthma, bronchitis, chronic obstructive pulmonary disease (COPD), Emphysema? Yes No
- (g) Any disease or disorder of the digestive system, liver, pancreas or bowel (including gastric or duodenal ulcer, hepatitis, colitis, Crohn's disease or irritable bowel syndrome)? Yes No
- (h) Kidney, bladder or any other disorder of the genito-urinary system (including blood or protein in the urine and urinary tract infections)? Yes No
- (i) Diabetes or sugar in the urine? Yes No
- (j) Blood disorder or anaemia? Yes No
- (k) Thyroid disorder? Yes No

(l) Disorder of the eyes (including optic neuritis or cataracts)? Yes No

(m) Disorder of the ears (including labyrinthitis or Ménière's disease)? Yes No

For each of the questions 14 a-m you have answered 'yes' to, please give details below:

Condition	Investigations or tests carried out	Date of first symptoms	Date of last symptoms	Treatment	Time off work

15 Do you currently or have you ever had any of the following where no cause has been identified?

(a) Lump, growth of any kind; or any mole or freckle that has bled, become painful, changed colour or increased in size? Yes No

(b) Chest pain or recurrent palpitations? Yes No

(c) Numbness, loss of feeling or tingling in the arms, hands, legs, feet or face, temporary loss of muscle power, or paralysis? Yes No

(d) Seizures, fits, fainting, dizziness or blackouts? Yes No

(e) Back, neck, shoulder or knee pain? Yes No

(f) Shortness of breath, wheezing or tight chest? Yes No

(g) Abdominal pain, jaundice, reflux, dyspepsia? Yes No

(h) Blurred vision, headaches or migraines that have persisted for longer than 2 days? Yes No

(i) Insomnia, tiredness or fatigue? Yes No

(j) Tinnitus? Yes No

Please provide details for each condition you have answered 'yes' to:

Condition	Investigations or tests carried out	Date of first symptoms	Date of last symptoms	Treatment	Time off work

- 16 Have any of your parents, brothers or sisters, before the age of 65, died from, or suffered from, heart disease, a stroke, high blood pressure, diabetes, kidney disease, cancer, multiple sclerosis, nervous disorder, paralysis or any hereditary disorder? Yes No

If Yes, please provide details below

Relative	Condition	Age at diagnosis	Cause of death	Age at death
Father				
Mother				
Brother / Sister 1				
Brother / Sister 2				
Brother / Sister 3				

- 17 As part of your occupation or as part of your employment benefits are you required to attend for regular, annual or biannual medical examinations? Yes No

If Yes and the examination was done within the past 2 years, please give a contact name and address of where a copy can be obtained. By doing this, it may prevent us from asking you to attend a medical examination for us.

Contact name

Address

Postcode

- 18 If you are required to attend for a medical examination please state where would be most convenient for you to attend.

- 19 Are you applying or within the last 12 months have you applied, to us for any other products (either as an individual or through your company)? Yes No

If Yes, please provide details below

Cover Type	Benefit	Decision

- 20 Have you ever had an application for life or health assurance or critical illness cover declined, postponed, or accepted with special terms or restrictions, or have you withdrawn an application yourself from this or any other company in the past? Yes No

If Yes, please provide details below

Cover Type	Decision/reason for decision	Insurer	When (month/year)

H IMPORTANT NOTES

Since completing your original application or due to the disclosures on this declaration of health, we may need to obtain information about your medical history. Please carefully read through the following Declaration and Consent. The cover will not start until we have assessed and accepted the request, and where necessary, the terms have been accepted by your employer. Occasionally we may not be able to offer any terms.

We may need to send this form and relevant medical reports to our reassurers for their opinion or agreement of the terms we wish to offer. Or, we may need to send them at a later stage for purposes relating to managing your employer's policy.

We have a confidentiality policy in place which means we hold your medical information securely and access is limited to authorised individuals who need to see it.

I MEMBER'S DECLARATION AND CONSENT

You must CAREFULLY read the answers you have given to the questions before accepting the following declaration.

Please remember that all items of information asked for in this Member's Declaration form are material facts, which are taken into account when assessing acceptance of the cover required. Please also remember that if you do not answer the questions truthfully and accurately it will very likely affect payment of benefit if a claim is made in respect of you. If you are not sure if any information is relevant please disclose it anyway. If you have given information to us in the past please disclose it again. If necessary please return to the questions and amend your answer in the appropriate place.

Legal & General will try to rely on the information you provide and you must not assume that they will always clarify that information with your doctor (GP). However, as part of their administrative procedures Legal & General may ask for a report from your GP to check medical disclosures.

If Legal & General asks you to attend a medical examination, it may be necessary to share the information on this form with another company, which they have authorised. If so, that company will make the arrangements for the examination to take place.

Please declare and agree the following:

I declare that, to the best of my knowledge and belief, all the statements made are true and complete and have been recorded accurately on this form.

I understand that if I do not give all the requested information truthfully and accurately it will very likely affect payment of benefit if a claim is made in respect of me.

I agree to immediately inform Legal & General in writing of any changes to the answers on this form that occur before cover is accepted, about:

- medical disclosures;
- occupation;
- pastimes;
- country of residence (other than for holidays); and
- family history.

I understand that failure to do so may result in the cover required not being accepted and benefits due under the policy not being paid.

I agree to Legal & General getting relevant information from another insurance company about previous or concurrent applications for Life, Critical Illness, Sickness, Disability, Accident or Private Medical Insurance that I have applied for. I authorise them to give this information.

I also agree to Legal & General sharing any medical information obtained in connection with the request for cover with another insurance company to whom I or my employer may be applying or may apply to in the future. Also, when necessary, sharing it with a reinsurer.

I agree the information may also be used to decide the terms for providing any cover my current employer may request in the future. I understand and agree that the terms for providing the cover (which may include an exclusion from cover in respect of any claims arising from a specified medical condition that I may have or be found to have) will be communicated to my current employer, either directly or through my employer's agent where there is one. I also understand and agree that any refusal or postponement of cover will be communicated to my current employer, either directly or through my employer's agent where there is one.

I acknowledge that any company within the Legal & General group of companies ('Legal & General') will process by computer or otherwise, information, including medical and health details obtained about me as a result of the request for cover ('Personal Data'), whether or not it proceeds. By accepting this declaration I consent to Legal & General using the Personal Data to:

- Enable Legal & General and its representatives to manage my employer's policy(ies) with Legal & General.
- Underwrite and administer the request for cover.
- Process any claim in respect of me that might be submitted under the policy.
- Share with another insurance company to whom I or my employer may be applying or may apply to in the future, and also, where necessary, with a reinsurer.
- Carry out market research, statistical analysis and customer profiling.

I understand that Legal & General may need to transfer the Personal Data to countries outside of the European Economic Area and I consent to such a transfer. I understand that I have the right to ask for a copy of the Personal Data in return for payment of a small fee and to require Legal & General to correct any inaccuracies in the Personal Data.

Access to Medical Reports Act

Notice of your Statutory Rights under the Access to Medical Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and the Isle of Man Access to Health Records and Reports Act 1993.

Legal & General may need to get medical reports to support the request for cover. Before they can ask any doctor that you have consulted to fill in a report they need your permission under the above Acts. This permission is requested below. Your legal rights are as follows:

You do not need to give your permission, but if you do not we may not be able to go ahead with the request for cover.

You can ask to see the report before the doctor returns it, in which case please indicate as such on the next page. If you do this the doctor can see that you require access and keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time the doctor will send the report to Legal & General.

If you choose not to see the report at this stage you may ask the doctor for a copy within six months of it being sent. We can send a copy of the report to the doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading you may ask the doctor to amend it. If the doctor refuses to make the amendments you may ask him or her to attach a statement outlining your views, which will then accompany the report. The doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health.
 - Any care, medication or treatment you are currently receiving.
 - The results of referrals or tests you have undergone.
- Any time off work in the last three years.
- Your past health.
 - Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - Malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) diseases;
 - Musculoskeletal disease or injury, for example arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
 - Anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
 - Suicidal thoughts or attempts at suicide;
 - Conditions related to drug or alcohol misuse or smoking;
 - Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalysis (test on urine), x-rays or other investigations;
 - Any blood pressure readings in the last three years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

Legal & General will ask your doctor not to reveal information about:

- Negative tests for HIV, hepatitis B or C;
- Any sexually transmitted infections unless there could be long-term effects on your health; or
- Predictive genetic test results unless there is a favourable test result, which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in Legal & General:

- Refusing to provide the cover requested;
- Postponing the cover requested until your health improves, or setting special terms such as refusing to provide cover for a specified medical condition (that you may or may not know about).
- Setting premiums at standard rates.

If you have any questions about your rights under the Act or questions relating to the process of getting, accessing or storing medical information, please write to: Underwriting and Benefits Director (Group Protection), Legal & General Assurance Society Ltd, Legal & General House, Kingswood, Tadworth, Surrey, KT20 6EU

Medical Consent

If Legal & General decide they need to obtain a report from my doctor, I agree to them asking any doctor I have consulted about my physical or mental health to provide medical information so that they may assess the request for cover. They may gather relevant information from other insurers about any other requests or applications for Life, Critical Illness, Sickness, Disability, Accident or Private Medical Insurance that I have made or my employer or any previous employer has made in respect of me. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows Legal & General to gather medical reports within six months of the date on which this form is signed, or after my death to support any claim made in respect of me on the policy.

I agree that this information can also be used to maintain management information for business analysis.

I agree that by signing this Declaration I allow Legal & General to process the request for cover using the information that I have given, together with any other medical information given in the course of this request, solely for the purposes of underwriting and administering the request for cover required, and/ or any subsequent requests, and in connection with any claim made in respect of me.

If Legal & General need to obtain a report from my doctor:

I DO NOT want to see the report before it is sent to Legal and General

Tick appropriate box

I DO want to see the report before it is sent to Legal and General

Please remember that all items of information requested in this form are material facts, which are taken into account when assessing the request for cover.

If you do not give any of this information or you mis-state any information, it will very likely affect payment of benefit if a claim is made in respect of you.

If you are uncertain as to the relevance of any such information or if you believe that there is any other information which may be relevant, please return to the questions and answer in the appropriate place. If you have given information to Legal & General in the past please disclose it again.

Do you understand that if you fail to answer all of the questions or fail to disclose any relevant information we may not pay your benefit in the event of a claim?

Yes

No

I confirm that I have read the Declaration/Important Notes and my rights under the Access to Medical Reports Act.

Name

Signature:

(by hand on completed, printed form.)

All questions must be answered before signing

Date:

This form should be completed on computer, then printed and signed by hand. The signed copy should then be posted to the following address:

Group Protection, Legal & General, Legal & General House,
St Monicas Road, Kingswood, Tadworth
Surrey, KT20 6EU

Tel: 0845 072 0753 140 Fax: 0845 072 0773

We may record and monitor calls. Call charges will vary.

Legal & General Assurance Society Limited. Registered in England No. 166055

Registered office: One Coleman Street, London, EC2R 5AA

A member of the Association of British Insurers

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