

Be Well Helpline Consent Form



It's important that you complete, sign and return this form as soon as possible. You can return it directly to us, any person or organisation acting on our behalf, or through your employer. Our contact details are included at the end of this form. If your incapacity prevents you from completing this form, you may ask someone to help you and sign on your behalf.

Why we're asking for your consent

Good HR and Line Managers look for specialist advice when an employee is struggling with an illness or injury that may affect the way they work. Our helpline provides managers with advice from an early stage, helping them proactively support their employees.

Your employer wishes to use our service to help identify the types of help that may be available for you. To give them the best advice for your circumstances, your employer will need to share a few details about you with us. We need your consent to collect your personal details, and provide your employer with ongoing advice.

To help you understand the service we're providing, we've included a few details about our helpline below. We also encourage you to read through the consent section which explains how we'll collect and process your personal information.

About our Be Well Helpline

Our Be Well Helpline supports HR and Line Managers giving them access to advice about employees with an illness or injury that could impact the way they work. Employees can be supported through their Line Managers with up to date information on their condition and details about outside services and charities offering additional support. Where appropriate, we can also suggest workplace adjustments that could make your work life more manageable, and limiting the time you may need to take off.

The key areas we can assist with are workplace adjustments, mental health, wellbeing support, cancer support and advice on Covid-19.

The Be Well Helpline is delivered by our in-house team of Vocational Clinical Specialists with backgrounds ranging from clinical nursing, physiotherapy and occupational therapy all of whom are registered with their professional body.



Our Be Well Helpline Team will not be speaking to you directly, your consent is being given so that your Line Manager or HR contact can discuss your specific circumstances with us.

Consent

Protecting your personal information is extremely important to Legal & General. This policy tells you how we collect and process your personal information. Please take a few minutes to read it. <https://www.legalandgeneral.com/privacy-policy/>

Please contact us if you'd like us to post you a copy of our Privacy Policy.

It is important that you read and accept all of the following paragraphs. If you are unsure of anything or have any queries please contact us. Our details are at the end of this form.

Legal & General also insures your employer's Group Income Protection benefits. If your illness or injury prevents you from working your normal job or hours for a prolonged period, your employer may claim under its Group Income Protection policy. We may use the information provided about you to our Be Well Helpline to help assess your employer's claim.

- I understand that insurers share information to prevent fraudulent claims. I also understand that some of the information shared about me could be shared with other insurance companies to prevent fraudulent claims.
- I understand that all items of information shared about me are taken into account when assessing incapacity and entitlement to Group Income Protection benefit.
- I agree to Legal & General sharing medical information with other insurance companies when requested to do so, for the purposes of assessing and reviewing entitlement to benefit and administering policies.
- I agree to Legal & General sharing medical information about me with their reinsurers, their third party service providers, my own doctor or any doctor that Legal & General uses for the purposes of assessing and reviewing entitlement to Group Income Protection benefit and administering policies.

I understand that the issue of this consent form is not an admission of liability, and does not mean my employer has submitted a Group Income Protection claim in respect of me. I understand that a copy of this form is available on request.

I consent to Legal & General and any organisation acting on Legal & General's behalf sharing medical information about me with my employer, my employer's intermediary and any professional medical adviser appointed by my employer for the purposes of assessing and reviewing entitlement to Group Income Protection benefit, administering policies and the provision of employer-commissioned clinical services including the Be Well Helpline.

By signing below I consent to Legal & General processing my medical and health information that I have provided so they can:

- provide advice to my employer, and
- arrange clinical services as appropriate, and
- if a Group Income Protection claim is submitted in respect of me, assess, manage my employer's benefit claim and administer the insurance policy, in line with Legal & General's [Privacy Policy](#).

I also consent to Legal & General sharing this information, where necessary, with the reinsurers referenced in the Privacy Policy.

Print your employer's name

Print your name

Signature

Date signed
(DD/MM/YYYY)

X

If your incapacity prevents you from signing this consent yourself, the person who helped you to complete this form should sign it on your behalf in the space provided below.

Print employer's name

Print employee's name

Print name of signatory

Signed on behalf of the employee

Date signed
(DD/MM/YYYY)

Relationship to employee

Reason for signing on behalf
of the employee

X

Contact us



BeWellHelpline@landg.com



<https://www.legalandgeneral.com/employer/group-protection/>



**Group Protection, Legal & General Assurance Society Limited
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Legal & General Assurance Society Limited
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