

Declaration / consent form

Name

Date of birth (DDMMYYYY)

Reference

What is the name and address, including postcode of the doctor who holds your medical records?

Name

Address

Postcode

Phone number

ACCESS TO MEDICAL REPORTS

Notice of your Statutory Rights under the Access to Medical Reports Act 1988, the Access to Health Records Act 1990 (as applicable), the Access to Personal Files and Medical reports (Northern Ireland) Order 1991 (as applicable), and the Isle of Man Access to Health Records and Reports Act 1993 (as applicable).

We will try to rely on the information you have told us on the application form and you should not assume that we will always clarify that information with your doctor.

However, if Legal & General need to get medical reports to support your application/policy, before we can ask any doctor that you have consulted to fill in a report, Legal & General 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 don't, we may not be able to go ahead with your application/policy. This doesn't prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it to us, in which case please tick the box on the following 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 us.
- If you choose not to see the report at this stage you may ask the doctor for a copy within 6 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 that your doctor sends to Legal & General could include details of consultations with any doctor or healthcare professional but Legal & General will only ask for information about your current or past health that's relevant to your application. To see an example of the questions we may ask your GP, please visit the following website: [legalandgeneral.com/lifemedicalquestions](https://www.legalandgeneral.com/lifemedicalquestions)

You also have additional rights under the Data Protection Act 2018 and the General Data Protection Regulation 2018, please see the section titled 'Your Rights' in our Privacy Policy (<https://www.legalandgeneral.com/privacy-policy/>) for full details.

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We 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

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please write to:

Claims and Underwriting Director, Legal & General Assurance Society Ltd, City Park, The Droveway, Hove BN3 7PY

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 & General

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

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 my application/policy.

I authorise those asked to provide medical information when they see a copy of this consent form. This form also allows Legal & General to gather medical reports within 12 months of the date of this declaration, or after my death to support any claim made on the policy proceeds.

I agree, that by signing this form I allow Legal & General to process my application using the information that I have given, together with any other medical information given in the course of this application.

Legal & General may also use this information to process any claim made on this policy.

I confirm that I have read and accepted this Declaration and Consent, my rights under the access to medical reports legislation, data protection legislation and the Important Client Information section.

Name

Date of birth (DDMMYYYY)

Signature

Date (DDMMYYYY)

Alternative formats

Please let us know if you would like a copy of this in large print, braille, PDF or in an audio format. To do this, you can call us on 0370 010 4080. We may record and monitor calls. Call charges will vary.

legalandgeneral.com

Legal & General Assurance Society Limited

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We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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