

# Declaration of Health

## For Existing Business

This Declaration of Health can be used for:

- Alterations such as increases in the term or amount of cover;
- Top ups on FMISA; or
- When a FMISA paid up policy is to be reinstated; or
- Increases in pension premiums; or
- When a pension plan is to be reinstated.

Full Name

Date of Birth

Our reference

Policy number  
(if applicable)

We may need to contact you to discuss the information you provide on this Declaration of Health. This might include discussing matters of a sensitive nature.

It may speed up the process if we can speak to you directly. We may record and monitor calls.

## Are you happy for us to contact you by telephone?

Yes

No

If 'Yes', please give us your preferred contact number(s) below

Mobile telephone number

Home telephone number

Work telephone number

Preferred hours of contact

Preferred day(s) of contact.  
We are open from Monday  
to Friday.

Email address

## Please specify a convenient day and time for us to call you

Sometimes it may be easier for us to contact you by email when we need more information from you.

**If you're happy for us to email you, please write your email address in the box below.**

## IMPORTANT CLIENT INFORMATION

### You must tell Legal & General everything they ask for

Please remember you must tell Legal & General everything they ask for as all the answers may be taken into account when assessing acceptance of the application and in calculating the premium. Please also remember that if you do not answer the questions fully and accurately it may mean that a claim will be declined and the policy or policies amended or cancelled. If you have given information to Legal & General in the past, please provide 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 that you tell them and you must not assume that they will always clarify that information with your doctor (GP). However, Legal & General may, as part of their administration procedures, request a report from your doctor (GP) to check the medical information you provide.

### If any of your answers to the following questions change

If any of your answers to the following questions change AFTER you fill this form in, but BEFORE your policy re-starts you must tell Legal & General immediately. This is just as important as giving full and accurate answers in the first place.

### Privacy Policy

Legal & General follow a strict confidentiality code about all medical information you give them, or which they get from any additional medical reports. This means that your medical information is held securely and access is limited to authorised individuals who need to see it.

### The information you give Legal & General

They will only use the information given in this form, or in any additional medical report, for the purpose of underwriting, processing and administering the policy or policies requested or any subsequent policy or policies and for statistical analysis. Legal & General will keep the information for the duration of any policy issued and for a period of time after the policy has ceased. They may also use the information in processing any claim under the policy or policies. If the application does not go ahead, the information will only be held for a limited period of time from the date of cancellation.

### Your personal and medical information

Legal & General will not pass any personal or medical information to a third party without your consent. This will only be necessary in the following circumstances:

- If Legal & General ask you to attend a medical screening or they need to get a report from your doctor.
- If Legal & General need to send your personal and medical information to their reinsurer for its opinion, or agreement on the acceptance terms to be offered, and/or, at a later stage, for the purposes of administering your policy. This will only be in accordance with Legal & General's reinsurance principles, details of which are available on request.
- If you ask Legal & General to send your medical information to another insurance provider to whom you are applying, or that provider asks Legal & General for your medical information.
- If Legal & General need to share information, at the time of a claim, with other insurance companies to prevent fraudulent claims. This would be via a Register of Claims and a list of participants is available on request.

### Genetic testing

Currently, you only need to tell us about any predictive genetic test results concerning Huntington's disease, for life insurance over £500,000 in total. This is because the Government has approved this test for insurers to use. The total is for any life insurance application being made now together with any life insurance you have already, with Legal & General or other providers. You don't need to tell us about any other predictive genetic test results.

However, you must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell us of any family history of a medical condition if asked for in the relevant question in this form. If you want to tell us about a negative genetic test result, we'll be willing to consider this when setting your premium.

A copy of the Code on Genetic Testing and Insurance is available from us on request or from the ABI website [www.abi.org.uk](http://www.abi.org.uk).

### Complaints procedure

Legal & General have a formal complaints procedure and details will be given to you when you receive your policy documentation.

To be completed by the client

The answer to the following question does not need to include:

blister, boil, bunion, corn, cold sore(s), common cold, ear syringing, haemorrhoids, hayfever or dust allergy, infertility treatment, influenza from which you have recovered, ingrowing toe nail, laryngitis, miscarriage, mouth ulcer(s), pregnancy without complication and wisdom teeth removal.

1.

Since the start date of your policy have you suffered from any illness or accident, or been advised to have any medical consultation, hospital investigation, treatment, operation, blood test or psychiatric advice?

YesNo

If 'Yes', please give full details (including date and duration of any illness or condition)

Details

2.

Please give the name and address of your general practitioner (GP)

Name and Address of Doctor

Postcode

Telephone Number

3.

Since the start date of your policy have you ever tested positive for HIV or are you awaiting the results of such a test?

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

YesNo

If 'Yes', state which applies:

Tested positive for HIV

Awaiting results of HIV test

3.1

During the last 10 years have you used any of the following?

If 'Yes', tick all that apply.

If 'No', tick 'None of the above'.

Tick all that apply

Cannabis (unless prescribed by a health professional). You don't need to answer 'Yes' to this question if you use or have used CBD oil only.

If 'yes', how long ago did you last use cannabis?

yearsmonths

If 'yes', how many times during a typical week do you or did you use cannabis?

per week

If 'yes', how long ago did you last use each of these drugs?

Cocaine

yearsmonths

Ecstasy or amphetamines

yearsmonths

Heroin or opioids

yearsmonths

Other

yearsmonths

Any psychoactive substance including drugs previously known as 'legal highs'

yearsmonths

Any recreational drug substitutes, for example, methadone

yearsmonths

Anabolic steroids (or any performance enhancing drugs) not prescribed by a doctor

yearsmonths

Been addicted to, misused or overused any medication whether prescribed by a doctor or not

yearsmonths

None of the above

3

4. In the last 5 years have you spent more than 90 consecutive days in Africa, the Caribbean, Russia, Thailand or Ukraine? The Caribbean includes Antigua, Bahamas, Barbados, Bermuda, Cuba, Dominican Republic, Grenada, Haiti, Jamaica, Trinidad and Tobago and its other islands.

Yes No

If **'Yes'**, please tell us which part of the world this was. **Tick all that apply.**

Africa – Algeria, Egypt, Libya, Morocco, Tunisia

Africa – other

The Caribbean

Russia or Ukraine

Thailand

- 4.1 During the next two years do you intend to spend more than 30 consecutive days outside the UK?

In this context UK includes England, Scotland, Wales and Northern Ireland.

Yes No

If **'No'**, please continue with Question 5

If **'Yes'**, please give the following details:

Will you be staying within the European Union, United States of America, Canada, Australia or New Zealand?

Yes

No

Do you plan to leave the UK permanently?

Yes

No

If **'Yes'** to leaving permanently, please advise when you intend to go:

Within three months

Later than three months

If **'No'** to leaving permanently, please tell us how long you plan to be outside the UK in the next two years and list all the countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand that you are going to:

weeks

days

Countries

5. Do you regularly take part in any of the following activities, or you intend to do so within the next six months? Please tick all that apply. Where examples are shown they are not intended to be a complete list.

Caving or Potholing

Yes

No

Underwater diving

Yes

No

Hang-gliding or Paragliding

Yes

No

Motor car sport

Yes

No

Motor cycle sport

Yes

No

Parachuting or Skydiving

Yes

No

Powerboat racing

Yes

No

Sailing (other than inland)

Yes

No

Rock climbing or Mountaineering

Yes

No

Flying (other than as fare paying passenger or cabin crew). Please note that flying (other than as a fare-paying passenger) includes aviation either as a pastime, or as part of an occupation, or both, but excludes cabin crew.

Yes

No

Any extreme sport e.g. bungee or BASE jumping, canyoning, white water rafting

Yes

No

6. Since the start date of your policy, have you changed your occupation or employer or employment status (i.e. employed to self employed or contract)?

Yes No

If 'No', please go to question 7

**If 'Yes', please provide full details and give your job title**

**If 'Yes', and your policy is for Income Protection Benefit (taken out before 28 July 2010), then please state your annual income**

£

- 6.1 Does your occupation involve working:

Outside at heights over 15 metres (50ft) for more than five hours during a typical week? 15 metres is the height of a typical three storey house.	Yes	No
In the Armed Forces, or as a member of the Army Reserve?	Yes	No
In the offshore fishing industry?	Yes	No
In the offshore oil or gas production industry?	Yes	No
As a full time barman, barmaid, or landlord in a public house? (Full time means working an average of 30 hours or more a week)	Yes	No
Underwater?	Yes	No
Underground, for example mining, tunnelling?	Yes	No
With explosives?	Yes	No
As a sports professional?	Yes	No

7. Since the start date of your policy have any of your natural parents, brothers or sisters, before the age of 60, been diagnosed with or died from any of the following?

For each 'Yes' answer please state:

- number of relatives affected
- the youngest age that any relative was affected
- the second youngest age that any relative was affected

If you choose 'Cancer of another site' please state the part of the body affected by the 'primary' cancer i.e. where it first occurred in the body. If more than one relative has had a 'cancer of another site' please state all sites plus the total number of relatives and the two youngest (lowest) ages.

If 'Any other disorder' you can ignore the following – short or long sight, colour blindness, asthma, high blood pressure, heart murmur (other than in connection with Cardiomyopathy), dermatitis, eczema, rheumatoid or osteo arthritis.

**If 'Yes', please tick all that apply  
If 'unknown', please go to question 7.1**

	Yes	No	Unknown	
	Tick all that apply	No. of relatives affected	Youngest age affected	Second youngest age affected
Angina				
Diabetes (Type 2)				
Heart attack				
Kennedy's Disease				
Stroke				
Cardiomyopathy (primary disorder of the heart muscle)				
Cancer of the breast				
Cancer of the ovary				
Cancer of the colon (Bowel)				
Cancer of another site				
<b>If 'Yes', please give site</b>				

7. Since the start date of your policy have any of your natural parents, brothers or sisters, before the age of 65, been diagnosed with or died from any of the following?

Continued

	Tick all that apply	No. of relatives affected	Youngest age affected	Second youngest age affected
Polyposis coli (Familial Adenomatous)				
Polycystic Kidney disease				
Myotonic (Muscular) Dystrophy				
Motor Neurone disease				
Alzheimer's disease				
Huntington's disease				
Parkinson's disease				
Multiple Sclerosis				
<p><b>If 'Yes', please state if mother, father, brother(s) or sister(s)</b></p> <p>Any <b>other</b> disorder which runs in the family for which you are receiving regular follow up or screening</p> <p><b>If 'Yes', please give name of the disorder(s)</b></p>				

- 7.1 If you don't know the details of the medical history of your parents, brothers and sisters, please tell us why:

Adopted

No contact with family members

Other

If other please give details:

- 8 During the last 12 months have you smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements?

A simple medical test may be required to check the validity of the answer to this question.

Yes – regularly      Yes – occasionally      None at all

If you've smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements at all in the last 12 months you need to answer **'Yes – regularly'** or **'Yes - occasionally'**, even if the product used did not contain any nicotine.

- 8.1 If you answered **'Yes'** to 8 and you smoke cigarettes – how many cigarettes do you smoke on average each day?

If you don't smoke cigarettes daily, please enter 0.

9. How often do you have a drink containing alcohol?  
**Tick only one answer**

Never	Special occasions only
Monthly or less frequently	Two or three times a month
Weekly	

No. of Days:

**If you answered 2/3 times a month or weekly**, please tell us how much beer, strong beer, wine, spirits and other alcohol you drink on a **typical day** when you have alcohol:

Type of drink	No. of drinks
Normal strength beer, lager or cider. Alcohol by volume (ABV) content of less than 6%	
Strong beer, lager or cider. Alcohol by volume (ABV) content of 6% or more	
Glasses of wine, fortified wine or spirits	
Other alcoholic drinks e.g. alcopops	

If 'weekly' tell us on how many days during a typical week you drink alcohol

9.1 Since the start date of your policy, have you been medically advised to reduce your alcohol consumption or been referred for specialist help to deal with alcohol consumption such as to an alcohol addiction unit or to Alcoholics Anonymous?

**Please ignore advice to reduce alcohol given due to pregnancy.**  
**Tick all that apply**

10. What is your height without shoes?
11. What is your weight in indoor clothes?

Yes – advised to reduce alcohol consumption

Yes – referred for specialist help

No

**If you answered ‘Yes’ to the above please tell us;**  
Who advised you to reduce your alcohol consumption and when was this?

What was the reason for this advice?

What was your alcohol intake at the time?

<input type="text"/>	metres	<input type="text"/>	ft	<input type="text"/>	in
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If you are pregnant, please give your weight immediately prior to this pregnancy.

<input type="text"/>	kg	<input type="text"/>	st	<input type="text"/>	lb
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Additional Information section

## CLIENT DECLARATION AND CONSENT

### All clients – please declare and agree the following:

I declare that, to the best of my knowledge and belief all the statements made, including anything I may have said, are true and complete and have been recorded accurately in this form. I acknowledge that Legal & General will use the information I give in this application to determine whether to offer me a policy and to assess how much premium I must pay. Alongside the policy documentation this information will form part of the legal relationship between us.

I understand that if I do not give all of the requested information fully and accurately it will very likely mean that a claim is not paid or the policy is amended or cancelled.

I also agree to Legal & General sharing any medical information obtained in connection with this application, with another insurance company to whom I am applying or may apply to in the future. Also, when necessary, sharing it with a reinsurer and/or third party administrator.

I understand that Insurers share information with each other to prevent fraudulent claims via a Register of Claims and that a list of participants is available on request. The information I supply on this form, together with that provided on any additional medical reports and any other information in the event of a claim, will be given to the Register and made available to other participants.

### Access to Medical Reports

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).

Legal & General may need to get medical reports to support your application. 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, Legal & General may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it, in which case please tick the relevant box under the heading Medical Consent within this Declaration. 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. Legal & General 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 are waiting for.
- 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 or chewing tobacco.
  - details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (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.

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](#) for full details.

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

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health;
- predictive genetic test results.

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

- refusing to provide insurance;
- setting exclusions;
- increasing premiums above standard rates; or
- setting premiums at standard rates.

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 Drove Way, Hove, BN3 7PY.

### 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.

They may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. 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 12 months of the date of this Declaration, or after my death to support any claim made on the policy proceeds.

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 my application using the information that I have given, together with any other medical information given in the course of this application, solely for the purposes of underwriting and administering my policy, and/or any subsequent policy, and in connection with any claim.

If Legal & General need to obtain a report from my doctor:  
(Please tick one of the following boxes).

☐ 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

### Sensitive data

I consent to Legal & General using the medical and health information provided in this form and any other medical information provided in the course of this application solely for the purposes of allowing Legal & General to underwrite and administer my policy(ies) and/or any subsequent policy and in connection with any claim. My medical information (and other information collected via this form) may be disclosed to Legal & General's reinsurer and to any doctor that Legal & General uses, including my own GP, and to any other insurance company I apply to for products and services.

Please remember you must tell Legal & General everything they ask for as all the answers may be taken into account when assessing acceptance of the application and in calculating the premium. Please also remember that if you do not answer the questions fully and accurately it may mean that a claim is not paid or the policy is amended or cancelled. If you have given information to Legal & General in the past, please provide it again. If necessary, please return to the questions and amend your answer in the appropriate place.

If you have not given full information to the questions asked or if you feel the information is incorrect, please return to the questions and answer in the appropriate place. If you have given information to Legal & General in the past please provide it again.

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.

By signing below, I consent to Legal & General processing the medical and other information that I have provided in this form in accordance with this client declaration.

Name

Signature



Date



## 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.

[www.legalandgeneral.com](http://www.legalandgeneral.com)

**Legal & General Assurance Society Limited**

Registered in England and Wales No. 166055

Registered office: One Coleman Street, London EC2R 5AA

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

Q12857 03/24

