

Income Protection Benefit Plan amendment form



This form should only be used when increasing the expiry age and/or reducing the deferred period of the plan.

Full name

Date of birth (DD/MM/YYYY)

Policy number

What changes do you wish to make to your policy?

Increase the expiry age to

Decrease deferred period to
(If you have two deferred periods please include both)

For Adviser use only

Agency number:

Please answer the following questions fully and accurately. If you answer 'Yes' to any of these questions, we may contact you to ask you to complete a full application form. If you have any questions please talk to your adviser who can contact us through their usual route for queries on new applications.

Important Customer Information

If you do not answer the following questions fully and accurately it will very likely mean that a claim will be declined and the policy or policies cancelled. If you have provided the information in the past please provide it again.

We will rely on the information that you tell us and you must not assume that we will clarify that information with your doctor (GP).

If any of your answers to the following questions change AFTER you fill this form in, but before we increase your policy you must tell us immediately. This is just as important as giving full answers in the first place.

Confidentiality

We follow a strict confidentiality code about all medical information you give us. This means that your medical information is held securely and access is limited to authorised individuals who need to see it.

A copy of the confidentiality policy is available on request.

If you would prefer to send us your answers to the questions on this form in a sealed envelope to the medical officer you

may do so. Please address this to: The Chief Medical Officer, Legal & General Assurance Society Limited, City Park, The Droveaway, Hove, East Sussex BN3 7PY.

The information you give Legal & General

We will only use the information given in this form for the purpose of underwriting, processing and administering the policy or policies requested or any subsequent policy(ies) and for statistical analysis. We will keep the information for the duration of any policy issued and for a period of time after the policy has ceased. We 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

We will not pass any personal or medical information to a third party without your consent. This will only be necessary if we 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.

Complaints Procedure

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

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Product change questionnaire

1 During the last five years have you:

- had any medical condition, illness or injury which has kept you off work for a continuous period of two weeks or more, for example back pain, stress or arthritis?
- made a claim on an insurance policy due to any medical condition, illness or injury?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

2 During the last 12 months have you:

- had any medical condition, illness or injury for which you have received treatment for a continuous period of four weeks or more?

Please ignore oral contraception pill; pregnancy; minor accidents and injuries, for example muscle strain, pulled muscle, torn ligament or tendon, or sprained joint, provided they have not kept you off work for two weeks or more.

- had or been advised to have any investigations in hospital, for example biopsy, CT scan, ECG, echocardiogram?

Please ignore investigations related to pregnancy or infertility where the results have been confirmed as normal.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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3 Do you have:

- any other symptoms for which you have not yet sought medical advice, for example unexplained bleeding, weight loss, lump, growth, mole or freckle which has recently changed in appearance?
- any medical condition, illness or injury which currently restricts your ability to work or has done so within the last four weeks?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4 If you want to reduce the deferred period, please confirm the reason:

- a. I have changed jobs and my new employer does not pay me for as long during periods of sickness
- b. The terms of my contract of employment have changed, and I don't get paid for as long during periods of sickness
- c. I am now self employed, so no longer get paid during periods of sickness
- d. Other – please specify

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Please now read and sign the Declaration and Consent overleaf.

All applicants – 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 will be declined and the policy or policies cancelled.

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 information and any other information in the event of a claim, will be given to the Register and made available to other participants.

Sensitive data:

I consent to Legal & General using the medical and health information provided in this form 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 will be declined and the policy or policies 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 accept this Declaration.

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

Signature

Date
(DD/MM/YYYY)

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