

# Declaration of health update form

**Alternative Formats**

If you would like this translated or have a copy in an alternative format such as large print, braille or audio, please email us at [group.protection@landg.com](mailto:group.protection@landg.com) or call us on 0345 026 0094. Lines are open from 9am to 5pm, Monday to Friday. We may record and monitor calls. Call charges will vary.

This form allows you to disclose any new medical conditions, treatments, or consultations with healthcare professionals that have occurred since the last declaration you supplied. Please only complete this form if it has been specifically requested and you have already submitted a Member's Declaration Form as part of your current application for full eligible coverage under your employer's policy.

**CONFIDENTIALITY**

We take client confidentiality very seriously and follow strict guidelines regarding the medical information provided on this form and any additional medical reports we obtain. We have a confidentiality policy in place and all medical information is held securely. Access is limited to authorised individuals who need to see it. This means that the member has the right to send this form in a sealed envelope, directly to the Chief Medical Officer to the address at the back of this form.

Scheme name

Policy number(s)

Full name

Date of birth  
(DD/MM/YYYY)

Since completion of your Member's declaration form or Telephone Interview process, have you suffered any illness, injury or medical symptoms (whether a doctor has been consulted or not), or had or been advised to have any medical consultation, hospital investigation, treatment, operation, blood test or psychiatric advice?

☐ Yes ☐ No

If you've answered yes to the above, please provide full details below

Condition	Treatment	Date of first symptoms	Date of last symptoms	Date and duration of any time off work

### Declaration (to be signed and dated by the life to be insured)

#### IMPORTANT NOTES

We may need more information about your medical history depending on the answers you've given on this form. You should carefully read through the declaration and consent sections of this form.

We may need to send this form and relevant medical reports to our reinsurers for their opinion or agreement of the terms we wish to offer. We may need to send them at a later stage so that we can manage your employer's policy.

The cover will not start until we've 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.

#### CONSENT TO ACCESS MEDICAL REPORTS

##### Medical consent

We need your consent in case we need to request a medical report from your General Practitioner (GP) to help us assess the request for cover.

The report your GP provides could include details of consultations with any doctor or healthcare professional, but we'll only ask for information about your health that's relevant to your application.

Legal & General may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that you have made. You can find out more here <https://www.legalandgeneral.com/privacy-policy/>.

**You do not have to consent; however, we may not be able to offer the cover requested without a medical report.**

If you would like to withdraw your consent for Legal & General to request a copy of your medical report, please call 0345 026 0094. By withdrawing your consent, we may not be able to offer the cover being requested for you, under your employer's policy, or the cover may be restricted.

##### Valuable information to know

**You're not in the dark.** If you need to you can see the report before it's sent to us – there's a space to let us know below. From the date we request the report, you'll have 21 days to make an appointment to go through the report with your GP.

If you originally did not want to see the GP report before we receive it, you can still request a copy for up to six months after they've sent it to us.

**Your information is in your control.** You can ask your GP to amend the report before it's sent to us if you think anything isn't right or is misleading, or you can attach a personal statement to be sent to us along with the report. We're asking for this under the relevant medical act(s). You can read them, and the additional rights you have under our **Privacy Policy, and data protection regulations** here <https://www.legalandgeneral.com/privacy-policy/>.

**Your protection is our primary concern.** For this reason, your GP may choose to not show you the report if they feel it could cause harm – physical or mental – 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; or
    - 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

##### We won't ask your GP about:

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

##### What happens after I have completed the form

We normally provide confirmation of the insurance cover under your employer's policy once we receive the completed form. Occasionally, the details you've provided need further assessment where we may also need to contact your General Practitioner (GP) or another medical practitioner for further details. We'll then confirm to your employer if:

- we can provide the insurance cover being applied for,
- if due to your personal circumstances we may only pay a claim in certain instances, or
- we're unable to provide the insurance cover being requested.

In the second and third instances above, we'll let you know the reasons why.

This form allows Legal & General to gather medical reports within 12 months from the date you sign it, or to support any claim made on the policy proceeds.

##### Declaration and consent

The insurance cover arranged by my employer is governed by English Law.

I agree and accept that:

- The information I provide will be complete, truthful, and accurate.
- For the purposes of assessing my application and any subsequent claim, Legal & General will use the information in this form and any other they receive from medical professionals I am or have consulted.
- If any information I provide is not complete or accurate, Legal & General may not pay a claim.
- I will immediately inform Legal & General if there are any changes to my answers before my cover is accepted.
- Legal & General may ask me to attend a medical examination to help them assess the requested insurance cover. In these instances, Legal & General will share my personal health information with another company that they have authorised to act on their behalf to carry out the medical examination.
- Legal & General will communicate the terms for providing cover to my employer as the policyholder, or through their agent. Such communications may include terms that relate to my health and wellbeing.
- The details that I provide Legal & General may be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering as well as to verify my identity. If fraud is detected, I could be refused certain services, finance, or employment. Further details of how my information will be used by Legal & General and these fraud prevention agencies, and my data protection rights, can be found by accessing [www.cifas.org.uk/fpn](http://www.cifas.org.uk/fpn)
- I consent to Legal & General, in line with their Privacy Policy, asking any doctor I have consulted about my physical or mental health to provide a medical report so that they may assess my request for cover.
- I authorise those asked to provide a medical report when they receive a copy of this consent form. This consent is valid for 12 months from the date of signature.

## Group Protection

### CONSENT TO ACCESS MEDICAL REPORTS CONTINUED

By signing and submitting this form, I consent to Legal & General processing in line with their [privacy policy](#), my lifestyle and health information that I provide, so they can:

- assess the request for cover under my employer's policy,
- administer my employer's policy, and
- process any claims under my employer's policy.

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

I authorise those asked to provide a medical report when they receive a copy of this consent form. This consent is valid for 12 months from today's date.

Yes ☐ No ☐

I would like to see the medical report before it is sent to Legal & General.

Yes ☐ No ☐

Full name:

Signature:

Date:

## Contact us



**0345 026 0094**

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



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**[legalandgeneral.com/employer/group-protection](https://legalandgeneral.com/employer/group-protection)**



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