

# Declaration of health

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?

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

Since completing your original Member's Declaration Form, Telephone Interview or due to the disclosures on this declaration of health, we may need to obtain information about your medical history. Please carefully read through the following consent.

The cover will not start until we have 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 TO MEDICAL REPORTS

We would like to ask you for your consent to request a medical report to help us assess this application for cover. This request is made using the Access to Medical Reports Act 1988, Access to Health Records Act 1990 (where applicable) Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 (where applicable), and the Isle of Man Access to Health Records and Reports Act 1993 (where applicable).

You also have additional rights under the Data Protection Act 2018 and the General Data Protection Regulation 2018. The section titled 'Your Rights' in our **Privacy Policy** gives full details.

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

If we need to get medical reports to support this declaration(s) for cover, we'll need to get your permission under the above Acts before we can ask any doctor that you have consulted to fill in a report.

Before you give your consent, you'll need to know:

- If you'd like to see a copy of the report before we receive it, please let us know below. You'll have 21 days from the date we request the report to arrange with your doctor to see it. If you don't arrange to see the report within this time, your doctor will then send the report to us.
- If you read the report and think anything is incorrect or is misleading, you may ask your doctor to amend it, or you may attach a personal statement to the report before it's sent to us.
- Your doctor may decide not to show you the report if they feel that it would cause physical or mental harm to you or others.
- You can ask for a copy of the report any time within 6 months from when your doctor sends it to us.
- We will not request a medical report from your doctor without your consent. Please be aware that we may not be able to offer the requested cover without seeing a medical report.

The medical report that your doctor sends to us could include details of consultations with any doctor or healthcare professional.

We only ask for information about your current or past health that's relevant to the request for cover. 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 WILL NOT ASK YOUR DOCTOR 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.
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

#### THE INFORMATION YOU AND YOUR DOCTOR PROVIDE ABOUT YOUR HEALTH MAY RESULT IN US:

- Refusing to provide insurance
- Limiting the scope of cover so it will not pay a claim for specified activities or conditions
- Increasing premiums above standard rates
- Setting premiums at standard rates.

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

Benefits and Governance Director, Group Protection, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS.

## Group Protection

### 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 a medical report so that they may assess this application for cover under a group policy.

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 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 six months from the date you sign it, or to support any claim made on the policy proceeds.

**If Legal & General need to ask for a report from your doctor, do you want to see it before it's sent to them?**

Yes

No

### Member's declaration

I declare that, to the best of my knowledge and belief, the statements in this declaration are true and complete. I understand that if I do not give all the requested information truthfully, completely and accurately benefit may not be paid. I also confirm that I have read and accepted this consent, my rights under the access to medical reports and data protection legislation.

By signing this consent I agree to all of the contents.

Name in BLOCK CAPITALS:

Signature:

Date (DD/MM/YYYY)

## Contact us



**0345 026 0094**

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



[groupprotection.medicalunderwriting@landg.com](mailto:groupprotection.medicalunderwriting@landg.com)



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



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**Legal & General Assurance Society Limited**

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