

Member's statement

Name of scheme

Group policy number

G	
Office use only	GPE



This statement is for your employer's application for benefit under its Group Income Protection policy. It's important that you complete and return this form to us or any person or organisation acting on our behalf, as soon as possible. Using black ink, please answer all the questions and sign it under Section 5 and Section 6. If your incapacity prevents you from completing this form you may ask someone to help you.

1

About you

Title

Surname

Forename(s)

Personal status (married, registered civil partner, single)

Former name

Date of birth (DD/MM/YYYY)

National Insurance number

Email address

Landline telephone number

Mobile telephone number



Please answer each question fully and accurately. Don't assume we'll write to your General Practitioner (GP).

2.1 Please describe why you're absent from work and provide the diagnosis if known.

2.2 Please tell us the date you first became absent from work. (DD/MM/YYYY)

2.3 a) What symptoms stop you from working?

b) How often are you restricted by these symptoms?

2.4 Have you previously suffered from this or any similar condition?

Yes

No

If yes, please give full details and dates.

2.5 What medication are you currently taking? Please state dosage and describe any side effects.

Medication

Dosage

Side Effects

2.6 Have you received any treatment or investigations relating to your current symptoms/diagnosis?

Treatment

Date Commenced



Please provide copies of letters and reports from your GP or consultant.

2.7 Name, address and telephone number of your GP.

Name

Address

Postcode

Telephone number

The date of your last appointment (DD/MM/YYYY)

2.8 Please provide the full details of any other doctor or specialist you have consulted in connection with your condition. **Please attach any relevant letters that you have received from your doctor or specialist.**

a) Name and department

Address

Postcode

Date last attended (DD/MM/YYYY)

Date of next appointment (DD/MM/YYYY)

b) Name and department

Address

Postcode

Date last attended (DD/MM/YYYY)

Date of next appointment (DD/MM/YYYY)

c) Name and department

Address

Postcode

Date last attended (DD/MM/YYYY)

Date of next appointment (DD/MM/YYYY)

2.9 Please tell us about your daily activities. For example: Self-care, care of others, driving, housework, hobbies and computer use.

Before Incapacity

After Incapacity

- 3.1** a) What's your job title?
b) Please tell us about your job by describing your duties.
- c) Please tell us your normal weekly working hours and if this involves weekends or shift work.
- 3.2** What activities of your job can you currently do?
- 3.3** Please tell us about any academic or professional qualifications or are you trained or qualified to perform any other occupation?
- 3.4** Have you discussed returning to work with your employer?
- 3.5** Is a return to work plan in place?

Yes No

If yes, please give full details.

Yes No

If yes, please give full details.

4.1 Please tell us if you currently do any additional paid or voluntary work?

Yes No

If yes, please give details, including any earnings.

4.2 Do you receive any other regular payments?

Yes No

If yes, please give details.

a) Who pays you?

When did/will payment start?
(DD/MM/YYYY)

When will payment end?
(DD/MM/YYYY)

Monthly amount

£

b) Who pays you?

When did/will payment start?
(DD/MM/YYYY)

When will payment end?
(DD/MM/YYYY)

Monthly amount

£

4.3 Are you or do you intend seeking compensation or instigating any legal proceedings against any person or organisation as a result of your incapacity?

Yes No

Access to Medical Reports

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

Legal & General may need to get medical reports to support your absence from work. Before they can ask any doctor that you have consulted to provide 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 assess your incapacity and this may affect entitlement to benefit. 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 box under Medical Consent. If you do this the doctor can see that you require access and can 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 provides tells us about your current health, any care, medication or treatment you are currently receiving. It also tells us the results of any referrals or tests.

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:

**Benefits and Governance Director, Group Protection,
Legal & General Assurance Society Limited, Knox Court,
10 Fitzalan Place, Cardiff, CF24 10TL**

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 entitlement to benefit.

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

I consent to:

- Legal & General gathering information from other insurance companies about other applications for life, critical illness, sickness, disability, accident or private medical insurance that I or my employer have made.
- Legal & General obtaining medical information about me from my employer, any professional medical adviser appointed by my employer or any agent my employer may have used to medically assess me at any time.

I authorise those asked to provide medical information to do so when they see a copy of this consent form.

I agree that this information can also be used to maintain management information for business analysis.

I confirm that I have read and accepted this Consent. I also confirm I have read my rights under the Access to Medical Reports Act.

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

Signature

X

Print name

Date signed
(DD/MM/YYYY)

If your incapacity prevents you from signing this Consent yourself, the person who helped you to complete this form should sign it on your behalf in the space provided below.

Signed on
behalf of
the member

X

Print name
of signatory

Date signed
(DD/MM/YYYY)

Relationship
to member

Reason for
signing on
behalf of the
member

You also need to read and sign Section 6 before we can process this application for benefit under the group policy.

Declaration and consent to use your information

Protecting your personal information is extremely important to Legal & General. This policy tells you how we collect and process your personal information. Please take a few minutes to read it.

<https://www.legalandgeneral.com/privacy-policy/>

Please contact us if you'd like us to post you a copy of our Privacy Policy.

You must read carefully the answers you have given to the questions before accepting the following declaration.

- Please remember that all the items of information asked for in this form are taken into account when assessing the payment of benefit. Please also remember that if you do not answer the questions fully and accurately, benefit may not be paid. If necessary, please return to the questions and amend your answer in the appropriate place.
- Legal & General will try to rely on the information you provide and you must not assume that they will always clarify that information with your doctors.

It is important that you read and accept all of the following paragraphs. If you are unsure of anything or have any queries please contact us. Our details are at the end of this form.

I understand that insurers share information to prevent fraudulent claims via an Association of British Insurers (ABI) register. I also understand that some of the information that I supply on this form could be placed on the register and made

available to participating insurers, a list of which is available on request from the ABI.

I understand that all items of information requested in this form are taken into account when assessing incapacity and entitlement to benefit. I understand that the issue of this form is not an admission of liability.

I understand that a copy of this form is available on request.

I declare that to the best of my knowledge and belief all the statements made in this form are true and complete and have been recorded accurately on this form.

I agree that these statements will be used for this application for benefit and any other assessment or review of entitlement to benefit.

I understand that if I do not give all the requested information truthfully, completely and accurately benefit may not be paid.

I agree to Legal & General sharing medical information with other insurance companies when requested to do so, for the purposes of assessing and reviewing entitlement to benefit and administering policies.

I agree to Legal & General sharing medical information (and other information collected via this form) about me with their reinsurers, their third party service providers, my own doctor or any doctor that Legal & General uses for the purposes of assessing and reviewing entitlement to benefit and administering policies.

I consent to Legal & General and any organisation acting on Legal & General's behalf sharing medical information (and other information collected via this form) about me with my employer, my employer's intermediary and any professional medical adviser appointed by my employer for the purposes of assessing and reviewing entitlement to benefit, administering policies and the provision of employer-commissioned rehabilitation services.

By signing below I consent to Legal & General processing my medical and health information that I have provided so they can assess and manage my employer's benefit claim, administer the policy, and arrange rehabilitation services as appropriate, in line with Legal & General's [Privacy Policy](#). I also consent to Legal & General sharing this information, where necessary, with the reinsurers referenced in the Privacy Policy.

Signature

X

Print name

Date signed
(DD/MM/YYYY)

If your incapacity prevents you from signing this consent yourself, the person who helped you to complete this form should sign it on your behalf in the space provided below.

Signed on
behalf of
the member

X

Print name of
signatory

Date signed
(DD/MM/YYYY)

Relationship
to member

Reason for
signing on
behalf of the
member

Please check you have also read and signed Section 5. Sections 5 and 6 must be signed before we can process this application for benefit under the group policy.

Contact us



0345 072 0758

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



groupprotection.benefitsmanagement@landg.com
legalandgeneral.com/workplacebenefits



Group Protection, Legal & General Assurance Society Limited
Knox Court, 10 Fitzalan Place, Cardiff CF24 10TL