

Details of employee/partner/LLP member continued

1.7 Please tick against the required benefit type and state the benefit formula.

- Life Assurance
- Dependants' Pension
- Group Income Protection
- Group Critical Illness Cover
- Ill Health Early Retirement Benefit

(DD/MM/YYYY)

1.8 Please tell us the reason for discretionary entry, e.g. early and late entrant (see technical guide) or deferred retiree.

Cover will be provided under the policy(ies) requested as soon as Legal & General has advised terms in writing and, where applicable, those terms have been accepted. If you wish cover to start from a later date please insert later date here

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B To be read and completed by the employee/partner/LLP member

Declaration

The information provided on this application for cover under a group policy is only used by Legal & General to assess the cover being requested and any future cover. For confidentiality you have the right to send the form, when it's been completed, in a sealed envelope directly to the chief medical officer at Group Protection, Medical Underwriting Team, Legal & General Assurance Society Limited, Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL.

Please answer all the questions carefully and honestly, as an incorrect answer could result in a claim not being paid. You must not amend the declarations below.

	Yes	No
1. Have you ever had:		
• Any form of cancer, heart attack, angina, heart disease (including valvular disease) or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been diagnosed as having:		
• Motor neurone disease, Alzheimer's or Huntington's disease, muscular dystrophy, cirrhosis of the liver, cystic fibrosis, multiple sclerosis, diabetes, HIV/AIDS, Hepatitis B or C, dementia, cerebral palsy, Parkinson's, chronic obstructive pulmonary disease, emphysema or any mental health related illness – including stress, depression, anxiety, bipolar, psychosis?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last six months have you consulted a doctor or healthcare professional because of:		
• Raised blood pressure or cholesterol, an irregular or abnormal heart beat, chest pain, dizziness, loss of consciousness or shortness of breath, a blood disorder, alcohol related illness, digestive related symptoms, kidney or bladder disorders (isolated urinary tract infection may be ignored), any disorder of the eyes or ears, arthritis, spine, neck, shoulder, knee or joint disorder – including slipped disc, sciatica, carpal tunnel syndrome or RSI (repetitive strain injury)?	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last four weeks have you had any of the following signs or symptoms of illness for which you have consulted a doctor or have an appointment to see a doctor for:		
• Fatigue that has restricted normal activity for over 10 days not known to be caused by a minor condition such as flu?	<input type="checkbox"/>	<input type="checkbox"/>
• Numbness or dizziness lasting more than a day not known to be caused by a minor injury or a minor condition such as an ear infection?	<input type="checkbox"/>	<input type="checkbox"/>
• A new mole or other growth on the skin or an existing one that has become itchy or painful or has changed its shape, size or colour?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last 30 days have you:		
• Had a new or unexplained continuous cough, fever or high temperature?	<input type="checkbox"/>	<input type="checkbox"/>
• Tested positive for or been diagnosed with coronavirus/COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last 14 days, have you:		
• Been self- isolating or been advised you should. (Please answer 'No' if you are following general social-distancing advice to avoid spread of the virus or working from home due to workplace advice only)?	<input type="checkbox"/>	<input type="checkbox"/>
• Had direct contact with someone who has been diagnosed with, or suspected of having coronavirus?	<input type="checkbox"/>	<input type="checkbox"/>

Declaration continued

If you've answered 'Yes' to any of the four questions, please give us full details.

If you've answered 'No' to all four questions above please go to Section D.

If you've answered 'Yes' to any of the four questions, we may need further medical evidence which could involve a medical examination and blood or other tests.

You may need to complete a member's declaration form. We can arrange for a member of our telephone interview team to contact you. They will carry out a tele-interview and help complete the form over the phone. We may pass your information to a partner company who sometimes carry out telephone interviews on our behalf. Please complete your contact details in Section C.

If you prefer you can complete the form yourself. You'll find this on our website: legalandgeneral.com/workplacebenefits under protection documents or you can ask us for a copy.

C

Contact details for tele interview

If you have answered 'Yes' to any of the questions in Section B, please complete your contact details below.

Address

Email address

Contact number(s)

Mobile

Home

Work

Preferred number
(please tick)

Please give us some times that are convenient for you although we will contact you to confirm the actual appointment time. We may also invite you to call in at a time that is convenient to you. This communication with full details will come to you via the email address you provide.

You will be asked questions on your health, lifestyle, family history, travel, occupation and hazardous pursuits. The duration of the interview can vary so please allow at least 30 minutes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
08.30 – 11.45						
12.00 – 15.00						
15.15 – 17.45						
18.00 – 20.45						

D

Declaration for critical illness cover

Please only complete this section if you are applying for Critical Illness cover.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are your children (if any) or, if they are eligible for cover, your spouse or registered civil partner in a poor state of health and intend to see a doctor about any health, medical or psychiatric condition in the foreseeable future? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware or do you suspect that your children (if any) or, if they are eligible for cover, your spouse or registered civil partner are suffering from any condition that might lead to a claim under the Group Critical Illness Cover policy? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered 'Yes' to either of the above two questions, please say why below.

Date of birth of spouse or registered civil partner (where to be insured)

(DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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/>

I understand in the event of a claim, Legal & General may need to obtain medical and health information (which may include genetic information) before it pays any benefit. The information may be from any doctor who at any time has attended me, and about anything affecting my physical or mental health. Legal & General will seek consent if they need this information.

My medical information (and other information collected via this application) 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 or services.

I understand that a copy of the completed application is available on request.

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 declare that to the best of my knowledge and belief, the statements in this application are true and complete. I understand that any false declaration may result in the rejection of a subsequent claim.

I agree that a copy of this application shall have the validity of the original.

I agree to Legal & General disclosing, where necessary, my medical information (and other information collected via this application) to its reinsurer and to any doctor that Legal & General uses, including my own GP, and to any other insurance company I apply to for products or services.

By signing the below I consent to Legal & General processing my, and if provided my partner's and my children's, medical and health information that I have provided so they can assess this application, administer the policy and process a subsequent claim 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:



Name in BLOCK CAPITALS:

Date (DD/MM/YYYY)

Contact us



0845 072 0753

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



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



Group Protection – Medical Underwriting Team,
Legal & General Assurance Society Limited
Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL

Legal & General Assurance Society Limited.

Registered in England and Wales No. 166055.

Registered office: One Coleman Street, London EC2R 5AA.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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