

Member's declaration form

ABOUT THIS FORM

The information provided on this form and any medical reports given to us by the General Practitioner (GP) or medical examinations we ask the member to attend will only be used for the purpose of assessing the cover requested and any future cover.

We ask members to complete this form and sign it in two places when their cover is, for example, more than the free limit or they don't meet the eligibility conditions set out in the policy. It means we need more medical evidence before we can provide cover for the member.

COMPLETING THIS FORM

Please answer all the questions on this form, fully and accurately. If we don't have all the information needed or if it's not accurate, it could affect how quickly we can process this application for cover under a group policy and benefits when a claim is made.

Additionally, we cannot process this application if the member hasn't signed this form under sections 8 and 9.

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.

ASSOCIATION OF BRITISH INSURERS' POLICY ON GENETIC TESTS AND INSURANCE

Under the Association of British Insurers' (ABI) policy on genetics and insurance, you don't have to tell us about any genetic test results you've had for this application of cover or any other similar insurance policies, if the combined total is:

- £500,000 or less for life insurance


You may need to tell us about certain genetic test results if the level of cover needed is more than the limits outlined above.

We'll only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you contact us or visit the Association of British Insurers' [website](#).

You must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. If you wish to tell us about a negative genetic test result we will be willing to consider this when assessing the cover being requested.

Contact us if you would like a copy of the Association of British Insurers' Code of Practice on Genetic Testing.

1 Scheme details

 **The policyholder or broker should complete this section.** Please complete all the questions in this part of the form fully, so that we can progress the underwriting assessment quickly.

1.1 Scheme name


1.2 Policy number G

1.3 Please provide the following information in relation to the member being underwritten.

Salary/scheme earnings £

Dependants' Pension – please state the benefit amount £ p.a.

2 Personal details

 **The member should complete this section.** Please complete all the questions in this part of the form accurately and fully, so that we can progress the underwriting assessment quickly.


2.1 What is your full name?
Mr/Mrs/Miss/Ms/Other
Surname
Full first name(s)

2.2 What is your gender? Male Female

2.3 What is your date of birth? (DD/MM/YYYY)

2.4 What is your current personal status? Please tick only one box.
 Single Married/Civil Partnership
 Divorced/Dissolved Widow/Surviving Civil Partner

2.5 What is your permanent residential address?
Address
Postcode

 It may be quicker and easier to contact you by phone or email to clarify unclear information on this form. Please give us your contact details where we can get in touch with you between 9am–5pm, Monday to Friday.

2.6 Contact details

Mobile

Home

Work

Email address

3

Occupation details

3.1 What is your occupation title?

3.2 Would you describe your occupational duties as:

 Administrative/office based
 Light manual
 Heavy manual

3.3 If you have to drive as part of your occupation, please tell us the percentage of time you spend driving.

 % Driving

3.4 How many hours do you work on average a week?

 hours per week

4

Travel details

4.1 During the last 5 years, have you spent more than 90 consecutive days in Africa, Caribbean, Russia, South America, Asia or Ukraine?

 Yes If 'Yes', then please go to question 4.1.1 in this section.
 No If 'No', then please go to question 4.2 in this section.

4.1.1 If 'Yes', please give details below

Country	Regions	When (month/year)	Duration of stay (number of nights)	Reason for travel (holiday/business)

4.2 During the next two years, do you intend to spend more than 30 consecutive days outside the UK or travel for any duration against Foreign Office advice?

 Yes If 'Yes', then please go to question 4.2.1 in this section.
 No If 'No', then please go to part 5 – Lifestyle.

4.2.1 If 'Yes', please give details below

Country	Regions	When (month/year)	Duration of stay (number of nights)	Reason for travel (holiday/business)

5.1 What is your height?

5.2 What is your weight?

5.3 What is your waist measurement?

5.4 Has your weight changed by more than 2 stone (12.6kg) in the last 12 months?

<input type="text"/>	feet	inches	OR	<input type="text"/>	metres
<input type="text"/>	stone	pounds	OR	<input type="text"/>	kilograms
<input type="text"/>	inches		OR	<input type="text"/>	cm

Yes If 'Yes', then please go to question 5.4.1 in this section.

No If 'No', then please go to question 5.5 in this section.

5.4.1 If 'Yes', please give details below

5.5 How often do you drink alcohol?

Teetotal 1-2 times a week 3-4 times per week More than 5 times a week

5.6 What is your average weekly consumption of alcohol?

Beer, lager, cider – medium strength pints
 Beer, lager, cider – premium strength pints
 Wine 175ml glass
 Spirits 35ml measure
 Flavoured alcoholic beverages 275ml bottle

5.7 Have you ever been medically advised to reduce your alcohol consumption?

Yes If 'Yes', then please go to question 5.7.1 in this section.

No If 'No', then please go to question 5.8 in this section.

5.7.1 If 'Yes', when was that advice given?

5.7.2 How often did you drink alcohol at that time?

1-2 times a week 3-4 times per week More than 5 times a week

5.7.3 What was your alcohol consumption at that time?

Beer, lager, cider – medium strength pints
 Beer, lager, cider – premium strength pints
 Wine 175ml glass
 Spirits 35ml measure
 Flavoured alcoholic beverages 275ml bottle

5.8 Have you smoked cigarettes or used nicotine replacements including electronic cigarettes, chewing tobacco, cigars or pipe tobacco in the last 12 months?

Yes If 'Yes', then please go to question 5.8.1 in this section.

No If 'No', then please go to question 5.9 in this section.

5.8.1 If 'Yes', please confirm what is used and the daily amount

5.9 In the last five years have you used any recreational drugs, other than cannabis, for example ecstasy, cocaine or heroin?

- Yes
 No

5.10 Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test?

- Yes If 'Yes', then please go to question **5.10.1** in this section.
 No If 'No', then please go to question **5.11** in this section.



A negative HIV or Hepatitis test result will not, of itself, have any effect on your acceptance terms for insurance.

5.10.1 If 'Yes', please specify by ticking the boxes opposite

- | | |
|--|--|
| <input type="checkbox"/> Tested positive for HIV | <input type="checkbox"/> Awaiting results for HIV test |
| <input type="checkbox"/> Tested positive for Hepatitis B | <input type="checkbox"/> Awaiting results for Hepatitis B test |
| <input type="checkbox"/> Tested positive for Hepatitis C | <input type="checkbox"/> Awaiting results for Hepatitis C test |

5.10.2 If you are awaiting the results of a Hepatitis test, please give the reason for the test

5.11 In the last five years have you been exposed to the risk of HIV infection?

- Yes If 'Yes', then please go to question **5.11.1** in this section.
 No If 'No', then please go to question **5.12** in this section.



HIV or Hepatitis can be caught through unsafe sex, injecting a non-prescription drug, treatment with a blood product or blood transfusion or surgery undertaken outside of Europe, North America, Australia or New Zealand.

5.11.1 If 'Yes', please tell us if it was because of (you can select more than one box):

- Unsafe sex with someone other than a long-term partner
 Injecting a non-prescription drug
Blood product or transfusion outside a country stated above (please tick when)
 0-1 year 2-3 years 4-5 years
Please state the country it occurred in:
Surgery outside a country stated above (please tick when)
 0-1 year 2-3 years 4-5 years
Please state the country it occurred in:

5.12 Do you take part in regular exercise, for example: gym, football, tennis or golf?

- Yes If 'Yes', then please go to question **5.12.1** in this section.
 No If 'No', then please go to question **5.13** in this section.

5.12.1 If 'Yes', please give the following details

Activity	Frequency (number of times per week)	How long in total (in minutes/hours)

5

Lifestyle continued

5.13 Do you take part in, or intend to take part in any hazardous or dangerous activity or pursuit?

Yes If 'Yes', then please go to question 5.13.1 in this section.

No If 'No', then please go to section 6 – Work and Health.



Examples are: aviation, climbing or caving, diving, competitive horse riding, motor sport, offshore or competitive sailing. If you are unsure whether an activity is deemed hazardous or dangerous then you should tell us.

5.13.1 If 'Yes', please give details below

Pursuit	Frequency (number of dives, races, climbs, hours per year)	Location (countries/waters/ mountains, etc)	Qualification or licence held	Extent of activity (maximum height, depth or type of race)

6

Work and Health



We don't expect you to check these details with your GP or HR department, but please answer them to the best of your ability.

6.1 In the last three years how many days, in total, have you had off work due to sickness or accident?

6.2 Have you ever been absent from work for more than two consecutive weeks due to illness, sickness or accident?

Yes If 'Yes', then please go to question 6.2.1 in this section.

No If 'No', then please go to question 6.3 in this section.

6.2.1 If 'Yes', please give an explanation below

Reason for absence	From (month/year)	To (month/year)	Full recovery (yes or no)

6.3 Has your health ever affected your ability to perform your occupational duties?

Yes If 'Yes', then please go to question 6.3.1 in this section.

No If 'No', then please go to section 7 – Medical.

6.3.1. If 'Yes', please give us an explanation

7.1 What is the name and address of your GP?

Name

Address

Postcode

Telephone number

7.2 In the last five years, have you been diagnosed as having high blood pressure, been treated for it or ever had a blood pressure reading greater than 150/90?

- Yes If 'Yes', then please go to question **7.2.1** in this section.
- No If 'No', then please go to question **7.3** in this section.

7.2.1. If 'Yes', when were you given this diagnosis?

7.2.2 Please provide your last three blood pressure readings

Month/year	Reading	Treatment (yes/no)	Name of treatment

7.3 In the last five years, have you been diagnosed with having high cholesterol, been treated for it or ever had a cholesterol reading greater than 6.5?

- Yes If 'Yes', then please go to question **7.3.1** in this section.
- No If 'No', then please go to question **7.4** in this section.

7.3.1. If 'Yes', when were you given this diagnosis?

7.3.2 Please provide your last three cholesterol readings

Month/year	Reading	Treatment (yes/no)	Name of treatment

7.4 Have you ever been diagnosed with Diabetes or having sugar in the urine?

- Yes If 'Yes', then please go to question **7.4.1** in this section.
- No If 'No', then please go to question **7.5** in this section.

7.4.1. If 'Yes', when were you given this diagnosis?

7.4.2 Please give your last three glycated haemoglobin (HbA1c) readings

Month/year	Reading	Treatment (yes/no)	Name of treatment

7.5 Have you ever consulted a doctor or any other health care professional due to any form of stress, anxiety, depression or mood disorder?

Yes No

7.6 Have you ever had a panic attack?

Yes No

7.7 Do you or have you ever suffered from Myalgic Encephalomyelitis (ME), Chronic Fatigue Syndrome (CFS) or post-viral fatigue?

Yes No

7.8 Have you ever had a nervous breakdown?

Yes No

7.9 Do you suffer with a bipolar disorder or schizophrenia?

Yes No

7.10 Has your doctor or any other health care professional ever advised you to take medication for stress, anxiety, depression or any other psychological condition?

Yes No

7.11 Have you undergone any other form of treatment for psychological conditions, such as counselling or Cognitive Behavioural Therapy (CBT)?

Yes No

If you've answered 'Yes' to any of the questions from 7.5 to 7.11, please provide details below

Condition	What was the underlying cause	Date of first symptoms	Date of last symptoms	Name or type of treatment	Time off work

7.12 Do you currently have or have you ever had any of the following:

Cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heart attack, heart murmur, angina, cardiomyopathy, heart valve disorders or any disease or abnormality of your heart, arteries or veins?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Stroke, brain haemorrhage or permanent brain injury through accident, muscular dystrophy or motor neurone disease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Multiple sclerosis, Parkinson's disease, epilepsy, Alzheimer's disease, dementia or cerebral palsy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

7.12.1 In the last five years, have you had any of the following:

Arthritis, spine, neck or joint disorder (including slipped disc, sciatica, carpal tunnel syndrome, Dupuytren's Contractor, repetitive strain injury (RSI) or gout)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any disease or disorder of the digestive system, liver, pancreas or bowel (including gastric or duodenal ulcer, hepatitis, colitis, Crohn's disease or irritable bowel syndrome)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Kidney, bladder or any other disorder of the genito-urinary system (including blood or protein in the urine and urinary tract infections)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Blood disorder or anaemia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Thyroid disorder?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disorder of the eyes (including optic neuritis or cataracts)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disorder of the ears (including tinnitus, labyrinthitis or Ménière's disease)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you've answered 'Yes' to any of the above conditions, please provide details below

Condition	Investigations or tests carried out	Date of first symptoms	Date of last symptoms	Name or type of treatment	Time off work

7.13 Do you currently, or in the last five years, have you ever had any of the following where no underlying cause has been identified?

Lump, growth of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Chest pain or recurrent palpitations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Numbness, loss of feeling or tingling in the arms, hands, legs, feet or face, temporary loss of muscle power, or paralysis?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Seizures, fits, fainting, dizziness or blackouts?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Back, neck, shoulder or knee pain?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Shortness of breath, wheezing or tight chest?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Abdominal pain, jaundice, reflux, dyspepsia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Blurred vision, headaches or migraines that have persisted for longer than two days?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Insomnia, tiredness or fatigue?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you've answered 'Yes' to any of the above conditions, please provide details below

Condition	Investigations or tests carried out	Date of first symptoms	Date of last symptoms	Name or type of treatment	Time off work

7.14 Are you currently taking or receiving any treatment that you haven't already told us about?

Yes No



This should include any prescribed, over the counter, herbal treatment or privately arranged treatment, such as physiotherapy.

Condition	Name or type of treatment

7.14.1 Are you awaiting the results of any tests or investigations that you haven't already told us about?

Yes No

7.14.2 In the last 30 days, have you:

Had a new or unexplained continuous cough, fever or high temperature?

Yes No

Tested positive for or been diagnosed with coronavirus/COVID-19?

Yes No

7.14.3 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.)

Yes No

Had direct contact with someone who has been diagnosed with, or suspected of having coronavirus?

Yes No

If 'Yes', please provide details



IMPORTANT NOTES

We may need more information about your medical history, since the last time you completed the original application or because of the disclosures on this declaration of health. You should carefully read through the declaration and consent section 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. Or, we may need to send them at a later stage for purposes relating to managing 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.

8

Access to medical reports consent

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 application. Before they can ask any doctor that you have consulted to fill in 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 go ahead with your application. 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 within this consent. If you do this the doctor can see that you require access and 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 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.

LEGAL & GENERAL WILL ASK YOUR DOCTOR NOT TO REVEAL INFORMATION ABOUT:

- negative tests for HIV, hepatitis B or C;
- any sexually transmitted diseases unless there could be long-term effects on your health; or
- 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 LEGAL & GENERAL:

- refusing to provide insurance;
- increasing premiums above standard rates; or
- setting premiums at standard rates.

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 0TL.

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 this application for cover under a group policy.

They 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.

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

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 confirm that I have read and accepted this consent. I also confirm I have read my rights under the Access to Medical Reports Act, and the notes section at the beginning of this form.

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

Name in BLOCK CAPITALS

Signature (by hand on completed, printed form)

Date (DD/MM/YYYY)

You also need to read and sign Section 9 before we can process this application for cover 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 ensure that you have read the notes at the beginning of this form.

You must also read the notes at the beginning of this form and carefully check the answers you have given to the questions before accepting the following declaration.

- Legal & General sometimes may not be able to offer the cover requested or may postpone or apply terms to that cover. Legal & General will inform your employer directly or through your employer’s agent where there is one, as soon as possible if this is the case.
- 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 doctor (GP). However, as part of their administrative procedures, Legal & General may ask for a report from your GP to check medical disclosures. Legal & General may ask you to contact your doctor if they are waiting for reports which they have asked for.
- If Legal & General asks you to attend a medical examination, it may be necessary to share the application information with another company which they have authorised. If so, that company will make the arrangements for the examination to take place.

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 back of this form.

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

I agree to immediately inform Legal & General in writing of any changes to the following answers on this form that occur before cover is accepted, about:

- medical disclosures;
- occupation;
- pastimes;
- country of residence (other than for holidays);
- family history.

I understand that failure to do so may result in the benefits due under the policy not being paid.

I agree to Legal & General communicating the terms for providing cover to the policyholder directly, or through the policyholder’s agent. Such communications may include special terms and confirmation if they relate to an unspecified medical condition or hazardous pursuit, or an exclusion wording.

I agree to Legal & General getting relevant information from another insurance company about previous or concurrent applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise them to give this information.

By signing below, I consent to Legal & General processing my medical and health information that I have provided so they can assess my employer’s 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.

Name in BLOCK CAPITALS

Signature (by hand on completed, printed form)

All questions must be answered before signing.

Date (DD/MM/YYYY)

Please check you have also read and signed Section 8. Sections 8 and 9 must be signed before we can process this application for cover under the group policy.

Notes

Contact us



0345 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.