





**PART B**

**1**

**ABOUT YOU**

**i**

To be completed by the member. Please check the information in Part A:1 is correct.

**2**

**ABOUT YOUR CONDITION**

**2.1** Please tell us about the condition that prevents you from working

Please describe the symptoms of this condition

**2.2** When were these symptoms first experienced?

DD/MM/YYYY

Please tell us the name and address of your GP

Name

Address

Postcode

Please tell us the name and address of the consultants seen about this condition along with the date of your last visit

DD/MM/YYYY

Name

Address

Postcode

Date

DD/MM/YYYY

Name

Address

Postcode

**2.3** What part of your occupation can't you do?

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.**

### 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 the claim. 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 pay the 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 at the end of the 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 reports tell us about your current health, and 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:

Underwriting & Benefits Director, Group Protection, Legal & General Assurance Society Limited, Legal & General House, Kingswood, Surrey, KT20 6EU.

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 on this form.

Also, I agree these statements will be used for this review and any other review of eligibility for benefit.

I understand that if I do not give all of the requested information truthfully and accurately it will very likely mean that the benefit payments will be stopped.

I agree to Legal & General sharing any medical information obtained in connection with this application with another insurance company to whom I or my employer is applying or may apply to in the future.

Also, when necessary, sharing it with any organisation acting on Legal & General's behalf (managing agents) their reinsurer, my employer or its professional advisers or any other person involved. See also the paragraph headed 'Sensitive data'.

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.

### DATA PROTECTION

**Use of personal information:** Legal & General takes client privacy very seriously. I understand that Legal & General will use the personal information collected via this application and any other information that I provide to Legal & General ("my information") for the purposes of:

1. Providing me with Legal & General products and services and dealing with my enquiries and requests.
2. Underwriting and administering the policy(ies) including processing claims.
3. Carrying out market research, statistical analysis and client profiling.

I understand that given the global nature of Legal & General's business, it may be necessary to transfer my information to countries outside the European Economic Area in order to provide Legal & General's services to me.

**Disclosures:** I understand that Legal & General will disclose my information to other companies within the Legal & General group of companies, regulatory bodies, law enforcement agencies, future owners of Legal & General's business, suppliers engaged by Legal & General to process data on its behalf and when necessary, to a reinsurer.

**Access:** I understand that I have the right to ask for a copy of my information in return for payment of a small fee. To obtain a copy of your information please write to Legal & General at: Group Information Protection, Legal & General Assurance Society Limited, Legal & General House, Kingswood, Tadworth, Surrey, KT20 6EU

**Sensitive data:** I consent to Legal & General using the medical and health information provided on this form, and any other medical information provided, solely for the purposes of allowing Legal & General and its managing agents to underwrite and administer the policy(ies) and/or any subsequent policy and in connection with any claim.

My medical information (and other information collected via this form) may be disclosed to Legal & General's reinsurer, managing agents or to any doctor that Legal & General uses, including my own doctor, my employers professional advisers or any other person involved and to any other insurance company that I or my employer apply to for products or services.

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

**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 to support the claim.

They may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that my employer or I have applied for.

I authorise those asked to provide medical information 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.

#### 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

Please remember that all items of information requested in this are taken into account when assessing the payment of benefit. I understand that the issue of this form is not an admission of continued liability.



Please make sure you read, sign and date the relevant sections overleaf.

I confirm that I have read and accepted this Declaration and Consent, my rights under the Access to Medical Reports Act, and the notes on this form.

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

If your incapacity means you can't sign this declaration yourself, the person who helped you to complete this form should sign it on your behalf in the space provided below.

Signature

Date (DDMMYYYY)

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Signed on behalf of the member

Date (DDMMYYYY)

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Name

Relationship to member

Reason for signing on behalf of the member



### CONTACT US



**0845 072 0758** We may record and monitor calls. Call charges will vary.



**01737 375 955**



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



**Group Protection, Legal & General Assurance Society Limited**  
Legal & General House, St Monica's Road, Kingswood, Tadworth, Surrey KT20 6EU

**Legal & General Assurance Society Limited**  
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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

We are members of the Association of British Insurers.

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