

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?

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:

Name:

Address:

Postcode:

Date:

Name:

Address:

Postcode:

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

										(DD/MM/YYYY)
										(DD/MM/YYYY)
										(DD/MM/YYYY)



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 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 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 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 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.

Signed:

X

Date:

(DD/MM/YYYY)

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

Signed:

X

Date:

(DD/MM/YYYY)

Name of signatory:

Relationship to member:

Reason for signing on behalf of the member:

You also need to read and sign Section 4 before we can process this claim for benefit.

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. <http://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.
- To protect you and us from financial crime, we may need to confirm your identity from time to time. We may do this by using reference agencies to search sources of information about you (an identity search). This will not affect your credit rating. If this identity search fails, we may ask you for documents to confirm your identity.



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

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.
- 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, and administering policies.
- 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.

By signing the below I consent to Legal & General processing my medical and health information that I have provided so they can assess this benefit claim and administer policies 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.

Signed:

X

Date:

(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 member:

X

Date:

(DD/MM/YYYY)

Name of signatory:

Relationship to member:

Reason for signing on behalf of the member:

**Please check you have also read and signed Section 3.
Sections 3 and 4 must be signed before we can process this claim for benefit.**

Contact us



0345 072 0758

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



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



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Legal & General Assurance Society Limited
Registered in England and Wales No.00166055.
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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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