

# Medical Declaration

## Group Life & Group Income Protection



### Important notes

You are being asked to complete this form as part of your membership in a Group Protection policy.

The information provided in this form will be used to assess the terms and the extent of benefits we can offer you, as a member of the scheme.

Please note that we may not pay a claim and could restrict or cancel your cover if you do not answer the questions in this application form truthfully and accurately.

It is essential that you read Sections 9 & 10 before you complete this declaration.

Please complete electronically where possible, or by hand using BLOCK CAPITALS and BLACK INK.

Wherever possible you should complete this form yourself. If this isn't possible you must ensure that the answers provided are complete and correct, and confirm who has completed the form in the 'Declaration' section later in this form.

### 1. Personal Information

Title										
Forename(s)										
Surname										
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>								
Date of birth (dd/mm/yyyy)	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
National Insurance No										
Email										
Daytime phone number										
Evening phone number										
Address	<table><tr><td colspan="2"></td></tr><tr><td colspan="2"></td></tr><tr><td></td><td>Postcode</td></tr></table>							Postcode		
	Postcode									
Name of your company / employer										
Current occupation										
Hours worked per week		Approximate annual business mileage								

**Please note that sometimes we will need to request a report from your doctor. If you have had a medical examination within the last six months and have a copy, please send it to us using the postal or email address shown later in this form.**

Name and address of your usual doctor who holds your medical records		
	Postcode	
Doctor's Telephone number		

Do you plan to travel outside of Europe or North America for business? Yes ☐ No ☐ If yes, please complete the section below.

Country					
Location(s)					
Trips per annum					
Duration per trip					

## 2. Hazardous Pursuits

Do you participate or plan to participate in any of the following activities - flying a plane, rock climbing, mountaineering, caving, pot-holing, sub-aqua diving, martial arts, ocean yachting, professional horse riding, motor sports or racing of any kind, or any 'extreme' sports?

Please note, we do not need to know about indoor bouldering/climbing, one-off track days, on-piste skiing, or diving less than 30m. If your answer is yes, someone from our Medical Underwriting team will contact you separately for further information.

Yes ☐ No ☐

## 3. Medical & Health Questions

a) What is your height:  ft  ins or  m

b) What is your weight:  st  lbs or  kgs

c) Other than pregnancy, have you gained or lost more than 1 stone (or 6 kilograms) in weight in the last 12 months? Yes ☐ No ☐

If so, please provide your previous weight and the reason:

d) How many alcoholic drinks do you consume per week None ☐

Pints of beer/cider  Glasses of wine (125 ml)

Measures of spirits (25 ml)

e) Have you ever been advised by your doctor or other medical practitioner to reduce your alcohol intake (excluding for pregnancy or medication reasons)? Yes ☐ No ☐

Reason

f) Over the last 12 months, how many cigarettes or other tobacco products have you smoked per day?

Number  None ☐

g) Have you smoked any tobacco products or used any nicotine replacement products within the last 5 years? Yes ☐ No ☐

Do you use an e-cigarette or any other nicotine related products? Yes ☐ No ☐ If yes, please give details below:

**If you would rather tell us the answers to the next two questions in confidence, you can send the information to the Chief Medical Officer with this application to the address later in this form.**

h) Have you taken any 'recreational' drugs such as cocaine, cannabis, ecstasy, heroin, anabolic steroids in the last 5 years? Yes ☐ No ☐

If **yes** please provide details (type of drug, frequency)

i) Have you ever tested **positive** for HIV/AIDS, Syphilis, Gonorrhoea, or Hepatitis B or C, or are you waiting on the result of such a test? Yes ☐ No ☐

If **yes**, please provide details:

**4. Have you ever suffered from or been diagnosed with any of the following. Please tick Yes or No to all of the following questions and provide details in the table below. Please ensure that you answer every question.**

- 4a) Insomnia, stress, anxiety, tension, depression, personality/mood or eating disorder, mental illness or breakdown, suicide attempt or psychiatric condition that has resulted in you taking medication, taking time off work or consulting your doctor/medical practitioner/counsellor? Yes ☐ No ☐
- 4b) Stroke, brain haemorrhage, brain injury or transient ischaemic attacks? Yes ☐ No ☐
- 4c) Heart disease or disorder (including heart murmur, heart attack, cardiomyopathy, angina, heart valve disorder, palpitations, rheumatic fever, abnormality of your heart, arteries or veins)? Yes ☐ No ☐
- 4d) Multiple sclerosis, optic or retrobulbar neuritis, paralysis, epilepsy, cerebral palsy, Parkinson's disease, Alzheimer's disease, dementia, tremor, seizures or any other disease of the central nervous system (the brain, spinal cord and nerves) not already mentioned? Yes ☐ No ☐
- 4e) Tingling, loss of feeling or sensation, numbness, paraesthesia (pins and needles) for which you have consulted a doctor or received medical advice or treatment? Yes ☐ No ☐
- 4f) Cancer, leukaemia, Hodgkin's disease, lymphoma, brain tumour, spinal tumour or any other tumour? Yes ☐ No ☐
- 4g) Diabetes or sugar in the urine (glycosuria)? Yes ☐ No ☐
- 4h) Have you been diagnosed as having raised blood pressure, taken medication for blood pressure, or had regular blood pressure tests? Yes ☐ No ☐
- 4i) Have you been diagnosed as having raised cholesterol, been treated or tested for it, or had a cholesterol reading greater than 6.5? Yes ☐ No ☐

**If you have answered yes to either or both of questions 4h and 4i, please provide your last three readings**

Blood pressure reading	Date of reading	Medication, including dosage	Cholesterol reading	Date of reading	Medication, including dosage

**5. In the last 5 years have you suffered from or been diagnosed with any of the following? Please tick Yes or No to all of the questions below.**

- 5a) Back pain, slipped disc, sciatica, or any other back, neck or shoulder complaint? Yes ☐ No ☐
- 5b) Persistent/recurrent malaise/tiredness, fatigue, myalgic encephalomyelitis (M.E.), post viral fatigue or chronic fatigue syndrome? Yes ☐ No ☐
- 5c) Chest pain, irregular heart beat, anaemia, any blood disorder or abnormalities? Yes ☐ No ☐
- 5d) Dizziness, fainting, blackouts or fits? Yes ☐ No ☐
- 5e) Disorder of the eyes, including blurred or double vision or defective sight (excluding short or long sight which is corrected by lenses)? Yes ☐ No ☐
- 5f) A lump, growth of any kind, cyst, mole or freckle that has required treatment? Or are you intending to seek any medical advice in connection with a tumour, cyst, lump or growth of any kind: or any mole or freckle that has bled, become painful, changed colour or increased in size, whether seen by a doctor or not? Yes ☐ No ☐
- 5g) Renal colic, prostatitis, nephritis, bladder, kidney, prostate disorder or any other disorder of the genito-urinary system (including blood or protein in the urine and urinary tract infections)? Yes ☐ No ☐
- 5h) Any disorder of the digestive system, liver, stomach, pancreas or bowel (including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease)? Yes ☐ No ☐
- 5i) Psoriasis, skin disorder or allergy? Yes ☐ No ☐

- 5j) Rheumatic, arthritic or muscular complaints (excluding back pain) including joint pains, knee pain, gout or a repetitive strain syndrome/injury? Yes ☐ No ☐
- 5k) Tinnitus, vertigo, Meniere's disease or any disease, disorder or abnormality affecting your ears, hearing or balance? Yes ☐ No ☐
- 5l) Asthma, bronchitis, emphysema or any disease, disorder or abnormality affecting your lungs? Yes ☐ No ☐
- 5m) Do you have any other recurring symptoms, a disease, disorder or disability not previously mentioned on this application? Yes ☐ No ☐
- 5n) Have you had any regular consultations or screening, or awaiting any test results? Yes ☐ No ☐

**If you have ticked YES to ANY questions between 4a - g, and 5a - n, please complete the following table. Providing full details will help us to make our decision. There is further space at the end of this form if needed.**

<b>The question number(s) answered 'yes' above. If you are providing details for more than one condition, please ensure you state each question number</b>			
Please state the name of the condition / diagnosis			
Briefly describe the symptoms suffered and specific areas affected (for example lower back, or left hip)			
Date you first suffered from the symptoms			
Frequency of the symptoms			
Date you last suffered from the symptoms (if the symptoms are on-going, please state "on-going")			

Continued overleaf

What investigations were undertaken and what were the results?			
What medical advice, medication (including dosage) or treatment were you given?			
Please advise what time off work has been taken including periods and dates.			
Has a full recovery been made with no residual effects?			
Have you been fully discharged from the care of all medical practitioners?			
Are you able to follow your occupation without restriction? If no, what aspect has changed to accommodate your condition?			

## 6. Family History

Have either of your parents, or any of your brothers or sisters (including half brothers/sisters), suffered or died from, any of the following conditions before the age of 60?

Raised Blood Pressure, Stroke, Angina, Heart Attack, Cancer, Diabetes, Polycystic Kidney Disease, Polyposis Coli, Huntington's disease, Hypertrophic Obstructive Cardiomyopathy, Alzheimer's disease, Motor Neurone Disease, Hemochromatosis, Multiple Sclerosis, Familial Hyperlipidaemia (Raised Cholesterol), Muscular Dystrophy, Parkinson's disease, or any other hereditary disease.

Yes ☐ No ☐

If yes, please complete the table below for relatives who are or have been affected by any of the illnesses shown. If your relative had cancer, tell us which part of their body was first affected, if known to you.

Relationship	Medical Condition	Approximate age at diagnosis

## 7. Data Protection - Privacy Notice

### IMPORTANT INFORMATION PRIVACY NOTICE

#### Personal Information

We collect and use personal information so that we can provide cover under your employer's policy with Aviva. This notice explains the most important aspects of how we use personal information but you can get more information about the terms we use and view our full Privacy Policy at:

[www.aviva.co.uk/privacypolicy](http://www.aviva.co.uk/privacypolicy) or request a copy by contacting us at:

Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD.

The data controller(s) responsible for processing this personal information is Aviva Life & Pensions UK Limited, as the insurer of the policy.

#### Personal information we collect and how we use it

We will use personal information collected from you and obtained from other sources:

- To support legitimate interests that we have as a business:
  - We need this to decide if we can offer cover under your employer's policy and, if so, on what terms and also to administer the policy and handle any claims and manage any renewals
  - We need this to manage arrangements we have with reinsurers, for the detection and prevention of fraud
  - We also use personal information about you to help us better understand our customers and improve our customer engagement. This includes profiling and customer analytics which allows us to make certain predictions and assumptions about your interests, make correlations about our customers to improve our products
- To meet any applicable legal or regulatory obligations: we need this to meet compliance requirements with our regulators (e.g. Financial Conduct Authority) to comply with law enforcement and to manage legal claims; and
- To carry out other activities that are in the public interest: e.g. we may need to use personal information to carry out anti-money laundering checks.

We may also use personal information about other people. This may include, for example, other people whose lives will be insured under the policy; the family or personal history of the insured, or appointed trustees where policies are placed under trust. **If you are providing information about another person we expect you to ensure that they know you are doing so and are content with their information being provided to us. You might find it helpful to show them this privacy notice and if they have any concerns please contact us in one of the ways described below.**

The personal information we collect and use will include name, address, date of birth, occupation, lifestyle, current state of health and any existing conditions. If a claim is made we will also collect personal information about the claim from you and any relevant third parties. We recognise information about health is particularly sensitive information. Where appropriate, we will ask for consent to collect and use this information.

If we need consent to use personal information for a specific reason, we will make this clear to you when you complete an application or when considering a claim. If you give us consent to using personal information, you are free to withdraw this at any time by contacting us. Please note that if consent to use this information is withdrawn, we will not be able to continue to provide the cover or consider any claim in respect of that cover.

Of course, you don't have to provide us with any personal information, but if you don't provide the information we need, we may not be able to proceed with providing the cover.

Some of the information we collect will be provided to us by your employer. Other third parties may also provide information and this can include information already held about you within the Aviva group, including details from previous quotes and claims, information we obtain from publicly available records, our trusted third parties and from industry databases, including fraud prevention agencies and databases.

#### How and when we share your information with others?

We may share personal information:

- with the Aviva group, our agents and third parties who provide services to us, to help us administer our products and services;
- With regulatory bodies and law enforcement bodies, including the police, e.g. if we are required to do so to comply with a relevant legal or regulatory obligation;
- With your employer and/or the trustee, and third parties that are providing services to both you and your employer in respect of the administration of their policy with Aviva. Information that we share may include any decisions made in relation to your health data where this could limit or restrict what cover is available, for example if we were unable to offer cover for an existing medical condition;
- With other organisations including insurers, public bodies and the police (either directly or using shared databases) for fraud prevention and detection purposes;
- With reinsurers who provide reinsurance services to Aviva and for each other. Reinsurers will use your data to decide whether to provide reinsurance cover, assess and deal with reinsurance claims and to meet legal obligations. They will keep your data for the period necessary for these purposes and may need to disclose it to other companies within their group, their agents and third party service providers, law enforcement and regulatory bodies.

Some of the organisations we share information with may be located outside of the European Economic Area ("EEA"). We'll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this please see our Privacy Policy or contact us.

**How long we keep your personal information for**

We maintain a retention policy to ensure we keep personal information for as long as we reasonably need it for the purposes explained in this notice. We'll need the data for the period necessary to administer your insurance and deal with claims and queries on your policy. We may need to keep information after our relationship with you has ended, for example, to ensure we have an accurate record in the event of any complaints or challenges, carry out relevant fraud checks, or where we are required to do so for legal, regulatory or tax purposes.

**Your rights**

You have various rights in relation to your personal information, including

- the right to request access to your personal information,
- correct any mistakes on our records,
- erase or restrict records where they are no longer required,
- object to our use of personal information based on legitimate business interests, including for profiling
- data portability.

For more details in relation to your rights, including how to exercise them, please see our full Privacy Policy or contact us.

**Contacting us**

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Officer by writing to them at Data Protection Officer, Aviva, Level 4, Pitheavlis, Perth, PH2 0NH.

If you have a complaint or concern about how we use your personal information please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Information Commissioners Office at any time.

**Consent – for use where health data is being obtained**

**How we use your information**

To assess the terms of your insurance cover, when we deal with changes to your employer's policy and/or deal with claims that arise, Aviva and its agents may need to collect and use information about health relating to you and (where relevant) family members.

We use this information to make decisions about the terms on which we can provide insurance to you.

**By proceeding with this application:-**

- **You understand that we will use information about you including information about health for these purposes.**
- **You are confirming that any other person (e.g. a family member) whose information you are providing understands and has no concerns about their information being used in this way.**

NOTE: If you have any concerns about use of information for these purposes, you should not provide us with this information, however we will not be able to provide you with the cover requested.

You have various rights in relation to your personal data including accessing your data, and in some limited circumstances objecting to processing or having your data erased.

Your Signature

Date (dd/mm/yyyy)

## 8. Declaration

I declare that:

- The answers I've provided in this application and any additional forms about my health and lifestyle are truthful, accurate and complete.
- The information I have provided in response to the questions is, to the best of my knowledge, complete and correct. I have provided as much information as possible and am aware that any referrals Aviva must make to a GP could add length to the process.
- I am aware that if any of the information I have provided is not truthful, accurate and correct and this might have reasonably affected the decision to provide cover for me my policy may be amended or cancelled, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
- I have read the important information about how medical information can be obtained from my doctor, either for the purposes of assessing my application, or for audit purposes, and I consent to such information being obtained.
- I understand that Aviva may need to seek medical information in the event of a claim and I also agree to provide my authority for this.
- I give my authority for Aviva, and any company in the Aviva group, to seek relevant information from other insurers if I have applied, or am currently applying, for a policy with them.
- I agree to Aviva advising my doctor of any medical information (or findings) that may be detailed on my medical examination, should I be required to attend one in connection with this application. (Please note that the medical examination may involve blood tests or additional test/investigations).
- I agree to Aviva telling my employer, either directly or indirectly through an intermediary, of the terms of acceptance (including any exclusion from cover) or any decision not to offer benefits under this policy and I am aware that I will not be a party to the insurance contract.
- If my employer transfers the insurance to another insurer or requests a quotation from another insurer, I agree to Aviva advising the new insurer of any information obtained about me and any acceptance decisions made.
- I have read the Data Protection - Privacy Notice, which explains how my personal data will be held and used, and I am happy to continue with this application.

**By signing this declaration I am allowing Aviva to process insurance under this scheme membership using the information I have given. You may also use this information for the operation of my insurance and to process any claim made on under this scheme. I am aware that my data will be processed fairly and securely in accordance with current legislation and will only be available to those who need to see it.**

**I do / do not\* want** access to any medical report prepared as a result. If you do not indicate a preference we will assume that you do not require access.

(\*delete as appropriate)

Your Signature

Today's date (dd/mm/yyyy)

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If this form has been completed by anyone other than the applicant, please indicate who has completed it

Name

Relationship

**Please now check you have completed ALL questions. Print off a copy if completed online (you may also wish to keep a copy for your records), sign the form (including the Data Protection - Privacy Notice) and return. If we require any further information from you, we will call you on the phone number you have provided.**



## 9. Medical Information

Please read this section carefully as it tells you how we'll obtain your medical information if we need it.

**We may need to get information from your doctor to support or check the answers you've given in your application. If we do, you'll need to sign a consent form under the Access to Medical Reports Act (AMRA) 1988. This form includes important information about your rights under the Act and explains how we'll use your medical information. By submitting this application, you're agreeing to give your consent.**

- You do not need to give your permission, but if you do not, we may not be able to proceed with your application. This does not prevent you from applying elsewhere.
- You can ask to see the report before the doctor returns it to us. If this is the case, we will tell you if we ask for one and tell the doctor to keep the report for 21 days so that you can arrange to see it. After you have seen the report it will not be returned to us without your agreement. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- You can ask your doctor for a copy of the report at any time during the six months after it has been sent to us.
- You can ask your doctor to amend the report if you consider any aspect of the report to be incorrect or misleading. If your doctor refuses to make the amendments, you may add your comments to the report.
- Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.
- We may need to send your application and any medical report to our reinsurers or underwriting company for their opinion or to obtain their agreement to the terms offered. We may also need to send them at a later stage in connection with the management of the policy. You can obtain details of general reinsurance principles and details of any company we use to assess your benefits from our Head Office: Aviva, Wellington Row, York YO90 1WR
- Your medical report will contain details of relevant illness, trauma, referrals for specialist advice or treatment, hospital admissions, operations, consultations, investigations and test results that you have undergone at any surgery, hospital or clinic. It will also include details of any family history of disease that you have told your doctor about.
- Your medical report won't ask for details of any 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 tests results if the amount of cover you have requested or hold in respect of life insurance is £500,000 or less. Where the amount of cover you have requested exceeds £500,000 we will ask your doctor to reveal information about predictive genetic test results for Huntington's Disease (for Life Insurance Applications only).
- If you have any questions about your rights under the Act or questions relating to the process of obtaining, assessing or storing medical information please write to: Data Controllers, Compliance Department, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3RY.

Aviva's pilot to obtain medical reports electronically

We are currently piloting a process to request a medical report from your General Practitioner ("GP") electronically. The legal basis upon which we request the report – and your rights in relation to it – won't change whichever method we use. However, we anticipate that where reports are obtained electronically customers may experience the following benefits:

- Reports should be returned more quickly because they will only take your GP a few minutes to complete,
- In all cases, medical information will be transmitted from the GP surgery securely over an encrypted connection,
- There will be fewer delays because we should obtain all the data we need to be able to assess your application within the report and will not need to go back to your GP for more information.

If the electronic process is followed, rather than referring to your medical records to complete a report manually, your GP will be able to use special software to extract information relevant to your application directly from your medical records to format the report.

We won't be able to request a medical report electronically in all cases. The software required to support the electronic report is currently used by approximately half of GP Practices. If your GP does not have the software, we will need to request a report under the existing manual process.

**The email address to send your medical declaration to is:**

GPM@aviva.com

**The Chief Medical Officer's email address is:**

Chief.Medical.Officer.Group.Protection@aviva.com

**The postal address to send your medical declaration to is:**

Medical Underwriting team

Aviva UK

Group Protection

Surrey Street

Norwich

NR1 3NS

**The information you and your doctor provide about your health may result in us:**

- Accepting your benefits under this policy with no affect to your cover or the policy premiums;
- Increasing the premiums to provide you insurance under this policy;
- Applying one/more medical exclusions, in order to provide you with insurance under this policy (note that this is only applicable to Group Income Protection and not Group Life policies); or
- Refusing to provide you insurance under this policy.

**10. Genetic Testing**

You do not need to tell us about any predictive genetic test results unless this application, together with any existing cover, will total over £500,000 life insurance. If your cover is over these limits you only need to tell us about predictive genetic tests for Huntington's disease.

**You can tell us about any negative predictive genetic test results because we will take these into account when looking at your application.**



## Additional Information

If you have ticked **YES** to **ANY** questions between 4a - i, and 5a - n, please complete the following table.  
Providing full details will help us to make our decision.

The question number(s) answered 'yes' above. If you are providing details for more than one condition, please ensure you state each question number			
Please state the name of the condition / diagnosis			
Briefly describe the symptoms suffered and specific areas affected (for example lower back, or left hip)			
Date you first suffered from the Symptoms			
Frequency of the symptoms			
Date you last suffered from the Symptoms (if the symptoms are on-going, please state "on-going")			
What investigations were undertaken and what were the results?			
What medical advice, medication (including dosage) or treatment were you given?			
What time off work has been taken? Please advise exact periods and dates			
Has a full recovery been made with no residual effects?			
Have you been fully discharged from the care of all medical practitioners?			
Are you able to follow your occupation without restriction? If no, what aspect has changed to accommodate your condition?			

**If there is anything else you believe may help us review your application please provide details below**


