

Flexible benefits Spouse/Partner health declaration form

Group Life Protection



Completion of this form

You are being asked to complete this form as part of your membership of a group protection policy with Aviva Group Protection. The cover provided under that policy will be based on your responses to the questions in this form. It is therefore important that you answer the questions accurately and completely. If you are in any doubt as to whether to disclose any information in response to any of the questions in this form, then you should disclose it. If there is not sufficient space in the boxes provided, please put the information in the Additional information section.

If you do not disclose complete and accurate responses to the questions in this form, this may result in a claim being reduced or rejected. It may also result in your cover being invalid.

Please use BLOCK CAPITALS and BLACK INK throughout and tick the boxes ☒ where appropriate. If you make a mistake, please cross it out, correct it and initial the correction.

Please ensure that all questions are answered in full to prevent any delay in processing your cover.

If this form has been completed by someone else, please check that all the details are correct before you sign the declaration.

Please print clearly, sign, date and return the form to your adviser or direct to:

**The Chief Medical Officer
Aviva Life Group Protection
PO Box 3240,
Norwich,
NR1 3ZF**

A copy of this form and the Aviva Group Protection terms and conditions are available on request.

Change in circumstances

You must let Aviva Group Protection know immediately if there are changes to any of your answers to the questions in this form, if any such changes occur between the date this form is signed and the date any cover as a result of your membership of the group protection policy commences.

To be completed by the employee

Company you are employed by

Your title

MrMrsMissMsOther

Your surname

Your forename(s)

Your email

Employee ID

Your gender

MaleFemale

Your date of birth

National Insurance Number

Section B – to be completed by the spouse/partner of the employee

Spouse/partner of the employee details

Title	<input type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Forename(s)	<input type="text"/>			
Surname	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>			
Amount of cover required	<input type="text"/>			
Home address	<input type="text"/>			
	<input type="text"/>			
Daytime number	<input type="text"/>	Email address	<input type="text"/>	
GP's name and address	<input type="text"/>			
	<input type="text"/>			
GP's telephone number	<input type="text"/>			

What is your height?	<input type="text"/> ft	<input type="text"/> ins	OR	<input type="text"/> m	<input type="text"/> cm
What do you weigh?	<input type="text"/> st	<input type="text"/> lbs	OR	<input type="text"/> kgs	

If your weight has changed by more than 1 st/6.4 kg in the last 12 months please advise why

How many units of alcohol do you drink each week?

If none, please state 'none'

Have you smoked during the past year? Yes ☐ No ☐ Amount each day £s and pence. It should be numbers only. Check Phase 1 amends

If you answer YES to any of the following questions please ensure you provide full details on the following page

- 1) Has any insurance company ever:
 - declined your application for life, accident or sickness, or critical illness insurance, or ☐ Yes ☐ No
 - postponed, offered or accepted your application with special terms or restrictions? ☐ Yes ☐ No
 - 2) In the last five years, have you consulted any doctor, psychiatrist or medical adviser or have you had any X-Rays, medical tests, blood tests, investigations, operations or counselling, at a hospital, clinic or been prescribed medication, or are you intending to do so? ☐ Yes ☐ No
 - 3) Are you waiting for any medical or surgical consultations, tests or investigations, or any medical results from any tests or investigations? ☐ Yes ☐ No
 - 4) Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or are you waiting on the result of such a test? (If the result of a test you are awaiting turns out to be negative, the fact you had a test won't affect the acceptance terms we offer you). ☐ Yes ☐ No
 - 5a) Have you ever been under the care of a Psychiatrist or had any inpatient treatment for any mental health issues such as anxiety, stress, bipolar, depression, personality/mood or eating disorder, or any other psychiatric condition? ☐ Yes ☐ No
 - 5b) Have you ever had any suicidal thoughts/ideas, any suicide attempt(s), or any deliberate self-harm? ☐ Yes ☐ No
- Have you ever had, suffered from, or been diagnosed with any of the following:
- 6) Stroke, brain haemorrhage, brain injury or transient ischaemic attacks, chest pain, irregular heart beat, raised blood pressure or raised cholesterol, angina, heart disease or disorder including heart murmur, heart attack, cardiomyopathy? ☐ Yes ☐ No
 - 7) Diabetes or sugar in the urine (glycosuria)? ☐ Yes ☐ No
 - 8) Cancer, leukaemia, Hodgkins disease, lymphoma, or any other tumour, lump, growth of any kind, cyst, mole or freckle that has needed treatment ☐ Yes ☐ No
 - 9) Are you suffering from any other symptoms, disorder or disability not already mentioned? ☐ Yes ☐ No
 - 10) Are you at present receiving any treatment. medication (prescribed or over the counter) or medical attention, either regularly or irregularly for any medical, physical or psychiatric condition? ☐ Yes ☐ No

If you have ticked **YES** to **ANY** questions between 1 and 10 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?			
For raised blood pressure and/or cholesterol please provide your last two readings			
Has a full recovery been made with no residual effects?			
Have you been fully discharged from the care of all medical practitioners?			

If you have any specialist reports relating to the conditions above, please attach a copy of the latest report as this may assist the processing of your declaration

For each question on the previous page to which you have answered 'yes', please check that you have provided details above before continuing.

Please now read the next 2 pages and complete the declaration.

Your rights

We may need to obtain medical reports/a copy of the medical notes held by your doctor to support this declaration. You must be sure that you have disclosed any medical history fully. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 (the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 or in the Isle of Man, the Access to Health Records and Reports Act 1993). Your rights under the Act are as follows:

- you do not need to give your permission, but if you do not, we may not be able to provide you with insurance under this/these policies. This does not prevent you from applying to other companies for insurance.
- 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.
- if you choose not to see the report at this stage, the doctor can forward it to us immediately.
- you will still have the right to see the report so you will be told if we ask for one. If you change your mind and the doctor has not already sent the report to us he/she will give you 21 days to arrange to see it.
- alternatively you may ask the doctor for a copy within six months of it being sent to us. Your doctor may charge you a fee for a copy of the report. We can send a copy of the report to your 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 your 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. There is no obligation on the part of the doctor to remove any accurate information.
- 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.
- 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.

The medical report your doctor fills in asks about 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.

The medical report your doctor fills in also asks about 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;
- 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 (tests 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 (including half brothers/sisters), that you have told your doctor about.

We have asked your doctor NOT to reveal information about:

- negative tests for HIV and Hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health;
- predictive genetic tests results if the amount of cover you have requested or hold in respect of life insurance is £500,000 or less, unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

Please note that where the amount of cover you have requested is in excess of the limits set out above we will ask your doctor to reveal information about predictive genetic test results that you have taken and which the GAIC has approved for insurers to use.

Currently we will only ask about the following test:

- Huntington's Disease (for Life Insurance Applications only).

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;
- refusing to provide you insurance under this policy.

Data protection

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 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.

Spouse/Partner
signature

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Date

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Declaration

I agree that all the information provided by me in this Medical Declaration is **true** and **complete** to the best of my knowledge and belief. I confirm that I will:

- **immediately notify** the Insurers **in writing** of any change to the information provided on this Medical Declaration in respect of medical details, occupation or country of residence prior to the cover (or increase in cover) coming into force.
- **immediately notify** the Insurers **in writing** should I consult a doctor, psychiatrist, hospital or clinic for any condition or complaint other than common cold, influenza, or pregnancy without complication, prior to cover (or increase in cover) coming into force.

I consent to:

- you asking any doctor I have consulted about my physical or mental health, which may include my full medical records (medical notes held by my doctor) or genetic information to the extent permitted by the Genetic testing code of practice, to provide medical information so you may assess my benefits under this/these policies.
- you sending/gathering relevant information to/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 you to gather medical reports within six months of the start of my insurance of my benefits under this/these policies, or after my deferment period or death, to support any claim made on this/these policies.

- any medical information being faxed directly to the company from my doctor's surgery and to copies being faxed to any other company that I have applied to at their request.
- you 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).
- you telling my employer/trustee, of the terms of acceptance (including any exclusion from cover) or any decision not to offer benefits under this/these policies and that I will not be a party to the insurance contract.
- you advising a new insurer (if my employer/trustee transfers the insurance of my benefits to this insurer) or other insurers (and their reinsurers, if appropriate) if my employer/trustee asks these other insurers to quote for insuring the benefits provided by my employer/trustee, of any information (including medical and health information) obtained about me, terms of acceptance (including any exclusion from cover) or any decision not to offer insurance under this/these policies.
- the computer and other processing and use, which may be in any part of the world, of personal and medical details by the Data Controllers and relevant third parties (which may include the employer/trustee and its insurance intermediary) for the purposes of insurance administration, service provision, reinsurance, claims validation and fraud prevention.

By signing this declaration I am allowing Aviva to process insurance under this/these policies 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 this/these policies. 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 have checked that the information provided and questions answered in this application are truthful, accurate and complete.

I understand that if I don't answer all the questions fully, truthfully and accurately this could affect how much is paid out on a claim and could mean a claim is not paid out at all.

I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act 1988.

Please ensure you tick one of the following 2 boxes; if left blank this will hold up your medical underwriting process.

Tick one box only

I do not want to see the medical report (medical notes held by my doctor) before it is sent to the company

☐

I do want to see the medical report (medical notes held by my doctor) before it is sent to the company

☐

Spouse/Partner
signature

Date

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Print off a copy if completed online (you may also wish to keep a copy for your records), sign the form and return.

Please check you have:

☐

Completed your height/weight

☐

Answered all medical questions 1-10 and provided details for all questions answered 'YES'

☐

Signed the Data Protection section and signed and dated the Declaration section and confirmed your consent

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