

# Member's continuation statement (employee)



## Alternative Formats

If you would like this translated or have a copy in an alternative format such as large print, braille or audio, please email us at [group.protection@landg.com](mailto:group.protection@landg.com) or call us on 0345 026 0094. Lines are open from 9am to 5pm, Monday to Friday. We may record and monitor calls. Call charges will vary.



Please provide copies of letters and reports from your GP or consultants.

Name of scheme

Group policy number

Member's name

G	
Claim Reference	GIP



It's important you complete and return this form to us or any person or organisation acting on our behalf as soon as possible.

Please type or use black ink to answer all the questions and sign under Sections 6 and 7. If your incapacity prevents you from completing this statement, you may ask someone to help you and sign on your behalf. The person who helps you to complete this form should also sign the consent form in the declaration at the end of this form on your behalf.

## 1. About you

Address  
(you only need to tell us your address if your details have changed)

Postcode

Email address

Telephone number  
Landline/mobile


## 2. About your absence from work



Please answer each question fully and accurately as we may not contact your General Practitioner (GP).

2.1 When did you last do any part of your job? (DD/MM/YYYY)

2.2 Please describe your current illness or injury.






### 3. About your capabilities continued

#### 3.5 Eyesight

Are you registered blind or partially sighted? Please tick the appropriate box and enclose a copy of your registration certificate as applicable.

Blind     Partially sighted     Neither

#### 3.6 Please tell us about your daily activities. For example: Self-care, care of others, driving, housework, hobbies and computer use.

Before Incapacity

After Incapacity

### 4. About your job



When you answer questions 4.1–4.8, you should note that your employer's scheme can pay a reduced benefit if you're able to return to work in a lesser capacity.

#### 4.1 Are you able to do any part of your normal job?

Yes     No

If yes, please provide full details.

#### 4.2 Is driving or travel an essential part of your role (outside of commute to and from work)?

Yes     No

If yes, please provide full details.

#### 4.3 Do you think you'll be able to return to your normal job either full or part time?

Yes     No

If yes, please state whether full time or part time, and when.

#### 4.4 Do you intend to find other employment either full or part time?

Yes     No

If yes, please state whether full time or part time, and when.

#### 4. About your job continued

4.5 Have you had, or intend to have, any form of retraining or rehabilitation?

Yes  No

If yes, please tell us about it.

4.6 Are there any changes that could be made to your workplace that would help you to return to work either full or part time?

Yes  No

If yes, please tell us what those changes are.

4.7 Have you discussed returning to work with your employer?

Yes  No

If yes, please tell us about it.

4.8 Is a return to work plan in place?

Yes  No

If yes, please tell us about it.

## 5. About your money

5.1 Are you currently doing any paid work?

Yes  No

If yes, please give details of your work together with total earnings per annum.

5.2 Are you receiving any benefit payments from the British government?

Yes  No

If yes, please give full details.

a) Who pays you?

When did/will payment start?  
(DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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When will payment end?  
(DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Monthly amount

£

b) Who pays you?

When did/will payment start?  
(DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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When will payment end?  
(DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Monthly amount

£

5.3 Are you receiving payment from any source or claiming or intending to claim from any other company, society or insurer, including credit protection insurance?

Yes  No

If yes, please tell us about it.

a) Who pays you?

When did/will payment start?  
(DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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When will payment end?  
(DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Monthly amount

£

b) Who pays you?

When did/will payment start?  
(DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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When will payment end?  
(DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Monthly amount

£

5.4 Are you or do you intend to claim compensation or instigate any legal proceedings against anyone as a result of your incapacity?

Yes  No



The benefit you're receiving is paid under your employer's Group Income Protection policy and is not an early retirement pension. This means we'll regularly review your benefit and it will stop if the conditions of the policy insuring the scheme are not fulfilled.

## 6. Consent to access medical reports



To help us assess the benefit claim under your employer's Group Income Protection cover, we normally need to review medical reports supplied by your General Practitioner (GP) or another medical practitioner you have consulted. We'll only ask for information within the report that we need to process the claim and help us to understand the factors that are keeping you from your normal work. The report may include:

- Information about your health and the illness, injury or condition that prevents you from working
- Details of any medicines, treatments, therapies, procedures or operations that you have had, are receiving, or have been recommended
- Test results or referrals
- Information from your health and medical records that is relevant to time you've been absent from your normal job
- Copies of specialist correspondence relevant to your absence

### Access to medical reports

**Notice of your Statutory Rights under the Access to Medical Reports Act 1988, the Access to Health Records Act 1990 into this list of statutory rights, 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.**

You also have additional rights under the Data Protection Act 2018 and the General Data Protection Regulation 2018. The section titled 'Your Rights' in our Privacy Policy gives full details.

Legal & General may need to get medical reports or medical records 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:**

**Claims and Governance Director, Group Protection, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS**

**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

**You also need to read and sign Section 6 before we can process this application for benefit under the group policy.**

I consent to:

- Legal & General obtaining health and medical information about me, including extracts from my medical records, from my GP or any other medical practitioner I have consulted.
- 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 agree that this information can also be used to maintain management information for business analysis.

**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.

Signature

Print name

Date signed (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 the member

Print name of signatory

Date signed (DD/MM/YYYY)

Relationship to member

Reason for signing on behalf of the member

## 7. Declaration and consent to use your information

### Privacy policy

Protecting your personal information is extremely important to Legal & General. Our [Privacy Policy](https://www.legalandgeneral.com/privacy-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/>

### Fraud prevention

The personal information Legal & General collects from you and/or your employer will be shared with fraud prevention agencies who will use it to prevent fraud and money laundering and to verify your identity. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We may also share information about you with other organisations and public bodies, including the police and we may check and/or file your details with fraud prevention agencies and databases.

If fraud is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies can be found by accessing this link, [www.cifas.org.uk/fpn](http://www.cifas.org.uk/fpn). Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Checking details on applications for credit and credit related accounts or other facilities.
- Managing credit and credit related accounts or facilities.
- Recovering debt.
- Checking details on proposals and claims for all types of insurance.
- Checking details of job applicants and employees.
- Checking sources of income and tax details.

In the event that fraud is detected, we will also seek to recover from you or your employer any payment made to you.

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies. Please contact our Group Financial Crime department if you wish to receive the relevant details of the fraud prevention agencies: Group Protection, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS

### 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.

I understand that insurers share information to prevent fraudulent claims. I also understand that some of the information that I supply on this form could be shared with other insurance companies to prevent fraudulent claims.

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 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 if I do not give all of the requested information truthfully, or in the event that I or my employer breached the duty of fair presentation prior to inception of this insurance, prior to any variation to this policy (including, without limitation, when updating your data for this policy) or as part of a claim, and an overpayment of benefit has occurred that would not have arisen had I or my employer complied with such duty, then I agree that I will be liable to Legal & General to repay on demand the overpayment made to me.

I agree to 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.

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.

I consent to 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, administering policies and the provision of employer-commissioned rehabilitation services.

By signing below I consent to Legal & General processing my medical and health information that I have provided so they can assess and manage my employer's benefit claim, administer the policy, and arrange rehabilitation services as appropriate, 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.

  
Signature

Print name

Date signed (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 the member

Print name of signatory

Date signed (DD/MM/YYYY)

Relationship to member

Reason for signing on behalf of the member

**Please check you have also read and signed Section 5. Sections 5 and 7 must be signed before we can process this application for benefit under the group policy.**

## Contact us



**0345 026 0094**

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



**[groupprotection.benefitsmanagement@landg.com](mailto:groupprotection.benefitsmanagement@landg.com)**  
**[legalandgeneral.com/employee-benefits](http://legalandgeneral.com/employee-benefits)**



**Group Protection, Legal & General Assurance Society Limited**  
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