

Member's statement



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 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.

What you need to do now

It's important you complete and submit this statement. It helps us assess your employer's application for benefit under its Group Income Protection policy. Within the statement we ask you to:

- Confirm a few details about you, your work, and your money.
- Provide contact details of your treating doctor and GP; and sign a consent that allows us to ask them for medical reports about you. To help you understand what you're signing, section 5 also explains your rights relating to these medical reports. If you have copies of medical letters and reports, please submit them with this statement to help speed up the claims process.
- Carefully read section 6 which explains how we collect and use personal data; and sign a consent that allows us to use the information we collect about you to assess and manage your employer's Group Income Protection claim and policy.

If we've asked you to fill in and sign an electronic statement using DocuSign and you're having difficulties adding copies of medical letters or reports, you can also send them by email to groupprotection.benefitsmanagement@landg.com. Please include your full name in the email to help us match up your records

If you're filling in a paper copy of this statement; please answer all questions, use black ink, and sign two places under Section 5 and Section 6. If your incapacity prevents you from completing this statement, you may ask someone to help you and sign on your behalf.

Name of scheme

Group policy number

G	
Claim Reference	GIP

1. About the member

Title

Surname

Forename(s)

Personal status (married, registered civil partner, single)

Former name

Date of birth (DD/MM/YYYY)

Personal contact email address

Landline telephone number

Mobile telephone number



2. About your absence from work



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

2.1 Please describe why you're absent from work and provide the diagnosis if known.

2.2 a) What symptoms stop you from working?

b) How often are you restricted by these symptoms?

c) Do your symptoms stop you from currently driving?

2.3 Have you previously suffered from this or any similar condition?

Yes No

If yes, please give full details and dates.

2.4 What medication are you currently taking? Please state dosage and describe any side effects.

Medication

Dosage

Side Effects

2.5 Have you received any treatment or investigations relating to your current symptoms/diagnosis?

Treatment

Date Commenced

2.6 What is your current treatment plan?

2. About your absence from work continued

2.6 Name, address and telephone number of your GP.

Name

Address

Postcode

Telephone number

The date of your last appointment (DD/MM/YYYY)

2.7 Please provide the full details of any other doctor or specialist you have consulted in connection with your condition. **Please attach any relevant letters that you have received from your doctor or specialist.**

a) Name and department

Address

Postcode

Date last attended (DD/MM/YYYY)

Date of next appointment (DD/MM/YYYY)

b) Name and department

Address

Postcode

Date last attended (DD/MM/YYYY)

Date of next appointment (DD/MM/YYYY)

c) Name and department

Address

Postcode

Date last attended (DD/MM/YYYY)

Date of next appointment (DD/MM/YYYY)

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

Before Incapacity

After Incapacity

3. About your job

3.1 a) What's your job title?

b) Please tell us about your job by describing your duties.

c) Please tell us your normal weekly working hours and if this involves weekends or shift work.

3.2 What activities of your job can you currently do?

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

Yes No

If yes, please give full details.

3.4 Please tell us about any academic or professional qualifications or are you trained or qualified to perform any other occupation?

3.5 Have you discussed returning to work with your employer?

Yes No

If yes, please give full details.

3.6 Is a return to work plan in place?

Yes No

If yes, please give full details.

4. About your money

4.1 Please tell us if you currently do any additional paid or voluntary work?

Yes No

If yes, please give details, including any earnings.

4.2 Do you receive any other regular payments?

Yes No

If yes, please give details.

a) Who pays you?

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

When will payment end?
(DD/MM/YYYY)

Monthly amount

b) Who pays you?

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

When will payment end?
(DD/MM/YYYY)

Monthly amount

4.3 Are you or do you intend seeking compensation or instigating any legal proceedings against any person or organisation as a result of your incapacity?

Yes No

5. 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

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 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

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

6. Declaration and consent to use your information

Privacy policy

Protecting your personal information is extremely important to Legal & General. Our [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. 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 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.

6. Declaration and consent to use your information continued

Signature		Signed on behalf of the member	
Print name		Print name of signatory	
Date signed (DD/MM/YYYY)		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.		Relationship to member	
		Reason for signing on behalf of the member	

Please check you have also read and signed Section 5. Sections 5 and 6 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
legalandgeneral.com/employee-benefits



Group Protection, Legal & General Assurance Society Limited
Four Central Square, Cardiff, CF10 1FS