

# Discretionary entrant application for cover



## 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 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.

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

Legal & General may also check the details of other parties related to your contract, including verification of identity. This includes beneficiaries, trustees, settlors, third party premium payers, executors or administrators of your estate, parties with power of attorney and any other beneficial owner.

**Part 1 of this form is completed by the employer, and Part 2 of the form needs to be signed and completed by person cover is requested for.**

## Part 1. To be read and completed by the employer

### Please complete in BLOCK CAPITALS

Our policy terms confirm the eligibility conditions for cover that we've agreed to, and when cover automatically starts once a person meets them. If the eligibility conditions require a person to join your pension, cover is conditional upon them joining when they're first able to.

Please check our policy terms if you wish to include a person before they are first eligible (an early entrant), or if they've joined your pension scheme after they were first able to (a late entrant).

You, and a person you wish to cover, need to complete this application if:

- the person is an early entrant, and our policy terms ask for this application
- the person is a late entrant, and our policy terms ask for this application

- a quote that you've accepted asks for this application before we consider the person's cover

If the person's cover is above the free limit, please ignore this form and ask them to complete our **telephone interview contact sheet** instead. We need collect information about their health and pastimes before we can consider cover, and it's often easier to do this by a phone call. However if they prefer to give these details in writing, as an alternative they can complete and return a **member's declaration** form.

If you're requesting Critical Illness Cover, please make sure you've shared details of the pre-existing and related conditions exclusions with the person you wish to cover.

Name of Employer/firm

Group policy no(s).

|  |
|--|
|  |
|  |

## Details of the person you wish to cover

Where the information being given for question 1.5 is not the same for all policy types, separate entries are required.

### 1.1 What is their full name?

Surname

Forename(s)

Mr/Mrs/Miss/Ms/Mx/Other

### 1.2 Date of birth? (DD/MM/YYYY)

### 1.3 Marital status (e.g. single, married, registered civil partner, divorced, widowed)

### 1.4 Occupation (please describe fully)

### 1.5 Scheme earnings (if applicable)

**Membership category**  
(where policy has more than one)

### 1.6 Please tick against the required benefit type and state the benefit formula.

Life Assurance

Dependants' Pension

Group Income Protection

Group Critical Illness Cover

Ill Health Early Retirement Benefit

### 1.7 Please tell us the reason for discretionary entry, e.g. early and late entrant (see policy terms).



If we can provide cover, we'll confirm our acceptance terms in writing. We will not provide any cover before we've completed our assessment and sent our written acceptance.

### 1.8 When do wish cover to start?

As soon as possible

From (DD/MM/YYYY)

or if later, the day Legal & General confirms its acceptance terms in writing

## Part 2. To be read and completed by the person cover is requested for



We need to know a few details about your health before we can consider covering the benefits your employer has asked us to insure under its group policy. We'll only ask for the information we need to consider cover.

This form will indicate which sections you need to fill in and sign as you go through. This will depend on the answers you give in Section A and the type of benefits your employer has asked us to cover in Part 1.

**A. Your health details** – You must complete all these questions.

**B. Critical illness cover** – You only need to complete this section if your employer has requested group critical illness cover in Part 1 question 1.6.

**C. Consent to use your information** – You must read and sign this section before we're able to consider cover.

**D. Contact details for a telephone interview** – You only need to complete this section if you've answered **Yes** to any of Section A. We may need to contact you for more information before we can consider cover.

**E. Consent to access medical reports** – You only need to read, complete and sign this section if you've answered **Yes** to any of Section A. We may need to ask your doctor or another medical practitioner who has treated you for a medical report before we're able to consider cover.

Please give full and accurate answers to the questions on this form. If you don't, we might not pay benefit if there's a claim.

We take client confidentiality very seriously and follow strict guidelines regarding the medical information provided on this form and any additional medical reports we obtain. We have a confidentiality policy in place and all medical information is held securely. Access is limited to authorised individuals who need to see it. This means that you have the right to send this form in a sealed envelope, directly to the Chief Medical Officer at the address on the back of this form.

We'll only use the information provided by you on this form, your doctor and or any medical practitioner who has treated you or who we may ask you to attend, for the purpose of assessing your employer's request for cover, administering the policy and processing any subsequent claim in line with our **Privacy Policy**.

## A. Your health details

### Please answer all questions in section A

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have you ever had: <ul style="list-style-type: none"><li>Any form of cancer, heart attack, angina, heart disease (including valvular disease) or stroke?</li></ul>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been diagnosed as having: <ul style="list-style-type: none"><li>Motor neurone disease, Alzheimer's or Huntington's disease, muscular dystrophy, cirrhosis of the liver, cystic fibrosis, multiple sclerosis, diabetes, HIV/AIDS, Hepatitis B or C, dementia, cerebral palsy, Parkinson's, chronic obstructive pulmonary disease, emphysema or any mental health related illness – including stress, depression, anxiety, bipolar, psychosis?</li></ul>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the last six months have you consulted a doctor or healthcare professional because of: <ul style="list-style-type: none"><li>Raised blood pressure or cholesterol, an irregular or abnormal heart beat, chest pain, dizziness, loss of consciousness or shortness of breath, a blood disorder, alcohol related illness, digestive related symptoms, kidney or bladder disorders (isolated urinary tract infection may be ignored), any disorder of the eyes or ears, arthritis, spine, neck, shoulder, knee or joint disorder – including slipped disc, sciatica, carpal tunnel syndrome or RSI (repetitive strain injury)?</li></ul> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the last four weeks have you had any of the following signs or symptoms of illness for which you have consulted a doctor or have an appointment to see a doctor for: <ul style="list-style-type: none"><li>Fatigue that has restricted normal activity for over 10 days not known to be caused by a minor condition such as flu?</li><li>Numbness or dizziness lasting more than a day not known to be caused by a minor injury or a minor condition such as an ear infection?</li><li>A new mole or other growth on the skin or an existing one that has become itchy or painful or has changed its shape, size or colour?</li></ul> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Apart from anything you've already told us about, during the last 2 years have you been referred to or attended hospital or admitted overnight? (Please ignore investigations related to pregnancy or infertility where the results have been confirmed as normal.)  | <input type="checkbox"/> | <input type="checkbox"/> |

If you've answered 'Yes' to any of the five questions, please give us full details.

If you've answered **No** to all five questions, you can skip Sections D and E of this form.

## B. Critical Illness cover



**You only need to complete this section if your employer has requested group critical illness cover in Part 1 question 1.6.**

The questions below ask about any children you may have. When answering these questions, please consider all unmarried children aged less than 21 who are either:

- your own,
- you have legally adopted, or
- are your stepchildren through your marriage or civil partnership and financially dependent upon you.

Your employer will confirm if your spouse or civil partner is also covered under its group policy.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are any of your children, or your spouse or registered civil partner (if they're eligible for cover), in a poor state of health and intend to see a doctor about any health, medical or psychiatric condition in the foreseeable future?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware or do you suspect that any of your children, your spouse or registered civil partner (if they're eligible for cover), are suffering from any condition that might lead to a claim under the Group Critical Illness cover policy? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered 'Yes' to either of the above two questions, please say why below.

Date of birth of spouse or registered civil partner (where to be insured)

(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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

### C. Consent to use your information

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/>

Legal & General take client confidentiality very seriously and follows strict guidelines regarding the medical information they are provided.

Legal & General sometimes may not be able to offer the cover requested or may postpone or apply terms to that cover. If this is the case, Legal & General will inform your employer directly or through your employer's agent where there is one as soon as possible.

My medical information (and other information collected via this application) may be disclosed to Legal & General's reinsurer and to any doctor that Legal & General uses, including my own GP.

I understand that a copy of the completed application is available on request.

**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 declare that, to the best of my knowledge and belief, the statements in this application are true and complete. I understand that if I do not give all the requested information truthfully, completely and accurately benefit may not be paid.

Signature:

X

Name in BLOCK CAPITALS:

Date (DD/MM/YYYY)

I agree to Legal & General communicating the terms for providing cover to the policyholder directly, or through the policyholder's agent. Such communications may include special terms and confirmation if they relate to an unspecified medical condition or hazardous pursuit, or an exclusion wording.

I agree that a copy of this application shall have the validity of the original.

I agree to Legal & General disclosing, where necessary, my medical information (and other information collected via this application) to its reinsurer and to any doctor that Legal & General uses, including my own GP.

By signing the below I consent to Legal & General processing my medical and health information provided for this application, and any medical and health information I have provided about my partner and children, so they can assess this application, administer the policy and process a subsequent claim 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.



If you've answered **No** to all questions in Section A, you can ignore the following Sections and return this form.

If you've answered **Yes** to any of the questions in Section A, please fill in Section D, then read and sign Section E before returning this form.

### D. Contact details for telephone interview



**You only need to read and complete this Section if you've answered Yes to any of the five questions in Section A above.**

We may need a few extra details before we can consider cover. If we do, we normally gather this extra information over a telephone call. We'll ask about your medical history, lifestyle, travel, occupation and hazardous pursuits. After the call we'll send you a written copy of the conversation to the email address you give below. You'll need to check this through and tell us if you spot any mistakes. This simple approach often means we can quickly confirm an underwriting decision without needing further information and medical reports. To set up a call, you'll need to confirm your contact details and a time that's convenient to call you below.

We may pass your information to a company called Inuvi who arrange and carry out telephone interviews on our behalf.

We'll also need you to sign the consent to access medical reports in Section E which allows us to review any medical reports needed to help us confirm our medical underwriting decision. We will try to rely on the information you provide and you must not assume that we always check information with your doctor.

If we ask you to attend a medical examination, it may be necessary to share the application information with another company that we've authorised to act on our behalf. If so, the company will make the arrangements for the examination to take place.

Please confirm your contact details

Address

Email address

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

Mobile

Home

Work

Preferred number  
(please tick)

## D. Contact details for telephone interview continued

Please tell us a time between 9.00am and 5.50pm Monday to Friday that would be convenient for us to call and arrange your telephone interview. Telephone interviews can vary in length, and we suggest you allow at least 30 minutes. If you mention a specific date we will try to accommodate this.



If after your telephone interview and before we confirm our decision, your answers to any questions about the following change, please tell us straight away:

- Medical disclosures
- Occupation
- Pastimes
- Country of residence (other than for holidays)
- Family history.

If you don't, we may not pay the policy benefits if there's a claim.

## E. Consent to access to medical reports



**You only need to complete this Section if you've answered Yes to any of the five questions in Section A above.**

We would like to ask you for your consent to request a medical report to help us assess this application for cover. This request is made using the Access to Medical Reports Act 1988, Access to Health Records Act 1990 (where applicable) Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 (where applicable), and the Isle of Man Access to Health Records and Reports Act 1993 (where applicable).

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.

We will try to rely on the information you have told us, and you should not assume that we will always clarify that information with your doctor.

If we need to get medical reports to support this application for cover, we'll need to get your permission under the above Acts before we can ask any doctor that you have consulted to fill in a report.

Before you give your consent, you'll need to know:

- If you'd like to see a copy of the report before we receive it, please let us know below. You'll have 21 days from the date we request the report to arrange with your doctor to see it. If you don't arrange to see the report within this time, your doctor will then send the report to us.
- If you read the report and think anything is incorrect or is misleading, you may ask your doctor to amend it, or you may attach a personal statement to the report before it's sent to us.
- Your doctor may decide not to show you the report if they feel that it would cause physical or mental harm to you or others.
- You can ask for a copy of the report any time within 6 months from when your doctor sends it to us.
- We will not request a medical report from your doctor without your consent. Please be aware that we may not be able to offer the requested cover without seeing a medical report.

The medical report that your doctor sends to us could include details of consultations with any doctor or healthcare professional.

We only ask for information about your current or past health that's relevant to the request for cover. The medical report your doctor fills in asks about the following:

- 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
- 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; or
    - 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 (test 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 that you have told your doctor about

**WE WILL NOT ASK YOUR DOCTOR TO REVEAL INFORMATION ABOUT:**

- Negative tests for HIV, hepatitis B or C.
- Any sexually transmitted infections, unless there could be long-term effects on your health.
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

**THE INFORMATION YOU AND YOUR DOCTOR PROVIDE ABOUT YOUR HEALTH MAY RESULT IN US:**

- Refusing to provide insurance
- Limiting the scope of cover so it will not pay a claim for specified activities or conditions
- Increasing premiums above standard rates
- Setting premiums at standard rates.

If you have any questions about your rights under the Acts 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, 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 a medical report so that they may assess this application for cover under a group policy.

Legal & General may gather relevant information 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 Legal & General to gather medical reports within six months from the date you sign it, or to support any claim made on the policy proceeds.

**If Legal & General need to ask for a report from your doctor, do you want to see it before it's sent to them?**

Yes

No

I confirm that I have read and accepted this consent, my rights under the access to medical reports legislation, data protection legislation and the notes section at the beginning of this form.

By signing this consent I agree to all of the contents.

Name in BLOCK CAPITALS:

Signature:

Date (DD/MM/YYYY)

**Please also make sure you have also read and signed the consent to use your information in Section C before returning this form.**

# Contact us



**0345 026 0094**

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



**[groupprotection.medicalunderwriting@landg.com](mailto:groupprotection.medicalunderwriting@landg.com)**

**[legalandgeneral.com/adviser/workplace-benefits/group-protection/](https://legalandgeneral.com/adviser/workplace-benefits/group-protection/)**



**Group Protection – Medical Underwriting Team,**

**Legal & General Assurance Society Limited**

**Four Central Square, Cardiff, CF10 1FS**

**Legal & General Assurance Society Limited**  
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