

Member's declaration form

ABOUT THIS FORM

Your benefit under your employer's scheme needs medical underwriting before we're able to consider full cover. We use this form to collect details about your health and pastimes, which we'll need for our medical underwriting process.

You'll need to sign in two places. We need your consent:

- To access the medical reports that may be needed to help us confirm our medical underwriting decision
- To use your personal, health and medical information to assess this application, administer the policy and process a subsequent claim in line with our [Privacy Policy](#)

We'll only use the information provided by you on this form, your General Practitioner (GP) and any medical practitioner 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](#).

COMPLETING THIS FORM

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

We cannot process this application if you haven't answered all the questions and signed sections 8 and 9.

CONFIDENTIALITY

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 the member has the right to send this form in a sealed envelope, directly to the Chief Medical Officer to the address at the back of this form.

ASSOCIATION OF BRITISH INSURERS' POLICY ON GENETIC TESTS AND INSURANCE

Under the Association of British Insurers' (ABI) policy on genetics and insurance, you don't have to tell us about any genetic test results you've had for this application of cover or any other similar insurance policies, if the combined total is:

- £500,000 or less for life insurance

You may need to tell us about certain genetic test results if the level of cover needed is more than the limits outlined above.

We'll only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you contact us or visit the Association of British Insurers' [website](#).

You must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. If you wish to tell us about a negative genetic test result we will be willing to consider this when assessing the cover being requested.

Contact us if you would like a copy of the Association of British Insurers' Code of Practice on Genetic Testing.

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 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.

1. Scheme details



Your employer or their adviser should complete this section. Please complete all the questions in this part of the form fully, so that we can progress the underwriting assessment quickly.

1.1 Scheme name

1.2 Policy number

1.3 Please provide the following information in relation to the member being underwritten.

Salary/scheme earnings

£

Dependants' Pension – please state the benefit amount

£ p.a.

2. Personal details



The member should complete this section. Please complete all the questions in this part of the form accurately and fully, so that we can progress the underwriting assessment quickly.

2.1 What is your full name?

Mr/Mrs/Miss/Ms/Mx/Other

Surname

Full first name(s)

2.2 When you were born, which sex was assigned to you on your birth certificate

Male Female

2.3 What is your date of birth? (DD/MM/YYYY)

2.4 What is your current personal status? Please tick only one box.

Single Married/Civil Partnership
 Divorced/Dissolved Widow/Surviving Civil Partner

2.5 What is your permanent residential address?

Address

Postcode



It may be quicker and easier to contact you by phone or email to clarify unclear information on this form. Please give us your contact details where we can get in touch with you between 9am–5pm, Monday to Friday.

2.6 Contact details

Mobile

Home

Work

Email address

3. Occupation details

3.1 What is your occupation title?

3.2 Would you describe your occupational duties as:

- Administrative/office based
- Light manual
- Heavy manual

3.3 If you have to drive as part of your occupation, please tell us the percentage of time you spend driving.

 % Driving

3.4 How many hours do you work on average a week?

 hours per week

4. Travel details

4.1 During the last 5 years, have you spent more than 90 consecutive days in Africa, Caribbean, Russia, South America, Asia or Ukraine?

- Yes If 'Yes', then please go to question **4.1.1** in this section.
- No If 'No', then please go to question **4.2** in this section.

4.1.1 If 'Yes', please give details below

Country	Regions	When (month/year)	Duration of stay (number of nights)	Reason for travel (holiday/business)

4.2 During the next two years, do you intend to spend more than 30 consecutive days outside the UK or travel for any duration against Foreign Office advice?

- Yes If 'Yes', then please go to question **4.2.1** in this section.
- No If 'No', then please go to part **5** – Lifestyle.

4.2.1 If 'Yes', please give details below

Country	Regions	When (month/year)	Duration of stay (number of nights)	Reason for travel (holiday/business)

5. Lifestyle

5.1 What is your height?

<input type="text"/>	feet	<input type="text"/>	inches	OR	<input type="text"/>	metres
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5.2 What is your weight?

<input type="text"/>	stone	<input type="text"/>	pounds	OR	<input type="text"/>	kilograms
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5.3 What is your waist measurement?

<input type="text"/>	inches	OR	<input type="text"/>	cm
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5.4 Has your weight changed by more than 2 stone (12.6kg) in the last 12 months?

Yes If 'Yes', then please go to question **5.4.1** in this section.

No If 'No', then please go to question **5.5** in this section.

5.4.1 If 'Yes', please give details below

5.5 How often do you drink alcohol?

Teetotal 1-2 times a week 3-4 times per week More than 5 times a week

5.6 What is your average weekly consumption of alcohol?

Beer, lager, cider – medium strength	<input type="text"/>	pints
Beer, lager, cider – premium strength	<input type="text"/>	pints
Wine	<input type="text"/>	175ml glass
Spirits	<input type="text"/>	35ml measure
Flavoured alcoholic beverages	<input type="text"/>	275ml bottle

5.7 Have you ever been medically advised to reduce your alcohol consumption?

Yes If 'Yes', then please go to question **5.7.1** in this section.

No If 'No', then please go to question **5.8** in this section.

5.7.1 If 'Yes', when was that advice given?

5.7.2 How often did you drink alcohol at that time?

1-2 times a week 3-4 times per week More than 5 times a week

5.7.3 What was your alcohol consumption at that time?

Beer, lager, cider – medium strength	<input type="text"/>	pints
Beer, lager, cider – premium strength	<input type="text"/>	pints
Wine	<input type="text"/>	175ml glass
Spirits	<input type="text"/>	35ml measure
Flavoured alcoholic beverages	<input type="text"/>	275ml bottle

5.8 Have you smoked cigarettes or used nicotine replacements including electronic cigarettes, chewing tobacco, cigars or pipe tobacco in the last 12 months?

Yes If 'Yes', then please go to question **5.8.1** in this section.

No If 'No', then please go to question **5.9** in this section.

5.8.1 If 'Yes', please confirm what is used and the daily amount

5. Lifestyle continued

5.9 In the last five years have you used any recreational drugs, other than cannabis, for example ecstasy, cocaine or heroin?


Yes

No

5.10 Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test?

Yes If 'Yes', then please go to question **5.10.1** in this section.

No If 'No', then please go to question **5.11** in this section.

 A negative HIV or Hepatitis test result will not, of itself, have any effect on your acceptance terms for insurance.

5.10.1 If 'Yes', please specify by ticking the boxes opposite

Tested positive for HIV

Awaiting results for HIV test

Tested positive for Hepatitis B

Awaiting results for Hepatitis B test

Tested positive for Hepatitis C

Awaiting results for Hepatitis C test

5.10.2 If you are awaiting the results of a Hepatitis test, please give the reason for the test

5.11 In the last five years have you been exposed to the risk of HIV infection?

Yes If 'Yes', then please go to question **5.11.1** in this section.

No If 'No', then please go to question **5.12** in this section.

 HIV or Hepatitis can be caught through unsafe sex, injecting a non-prescription drug, treatment with a blood product or blood transfusion or surgery undertaken outside of Europe, North America, Australia or New Zealand.

5.11.1 If 'Yes', please tell us if it was because of (you can select more than one box):

Unsafe sex with someone other than a long-term partner

Injecting a non-prescription drug

Blood product or transfusion outside a country stated above (please tick when)

0-1 year

2-3 years

4-5 years

Please state the country it occurred in:

Surgery outside a country stated above (please tick when)

0-1 year

2-3 years

4-5 years

Please state the country it occurred in:

5.12 Do you take part in regular exercise, for example: gym, football, tennis or golf?

Yes If 'Yes', then please go to question **5.12.1** in this section.

No If 'No', then please go to question **5.13** in this section.

5.12.1 If 'Yes', please give the following details

Activity	Frequency (number of times per week)	How long in total (in minutes/hours)

5. Lifestyle continued

5.13 Do you take part in, or intend to take part in any hazardous or dangerous activity or pursuit?

Yes If 'Yes', then please go to question **5.13.1** in this section.

No If 'No', then please go to section **6** – Work and Health.



Examples are: aviation, climbing or caving, diving, competitive horse riding, motor sport, offshore or competitive sailing, heli-skiing or skiing off piste. If you are unsure whether an activity is deemed hazardous or dangerous then you should tell us.

5.13.1 If 'Yes', please give details below

Pursuit	Frequency (number of dives, races, climbs, hours per year)	Location (countries/waters/ mountains, etc)	Qualification or licence held	Extent of activity (maximum height, depth or type of race)

6. Work and Health



We don't expect you to check these details with your GP or HR department, but please answer them to the best of your ability.

6.1 In the last three years how many days, in total, have you had off work due to sickness or accident?

6.2 Have you ever been absent from work for more than two consecutive weeks due to illness, sickness or accident?

Yes If 'Yes', then please go to question **6.2.1** in this section.

No If 'No', then please go to question **6.3** in this section.

6.2.1 If 'Yes', please give an explanation below

Reason for absence	From (month/year)	To (month/year)	Full recovery (yes or no)

6.3 Has your health ever affected your ability to perform your occupational duties?

Yes If 'Yes', then please go to question **6.3.1** in this section.

No If 'No', then please go to section **7** – Medical.

6.3.1. If 'Yes', please give us an explanation

7. Medical

7.1 What is the name and address of your GP?

Name

Address

Postcode

Telephone number

7.2 In the last five years, have you been diagnosed as having high blood pressure, been treated for it or ever had a blood pressure reading greater than 150/90?

Yes If 'Yes', then please go to question **7.2.1** in this section.

No If 'No', then please go to question **7.3** in this section.

7.2.1. If 'Yes', when were you given this diagnosis?

7.2.2 Please provide your last three blood pressure readings

Month/year	Reading	Treatment (yes/no)	Name of treatment

7.3 In the last five years, have you been diagnosed with having high cholesterol, been treated for it or ever had a cholesterol reading greater than 6.5?

Yes If 'Yes', then please go to question **7.3.1** in this section.

No If 'No', then please go to question **7.4** in this section.

7.3.1. If 'Yes', when were you given this diagnosis?

7.3.2 Please provide your last three cholesterol readings

Month/year	Reading	Treatment (yes/no)	Name of treatment

7.4 Have you ever been diagnosed with Diabetes or having sugar in the urine?

Yes If 'Yes', then please go to question **7.4.1** in this section.

No If 'No', then please go to question **7.5** in this section.

7.4.1. If 'Yes', when were you given this diagnosis?

7.4.2 Please give your last three glycated haemoglobin (HbA1c) readings

Month/year	Reading	Treatment (yes/no)	Name of treatment

7. Medical continued

7.5 Have you ever consulted a doctor or any other health care professional due to any form of stress, anxiety, depression or mood disorder?

Yes No

7.6 Have you ever had a panic attack?

Yes No

7.7 Do you or have you ever suffered from Myalgic Encephalomyelitis (ME), Chronic Fatigue Syndrome (CFS) or post-viral fatigue?

Yes No

7.8 Have you ever had a nervous breakdown?

Yes No

7.9 Do you suffer with a bipolar disorder or schizophrenia?

Yes No

7.10 Has your doctor or any other health care professional ever advised you to take medication for stress, anxiety, depression or any other psychological condition?

Yes No

7.11 Have you undergone any other form of treatment for psychological conditions, such as counselling or Cognitive Behavioural Therapy (CBT)?

Yes No

If you've answered 'Yes' to any of the questions from **7.5** to **7.11**, please provide details below

Condition	What was the underlying cause?	Date of first symptoms	Date of last symptoms	Name or type of treatment	Time off work

7. Medical continued

7.12 Do you currently have or have you ever had any of the following:

Cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heart attack, heart murmur, angina, cardiomyopathy, heart valve disorders or any disease or abnormality of your heart, arteries or veins?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Stroke, brain haemorrhage or permanent brain injury through accident, muscular dystrophy or motor neurone disease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Multiple sclerosis, Parkinson's disease, epilepsy, Alzheimer's disease, dementia or cerebral palsy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

7.12.1 In the last five years, have you had any of the following:

Arthritis, spine, neck or joint disorder (including slipped disc, sciatica, carpal tunnel syndrome, Dupuytren's Contractor, repetitive strain injury (RSI) or gout)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any disease or disorder of the digestive system, liver, pancreas or bowel (including gastric or duodenal ulcer, hepatitis, colitis, Crohn's disease or irritable bowel syndrome)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Kidney, bladder or any other disorder of the genito-urinary system (including blood or protein in the urine and urinary tract infections)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Blood disorder or anaemia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Thyroid disorder?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disorder of the eyes (including optic neuritis or cataracts)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disorder of the ears (including tinnitus, labyrinthitis or Ménière's disease)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you've answered 'Yes' to any of the above conditions, please provide details below

Condition	Investigations or tests carried out	Date of first symptoms	Date of last symptoms	Name or type of treatment	Time off work

7. Medical continued

7.13 Do you currently, or in the last five years, have you ever had any of the following where no underlying cause has been identified?

Lump, growth of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest pain or recurrent palpitations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Numbness, loss of feeling or tingling in the arms, hands, legs, feet or face, temporary loss of muscle power, or paralysis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures, fits, fainting, dizziness or blackouts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back, neck, shoulder or knee pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath, wheezing or tight chest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal pain, jaundice, reflux, dyspepsia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blurred vision, headaches or migraines that have persisted for longer than two days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insomnia, tiredness or fatigue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you've answered 'Yes' to any of the above conditions, please provide details below

Condition	Investigations or tests carried out	Date of first symptoms	Date of last symptoms	Name or type of treatment	Time off work

7.14 Are you currently taking or receiving any treatment that you haven't already told us about?

Yes No



This should include any prescribed, over the counter, herbal treatment or privately arranged treatment, such as physiotherapy.

Condition	Name or type of treatment

7.14.1 Are you awaiting the results of any tests or investigations that you haven't already told us about?

Yes No

7.14.2 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.)

Yes No

If you've answered 'Yes' to **7.14.1** or **7.14.2**, please provide details

7. Medical continued

7.15 Have any of your family members, before the age of 65, died from, or suffered from, heart disease, a stroke, diabetes, high blood pressure, kidney disease, cancer, multiple sclerosis, nervous disorder, paralysis or any hereditary disorder?

Yes If 'Yes', then please go to question **7.15.1** in this section.

No If 'No', then please go to question **7.16**.

7.15.1 If you've answered 'Yes' to question **7.15**, please provide details below

Relative	Condition	Age at diagnosis	Cause of death	Age at death
Father				
Mother				
Brother/sister 1				
Brother/sister 2				
Brother/sister 3				

7.16 As part of your occupation or as part of your employment benefits, are you required to attend for regular, annual or biannual medical examinations?

Yes No



If you've answered 'Yes' to question **7.16** and the examination was done within the past two years, please give us a contact name and address of where a copy can be obtained. By doing this, it may prevent us from asking you to attend a medical examination for us.

Contact name

Telephone number

Email address

Address

Postcode

7.17 If we need you to attend a medical examination, please tell us where would be most convenient for you to attend

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7.18 Have you applied to Legal & General for any other life protection products (either as an individual or through your company)?

Yes No

7.19 Have you ever had an application for life, health assurance or critical illness cover declined, postponed, or accepted with special terms or restrictions, or have you withdrawn an application yourself from this or any other company in the past?

Yes If 'Yes', then please go to question **7.19.1** in this section.

No If 'No', then please go to section **8**.

7.19.1 If you've answered 'Yes' to question **7.19**, please provide details below

Cover type	Decision	Reason for decision	Insurer	When (month/year)



IMPORTANT NOTES

We may need more information about your medical history depending on the answers you've given on this form. You should carefully read through the declaration and consent sections of this form.

We may need to send this form and relevant medical reports to our reinsurers for their opinion or agreement of the terms we wish to offer. We may need to send them at a later stage so that we can manage your employer's policy.

The cover will not start until we've assessed and accepted the request, and where necessary, the terms have been accepted by your employer. Occasionally we may not be able to offer any terms.

8. Consent to access medical reports

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 on the application form 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, 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 (by hand on completed printed form)

Date (DD/MM/YYYY)

Please also read and sign the declaration and consent to use your personal information within Section 9 before returning.

9. Declaration and 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/>

Please read the notes at the beginning of this form and carefully check the answers you have given to the questions before accepting the following declaration.

- Sometimes we're unable to offer the requested cover, or may postpone or apply terms to that cover. We'll inform your employer directly or through your employer's agent where there is one, as soon as possible if this is the case.
- 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.
- We will try to rely on the information you provide and you must not assume that we always check information with your doctor (GP). We may ask your GP for a report if we need further details or to check information. If your GP hasn't returned a report that we've asked for, we may ask you to contact them.
- 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.

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 all the statements made, including anything I may have said, are true and complete and have been recorded accurately in this application. I understand that if I do not give all the requested information truthfully, completely and accurately benefit may not be paid.

I agree to immediately inform Legal & General if there are any changes to my answers about the following information before cover is accepted:

- medical disclosures;
- occupation;
- pastimes;
- country of residence (other than for holidays);
- family history.

If I don't, I understand Legal & General may not pay the policy benefits.

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 to Legal & General getting relevant information from another insurance company about previous or concurrent applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise them to give this information.

By signing below, I consent to Legal & General processing my medical and health information so they can assess my employer's 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**.

Name in BLOCK CAPITALS

Signature

All questions must be answered before signing.

Date (DD/MM/YYYY)

Please check you have also read and signed the consent to access medical reports under Section 8. Sections 8 and 9 must be signed before we can process this application for cover under the group policy.

NOTES

Contact us



0345 026 0094

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



groupprotection.medicalunderwriting@landg.com

legalandgeneral.com/employer/group-protection



**Group Protection – Medical underwriting team, Legal & General Assurance Society Limited
Four Central Square, Cardiff, CF10 1FS.**

Legal & General Assurance Society Limited

Registered in England and Wales number 166055.

Registered office: One Coleman Street, London EC2R 5AA

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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