

## Group Life Assurance – Members Declaration

### Section A (please complete in BLOCK CAPITALS)

Scheme Name: \_\_\_\_\_

Members Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Salary: £ \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Please advise your average consumption of tobacco and alcohol **per week**

Tobacco: \_\_\_\_\_

Alcohol (1 unit = 125 ml glass of wine, 1 measure of spirit or 1/2 point of beer/lager):

### Section B

**Please provide full details to any questions answered 'yes'.**

If you have insufficient space then please use a separate piece of paper and attach it to this form).

1. Do you engage in, or have any prospect of engaging in, any hazardous activity (e.g. aviation, climbing, diving, motor sports, etc)?

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## Section B (continued)

2. Do you have any intention of travelling outside the U.K, other than to Western Europe and European Union member countries. Australia, New Zealand or North America, except on holiday? (Please confirm exact destinations, durations and frequencies of trips).

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3. Have you ever sought advice, suffered with, been investigated or been recommended treatment for any of the following conditions? Heart disease, stroke, raised blood pressure, any form of growth/cancer, diabetes, kidney or liver disorders, Multiple Sclerosis, chest complaints, mental illness and depression, or alcohol or drug addiction? (Please confirm full details).

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4. Have you been advised or have you received in the past or are currently receiving or awaiting any regular medical checks, surgical procedure, X-Ray, ECG's or other specialist investigations or tests?

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5. Have you ever tested positive for HIV/AIDS or Hepatitis B or C or have you been tested for any other sexually transmitted diseases or are you awaiting the results of such a test?

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## Section B (continued)

6. Has any proposal for any form of insurance (including disability products) on your life been declined, deferred or accepted on special terms or modified in any way?

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7. Have either of your parents or brothers or sisters died or suffered from or with any of the following disease before the age of 60, Heart Disease, Stroke, High Blood Pressure, Diabetes, Kidney Disease, Liver Disease, Cancer, Multiple Sclerosis, Raised Cholesterol or any hereditary/family disorder?

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8. Full name, address and telephone number of your usual doctor.

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## Genetic Information Disclosure

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals £500,000 or less for life insurance. Above this limit, you may need to tell us about certain genetic test results when applying for insurance. We will 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, please ask us for details of the current position. These details are also available from the ABI website at [www.abi.org.uk/consumer2/disclosure.htm](http://www.abi.org.uk/consumer2/disclosure.htm) However, you must tell us if you either have a family history of, are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

## Access to Medical Reports Act 1988 (Access to Personal Files and Medical Reports (Northern Ireland) Order 1991)

We may need to apply for a medical report from your doctor but before doing so we need your consent, you should know you have certain rights under the above Acts. They are:

- You can withhold your consent BUT we may be unable to proceed without it.
- You have the right to see the report before it is returned by the doctor. Please indicate if you wish to do so.
- If you indicate that you wish to see the Medical report and we decide that one is required we will inform you of our intention to obtain a report. We will also notify the doctor that you wish to see the report. You will then have 21 days to make arrangements with the doctor to see the report. The doctor can charge a reasonable fee for this service.

If you indicate that you do not wish to see the report, you can change your mind but you must inform the doctor immediately. You will then have 21 days to make arrangements to see it before the report is returned to Lutine.

- You can also see the report up to six months after it has been provided to Lutine, even if you elected not to see it initially.
- If you consider the report (or any part of it) to be misleading you can add a statement of your own.
- The doctor can withhold the report (or part of it) from you if he feels it is in your interests to do so.

The 1998 Data Protection Act places responsibilities on people and organizations who use personal information. The Act has particular regard to the right of the individual. It includes the right for individuals to have their information protected and imposes special conditions and rights if this information is classified as 'sensitive'.

'Sensitive personal information' is defined by the Act as comprising information about racial or ethnic origin, health, religious beliefs, sexual life, convictions or sentences and trade union membership. Our interest is restricted to the categories of health and sexual life for underwriting purposes. Any information collected from you by our underwriters will be carefully protected and any details which could be defined as 'sensitive' as above will receive extra protection. We may, however, pass on information to our reassurers and other individuals or groups for example, medical practitioners, who may be involved in the processing of this proposal for assurance.

'Sensitive' information relating to your proposal for assurance may not be processed without your explicit consent. Should your consent of the processing of 'sensitive' information not be given, it may not be possible to underwrite your proposal. Therefore would you please indicate your consent to such processing by signing below. All information provided may be retained for up to six years from the date of your proposal or when you cease to be a policyholder with us.

## Consent to Obtain a Medical Report

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, as explained above and hereby consent to Lutine Assurance Services Limited, 3rd Floor, 154 Great Charles Street, Birmingham, B3 3HN, seeking medical information from any doctor who at any time attended me concerning anything which affects my physical or mental health, and I agree that a copy of this consent shall have the validity of the original.

I declare to the best of my knowledge and belief, that the above statements, on which the Company will rely in deciding whether to take the risk and in fixing the premium, are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy good health. I undertake to inform the Company of changes to these statements which occur before the contract comes into force and I understand that failure to do so may affect the validity of my cover.

I consent to the Company seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which a proposal has been made on my life and I authorise the giving of such information, even after my death.

I do not\* wish to see the report before it is sent to Lutine. **\*Please delete the word 'not' if you wish to see the report.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you do NOT wish requests for medical information to go via the sales intermediary please advise here.