

Group Life Spouse/Partner Flexible Benefits Health Declaration



We've been asked to consider providing your spouse/partner with cover under your employer's Group Protection Policy with Aviva. To do this we need some information from both you, as the employee, and your spouse/partner.

There are **two** sections to this form:

- **Section A** is to be completed by you, as the employee.
- **Section B** is to be completed by your spouse/partner if they wish to join the policy/policies.

Section A - To be completed by the employee

Important to know

It's important that you answer all the questions in this section of the form fully and accurately.

If your spouse/partner would like to be considered for cover under your employer's Group Life policy with Aviva, they'll need to complete **section B** and provide the required medical information.

We'll need to assess their application before confirming any cover. If the required information isn't provided, we won't be able to assess their application, and they may not receive the full insurance benefits available through the policy. Benefits are subject to underwriting, and we may not be able to offer cover under this policy. The information they provide will help us determine whether we can offer cover, and on what terms.

If any details are found to be incorrect, incomplete, or misleading, we may decline to offer cover or remove any existing cover under the group protection policy.

Getting started

Where possible, please complete this form electronically. To do so, save the form to your device and open it using a PDF reader that supports interactive features, such as fillable fields and electronic signature boxes. This helps ensure all features work as intended. If you're unable to complete the form electronically, you can print it and fill it in by hand instead.

Who should be completing this form?

Please complete **section A** yourself.

If that's not possible, please get in touch using one of the contact options listed under 'Need help completing this form?' below.

Once you've finished, you can pass the form to your spouse/partner so they can complete **section B**.

How to return this form

If your spouse/partner chooses to provide their information, they can send the completed form to flex@aviva.com or post it to **Aviva Group Protection Department PO Box 3240, Norwich, NR1 3ZF**.

Need help completing this form?

If you need any assistance completing this form, please contact us at flex@aviva.com or call us on **0800 051 2541**. Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

Employee details

Employer's name

Title

First name

Surname

Email address

Employee ID

Date of birth

D	D	M	M	Y	Y	Y	Y
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Section A - continued

Aviva Group Protection Fair Processing Notice

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health or criminal convictions).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases.

This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our Aviva Group Protection Insurance Privacy Policy at aviva.co.uk/services/about-our-business/products-and-services/privacy-policy/group-protection-privacy-policy/ or requesting a copy by writing to us at: **The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR**. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, to predict the likelihood of certain events arising, e.g. to assess insurance risk or the likelihood of fraud.

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the "Data Rights" section of our Aviva Group Protection Insurance Privacy Policy or by contacting us at dataprt@aviva.com.

We may also use personal information about other people. This may include, for example, other people whose lives will be insured under the policy; the family or personal history of the insured, or appointed trustees where policies are placed under trust. If you are providing information about another person we expect you to ensure that they know you are doing so and are content with their information being provided to us.

You might find it helpful to show them this privacy notice and if they have any concerns please contact us by telephone on **0800 051 2541** or, by email at flex@aviva.com or, write to **Aviva Group Protection Department PO Box 3240, Norwich, NR1 3ZF**. Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

Declaration

- I confirm that all information provided to Aviva Life & Pensions UK Limited is truthful, accurate and complete.
- I am aware of the importance of reading the Aviva Group Protection Fair Processing Notice (included within this form), which explains the most important aspects of how Personal Information is used. If I need more information, I can view the full Aviva Group Protection Insurance Privacy Policy at aviva.co.uk/services/about-our-business/products-and-services/privacy-policy/group-protection-privacy-policy/, or I can request a copy by contacting us by email at dataprt@aviva.com or writing to: **The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR**.

Please sign below.

Signature

Date signed

If you're unable to complete this section yourself, please get in touch using one of the contact options listed under 'Need help completing this form?' on page one.

Section A - continued

What happens next?

As the employee please ensure that you've:

- completed all the questions within **section A**, and
- signed the declaration.

Your spouse/partner will now be able to complete section B.

Need this in a different format?

Please get in touch if you'd prefer this document (**GR01030 11/2025**) in large print, a different colour, in braille or as audio.

 **0800 0512541**

 **flex@aviva.com**

 **aviva.co.uk**

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Group Life Spouse/Partner Flexible Benefits Health Declaration



Section B - To be completed by the spouse/partner of the employee

We've been asked to consider offering you cover under the Group Life policy held by your spouse/partner's employer, where they're an employee.

To do this we need some additional information from you.

Getting started

If you'd like to be considered for cover, you'll need to complete **section B** and provide the required medical information.

Where possible, please complete this form electronically. To do so, save the form to your device and open it using a PDF reader that supports interactive features, such as fillable fields and electronic signature boxes. This helps ensure all features work as intended.

If you're unable to complete the form electronically, you can print it and fill it in by hand instead.

Who should be completing this form?

Wherever possible you should complete **section B** yourself.

If this isn't possible you must ensure that the answers provided are complete and correct, and confirm who completed section B in the 'Declaration' section later in this form.

Important to know

It's important that you answer all the questions fully, truthfully and accurately. If you don't, this could affect how much we pay out if a claim is made and it could mean we won't pay the claim at all.

We'll need to assess your application before confirming any cover. If the required information isn't provided, we won't be able to complete our assessment, and you may not receive the full insurance benefits available under the policy/policies.

The information you provide will help us determine whether we can offer cover - and if so, on what terms.

If any details are found to be incorrect, incomplete, or misleading, we may decline to offer cover or remove any existing cover under the group protection policy.

How to return this form

If you choose to provide your information please send your completed declaration to flex@aviva.com or post it to **Aviva Group Protection Department PO Box 3240, Norwich, NR1 3ZF**.

If you'd prefer to share your answers in confidence, you can send the medical information directly to our Chief Medical Officer. The address for this is included in the 'What happens next?' section at the end of this form.

Need help completing this form?

If you need any assistance completing this form, please contact us at flex@aviva.com or call us on **0800 051 2541**. Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

Section B - continued

Spouse/partner of the employee details

Title Sex Male Female

First name

Surname Date of Birth

Amount of Cover Required

Your address
 Postcode

Contact phone number Email address

Contact preference for correspondence in relation to this application Phone Email

Please provide the details for the doctor who holds your medical records

Your doctor's name and the address of their surgery
 Postcode

Your surgery's phone number Your surgery's email address

Health and Lifestyle Information

What is your height? ft ins or m cm

What is your weight? st lbs or kg

Other than pregnancy, have you gained or lost more than 1 stone (or 6 kilograms) in weight in the last 12 months? Yes No

If 'Yes', please provide your previous weight and the reason for the change

How many units of alcohol do you drink each week? Units None

If none, please indicate in the box marked 'None'

Other than as a result of pregnancy, have you been advised, or been treated by, your doctor or other medical practitioner, regarding a reduction in your alcohol intake, or any substance abuse (e.g. alcohol, recreational or prescribed drugs)? Yes No

If you've answered 'Yes', please can you provide some additional information:

Nature of substance (e.g. alcohol, type of drug, frequency of use)	Treatment received (e.g. medication, in-Patient treatment)	Dates	
		From	To
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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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Have you smoked during the past year? Yes No

Have you used any nicotine replacement products, an e-cigarette or a vape within the past 2 years? Yes No

Section B - continued

Medical and Health Questions

If you answer 'Yes' to any of the following questions please ensure you provide full details on the following page

- 1) In the last five years, have you consulted any doctor, psychiatrist or medical adviser or have you had any X-Rays, medical tests, blood tests, investigations, operations or counselling, at a hospital, clinic or been prescribed medication, or are you intending to do so? Yes No
- 2) Are you at present receiving any treatment, medication (prescribed or over the counter) or medical attention, either regularly or irregularly for any medical, physical or mental health condition? Yes No
- 3) Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or are you waiting on the result of such a test? Yes No
- 4) Have you ever been diagnosed with any of the following: Major depressive disorder, Schizophrenia, Generalised Anxiety disorder, Bipolar disorder, Eating disorder or Post traumatic stress disorder (PTSD)? Yes No

Have you ever had, suffered from, or been diagnosed with any of the following:

- 5) Stroke, brain haemorrhage, brain injury, transient ischaemic attacks or recurrent migraines? Yes No
- 6) Heart disease or disorder (including heart murmur, heart attack, cardiomyopathy, angina, heart valve disorder, palpitations, chest pain, irregular heartbeat or any other abnormality of your heart)? Yes No
- 7) Diabetes, raised blood pressure or cholesterol, which have required medical treatment? Yes No

Within the last 5 years, other than in respect of the conditions that you have already declared have you:

- 8) Had any other recurring symptoms, or have you had a disease, disorder or disability not previously mentioned? Yes No
- 9) Had any consultations, tests or screenings, or are you awaiting the results of any tests or investigations? Yes No
- 10) Been treated in hospital due to Coronavirus? Yes No

Within the last 10 years, have you:

- 11) Ever had any suicidal thoughts/ideas, any suicide attempt(s), or any deliberate self-harm? Yes No
- 12) Been treated for cancer leukaemia, Hodgkins disease, lymphoma, or any other tumour, lump, growth of any kind, cyst, mole or freckle that has needed treatment? Yes No

Section B - continued

Medical and Health Questions - continued

If you've answered 'Yes' to **any** questions between 1 and 12 please complete the following table. Providing full details will help us to assess your application.

	Please include the question number(s) for each condition. If you're providing details for more than one condition, please ensure you state each question number		
Please state the name of the condition/ diagnosis			
Briefly describe the symptoms and specific areas affected (for example lower back, or left hip)			
Date you first had the symptoms	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Date you were diagnosed	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Frequency of the symptoms			
Date you last had the symptoms or if the symptoms are on-going, please state "on-going"			
What investigations were undertaken and what were the results?			
What medical advice, medication (including dosage) or treatment were you given?			
For diabetes, raised blood pressure or cholesterol please provide your last two HbA1c readings, blood pressure results and/or cholesterol levels and the date these were measured			
Has a full recovery been made with no residual effects?			
Have you been fully discharged from the care of all medical practitioners?			

Do you have any specialist reports to send us?

If you have any specialist reports relating to the conditions above, please send us a copy of the latest report as this may assist the processing of your declaration. You can send it to us by email or post using the contact details provided in the 'What happens next?' section at the end of this form.

Review your responses before continuing

For each question on the previous page to which you've answered 'yes', please check that you've provided details above before continuing.

Section B - continued

Aviva Group Protection Fair Processing Notice

Aviva Life & Pensions UK Limited is the main company responsible for your Personal Information (known as the controller).

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health or criminal convictions).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases.

This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our Aviva Group Protection Insurance Privacy Policy at aviva.co.uk/services/about-our-business/products-and-services/privacy-policy/group-protection-privacy-policy/ or requesting a copy by writing to us at: **The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR**. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, to predict the likelihood of certain events arising, e.g. to assess insurance risk or the likelihood of fraud.

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the "Data Rights" section of our Aviva Group Protection Insurance Privacy Policy or by contacting us at dataprt@aviva.com.

We may also use personal information about other people. This may include, for example, other people whose lives will be insured under the policy; the family or personal history of the insured, or appointed trustees where policies are placed under trust. **If you are providing information about another person we expect you to ensure that they know you are doing so and are content with their information being provided to us. You might find it helpful to show them this privacy notice and if they have any concerns please contact us in one of the ways described below.**

Declaration

- I will notify Aviva Life & Pensions UK Limited immediately if my answers to the health and lifestyle questions change prior to Aviva's acceptance of the application. I'm aware that any changes could affect the terms of the cover or benefits payable.
- I confirm that all information provided to Aviva Life & Pensions UK Limited is truthful, accurate and complete. I understand that if I don't answer all questions fully, truthfully and accurately this could affect how the claim is assessed including how much is paid out on the claim and could mean the claim is not paid out at all.
- I confirm that any other person (e.g. a family member) whose information I am providing has no concerns about their information being shared as part of processing this application.
- I acknowledge that I am not party to the insurance contract as this is held with the policyholder and Aviva Life & Pensions UK Limited. Aviva Life & Pensions UK Limited may from time to time share details with the policyholder and/or their financial adviser (where applicable) of its decision.
- I am aware of the importance of reading the Aviva Group Protection Fair Processing Notice (included within this form), which explains the most important aspects of how Personal Information is used. If I need more information, I can view the full Aviva Group Protection Insurance Privacy Policy at aviva.co.uk/services/about-our-business/products-and-services/privacy-policy/group-protection-privacy-policy/, or I can request a copy by contacting Aviva by email at dataprt@aviva.com or writing to: **The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR**.

Has the spouse/partner of the employee completed **section B**?

Yes No

If **yes**, please sign below.

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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If **no**, the person who has completed the form on behalf of the spouse/partner should sign and complete the section below

Full name

Relationship to spouse/partner

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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Group Protection

Access to your medical reports and other medical information - AMRA consent and authorisation form

Important information about your health and consent

We need information about your health to complete our assessment of the application. This form explains how we obtain your medical reports and other medical information and why we need it. In the context of medical reports, it also gives important information about your rights under the Access to Medical Reports Act 1988 (“AMRA”).

You’ll need to sign this form and return it to us for us to complete our assessment of the application. You don’t have to do so, but if you don’t then we may not be able to assess or accept this application.

Access to your medical reports and other medical information

What information we need and why we need it

For us to assess the application we may need to ask a medical practitioner involved in your care, for a medical report containing specific information about your health and lifestyle.

We request medical reports from medical practitioners under the Access to Medical Reports Act 1988 (or if you live in Northern Ireland or the Isle of Man, 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 respectively) (collectively referred to as the “AMRA”). This is specific legislation which allows insurers, like Aviva, to obtain a medical report with your consent.

We may also need to ask for additional medical information from your medical practitioner or other health professional who isn’t a medical practitioner to give us the information we need to fully assess the application. These types of requests won’t be covered by AMRA, but we do still ask for your authorisation as without it, the medical practitioner or health professional is unlikely to share the information with us. Please see question three in the FAQ section later in this form for more information.

We are always required to be clear and transparent under data protection law about why we are seeking to obtain and process your information and the lawful basis for doing so. Under data protection law we must have a legal justification, known as a lawful basis, to use your medical information. We rely on the lawful basis of it being necessary for insurance purposes. For further information please see our Aviva Group Protection Insurance Privacy Policy at aviva.co.uk/services/about-our-business/products-and-services/privacy-policy/group-protection-privacy-policy/.

Your rights under AMRA

You have certain rights under AMRA, these are separate from the data protection rights you have under the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

This document sets out your rights under AMRA:

- You have the right to be notified that we propose to ask for a medical report concerning you and that we require your consent to do so.
- You have the right to withhold or withdraw your consent at any time before your medical practitioner sends the medical report to us. To do this, you can contact either your medical practitioner directly or you can contact the Aviva Group Protection Medical Underwriting team on **0800 068 2110** or, by email at GPM@aviva.com or, write to **Aviva Group Protection Medical Underwriting Department PO Box 3240, Norwich, NR1 3ZF**.
- You have the right to access a copy of any medical report prepared by your medical practitioner before they send it to us. If you would like to do this, let us know by ticking the box in the ‘By signing this form you confirm that:’ section below and we’ll tell your medical practitioner. It will be made available for you to inspect, or you can ask for a copy to be sent to you (for which the medical practitioner may charge a reasonable fee to cover their costs). You will have 21 days to arrange to access it, following which your medical practitioner will send it to us, unless you tell us that you are withdrawing consent for us to access the report.

Access to your medical reports and other medical information - continued

- If you think any part of the medical report is incorrect or is misleading, you can ask the medical practitioner to amend it (but please note that they are not obliged to). If your medical practitioner refuses to make the amendments, you can ask them to attach a statement outlining your views to the report, which will then accompany the report. Alternatively, you can withdraw your consent and ask your medical practitioner not to send your medical report to us.
- Even if you initially decide not to request access to the medical report before it is sent to us, you may ask the medical practitioner for access to a copy of the medical report up to six months of it being sent to us.
- In some circumstances the medical practitioner may decide, in the interests of your health, or to respect the interests of other persons, that you should not see all or part of the medical report. The medical practitioner will inform you of this and you will have the right to see any remaining part of the report. If the medical practitioner decides that you should not see any of the report, and will not give you access to it, they will not send it to us either unless you have consented to them doing so.

What types of information will be in the medical report?

Our preference is to request an electronic report using secure software. Electronic reports are more comprehensive and can be requested and returned to us more quickly. We would request a manual (paper) report if your GP doesn't have the software to produce an electronic report.

For electronic reports:

The medical report your doctor completes will contain the following, where applicable:

- Details of major conditions which impact on your long-term health, for example:
 - Malignancy (cancer), cardiovascular (heart) disease and diabetes.
 - Neurological conditions, such as Multiple Sclerosis or Alzheimer's Disease.
 - Suicidal thoughts or attempts at suicide.
 - Conditions related to drug or alcohol misuse or smoking.
- Details of referrals from the last 10 years, for example a referral to a specialist at a hospital.
- Details of relevant medical consultations you have had over the last 10 years. (Information from consultations not considered relevant to your application, for example details regarding uncomplicated pregnancy, or minor conditions such as acne or chicken pox, will not be included in the report).
- Details of investigations such as biopsies, blood tests, electrocardiograms (heart tests), urinalyses (tests on urine), x-rays or other investigations from the last 10 years.
- Copies of any hospital letters from the last five years.
- Medication prescribed within the last five years.
- Details of blood pressure, cholesterol and height/weight recordings in the last three years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

For manual reports:

The medical report your doctor fills in asks about the following:

- Your current health including 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 including details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your doctor or any other medical adviser, therapist or counsellor, in particular if 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 (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years, or
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

Access to your medical reports and other medical information - continued

We will not ask your doctor to reveal information about:

- Negative tests for HIV, hepatitis B or C.
- Any sexually-transmitted diseases unless there could be long-term effects on your health.
- Any predictive genetic test results (except genetic tests for Huntington's disease, but only when the total amount of your life cover is more than £500,000.)

If this information is included, we'll disregard it. If your doctor does include reference to other unfavourable predictive genetic test results, we will not take these into account when assessing your application.

If your doctor includes reference to favourable genetic test results, we can take these into account if they show that you haven't inherited a condition your family suffers from.

The information you and your medical practitioner provide about your health may result in us:

- Accepting your benefits under this policy with no affect to your cover or the policy premiums; or
- Not providing you with insurance under this policy.

More information

You'll find a FAQ section later in this form which hopefully addresses any queries you may have about access to your medical reports and other medical information.

If you have any further questions about your rights under AMRA or the process of getting medical information, please contact us at GPM@aviva.com or, call us on **0800 068 2110** or, write to **Aviva Group Protection Medical Underwriting Department PO Box 3240, Norwich, NR1 3ZF.**

By signing this form you confirm that:

- You've **read** the **Access to your medical reports and other medical information** contents of this form, including the **FAQs** section. You know what information Aviva needs, and why.
- You **consent** to us or any third parties acting on our behalf seeking and obtaining a medical report from your medical practitioner(s) under AMRA.
- You **authorise** any medical practitioner, treatment provider, institution or person to release and provide to us and any third parties acting on our behalf any relevant information which we consider is required to process the insurance application with us.
- We'll use this form as proof that you've given us your AMRA consent and authorisation for the above purposes.

Please tick this box if you wish to see any medical report or medical information before it is sent to Aviva:

Please note: if AMRA applies and you want to view your medical report before it is sent to us, you'll need to arrange this with your medical practitioner. Your report will be held for 21 days from the date we contact them to request the report to allow you to view it before it is sent to us.

Name of person insured

Signature of person insured

Date signed

Frequently asked questions (FAQs) about access to your medical reports and other medical information

1. When does AMRA apply?

“AMRA” stands for Access to Medical Reports Act 1988 or if you live in Northern Ireland or the Isle of Man, 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 respectively). AMRA governs the access to medical reports by insurers, like Aviva, in certain circumstances.

A report will be covered by AMRA if it is a report about your health and it's been prepared by a medical practitioner who is or has been responsible for your clinical care. Under AMRA certain rules govern the report which are set out in the consent form itself.

2. What is a ‘medical practitioner’?

Under AMRA, a medical practitioner is a person who is registered with the General Medical Council. This covers consultants, occupational health physicians and GPs, however, wouldn't cover, for example, a physiotherapist. If in doubt, you should ask your medical practitioner.

3. What if I am receiving care or treatment from someone who isn't a medical practitioner (e.g. a physiotherapist) and Aviva needs a medical report or other medical information?

These types of requests won't be covered by AMRA.

However, we'll still ask you to sign this form as it shows your treatment provider that you've agreed that they can provide the information we're requesting.

Please note that for non-AMRA medical reports, the provisions of AMRA as noted in this form won't apply, such as your rights to view the medical report before it is sent to us. However, if the person providing the medical report or information is comfortable for you to see it, then we are too. Please see question seven for more information.

You still have your rights under data protection law, for more information on how we process your personal information please see our Aviva Group Protection Insurance Privacy Policy at aviva.co.uk/services/about-our-business/products-and-services/privacy-policy/group-protection-privacy-policy/.

4. What if Aviva needs other medical information or documents?

We'll usually request a medical report however, in some cases, it may be necessary for us to ask for different medical information or documents. This is why the authorisation you give on the form allows any medical practitioner, institution or person who has been involved in your care or treatment (including hospitals, doctors, nurses, health and other professionals, government departments, local authorities and other insurance companies) to share with us any relevant records and information. We ask for this at the start of the application to save having to do so at a later stage and to avoid any unnecessary delays to the application. Don't worry though, we'll only ever ask for documents or information if they're necessary for our assessment of the application.

5. Can I withdraw my consent?

You can withdraw your AMRA consent and authorisation for the relevant medical practitioner or treatment provider to provide us with any medical reports, documents or information at any time up to the point they send the information to us. To do this, you can contact either your medical practitioner/treatment provider directly or contact the Aviva Group Protection Medical Underwriting team on **0800 068 2110** or, by email at GPM@aviva.com or, write to **Aviva Group Protection Medical Underwriting Department PO Box 3240, Norwich, NR1 3ZF**.

However, if you withdraw your AMRA consent and authorisation, this may impact upon our ability to assess or accept this application.

6. Under data protection law what lawful basis do you rely on to use my medical information?

Data protection law is separate to AMRA. Under data protection law we must have a legal justification, known as a lawful basis, to use your medical information. We rely on the lawful basis of it being necessary for insurance purposes, we therefore don't rely on your consent provided under AMRA. For further information please see our Aviva Group Protection Insurance Privacy Policy at aviva.co.uk/services/about-our-business/products-and-services/privacy-policy/group-protection-privacy-policy/.

7. I'd like to see the report/information before it is sent to you - how does that happen?

If AMRA applies and you want to view the medical report before it is sent to us, you'll need to arrange this with your medical practitioner. Your report will be held for 21 days from the date we contact your medical practitioner to request the report to allow you to view it before it is sent to us.

If AMRA doesn't apply and you want to view any relevant medical information before it is sent to us, you'll need to let us know and we can tell you who we'll be seeking the information from. You'll then need to speak to the person providing the report/information to check they are comfortable to arrange this - if they are, then so are we.

8. How long does my consent last?

The AMRA consent you give on this form lasts until the earlier of (i) the completion of the current application or (ii) 12 months from the date on which the consent was given. This means that if we need further information in respect of the current application more than 12 months after your original consent was given, we'll ask for it again. Also, as your consent only relates to the current application, if you start a new application with us, we'll need to ask for a fresh consent to allow us to request the necessary information to assess that new application.

9. What if I have further questions?

If your query isn't covered by these FAQs, then please feel free to contact the Aviva Group Protection Medical Underwriting team on **0800 068 2110** or, by email at GPM@aviva.com or, write to **Aviva Group Protection Medical Underwriting Department PO Box 3240, Norwich, NR1 3ZF**.

Section B - continued

What happens next?

As the spouse/partner of the employee please ensure that you've:

- completed all the questions within section B, and
- signed and dated the declaration, and
- signed and dated the Access to your medical reports and other medical information - AMRA consent and authorisation form.

Email your completed form to:

- flex@aviva.com

or email your completed form to our Chief Medical Officer:

- Chief.Medical.Officer.Group.Protection@aviva.com

or post your completed form to:

- **Aviva Group Protection Department PO Box 3240, Norwich, NR1 3ZF.**

If we require any further information from you, we'll get in touch on the preferred contact method you've provided.

The information you and your medical practitioner provide about your health may result in us:

- Accepting your benefits under this policy with no affect to your cover or the policy premiums; or
- Not providing you with insurance under this policy.

Need this in a different format?

Please get in touch if you'd prefer this document (**GR01030 11/2025**) in large print, a different colour, in braille or as audio.

 **0800 051 2541**

 **flex@aviva.com**

 **aviva.co.uk**

Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.