

Group Protection Discretionary Entrant Declaration



Please complete electronically where possible. Once completed, please send this to **GPM@aviva.com** or Group Protection Medical Underwriting Dept. PO Box 3240, Norwich, NR1 3ZF.

If you require any assistance completing this form, please contact us at **GPM@aviva.com** or on 0800 068 2110. For your protection and ours, calls to and from Aviva may be recorded and/or monitored.

When to use this form

Discretionary entrants are not automatically entitled to the **Free cover limit (FCL)**:

Medical underwriting will always be required for **early entrants** and those joining **outside eligibility**.

Medical underwriting is usually required for **late entrants**; for further information please see **section A** below.

Regardless of what type of discretionary entrant they are:

If the total benefit is greater than the **FCL** you should **not** complete this form as a medical declaration or Tele-interview will need to be completed.

There are two sections to this form.

- **Section A** - To be completed by the policyholder or Trustee.
- **Section B** - To be completed by the employee or equity partner who wishes to join the policy/policies.

Explanation of terms used

Discretionary entrants: are employees/equity partners who want to join the policy outside of the normal joining requirements, and can include early entrants, late entrants and those who join outside eligibility.

Actively at work (AAW): actively at work requirements are defined in our policy wordings and usually vary according to factors such as type of product, costing method and policy size. In general terms, a member is 'actively at work' if they are following their normal occupation and fulfilling the normal contractual requirements of that occupation. An employee/equity partner must be actively at work in order to be covered under a Group Income Protection policy. Please see your policy wording(s) for the full definitions.

Free cover limit (FCL): The level of benefit as stated in the policy schedule, under which underwriting is not normally needed.

Section A – To be read and completed by the policyholder/trustee

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

Please complete this form **only** if the benefits are **below** the Free Cover Limit (**FCL**).

If the benefits are **above** the **FCL** then a medical declaration or Tele-interview will need to be completed.

We can not process this application unless this section has been completed.

Policy name

(as shown on the policy schedule)

Employee Salary/Equity Partner Earnings

(as defined on the policy schedule)

Date of joining this employer/partnership

D	D	M	M	Y	Y	Y	Y
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Group Life

If applicable

Lump sum benefit

Death in Service Pension (DISP) amount or % of applicable benefit (Group Life dependant's pension only)

Group Income Protection

If applicable

Total benefit, including pension and national insurance contributions, where applicable

Section A – Continued

Please complete only **one** of the **Early Entrant**, **Late Entrant** or **Outside Eligibility** sections below:

Early Entrant

When an employee/equity partner wants to join the policy/policies **before the date that they are first eligible** i.e. after a qualifying period. Medical underwriting will always be required for early entrants.

Please complete this form only if the benefits are below the **FCL**; if the benefits are above the **FCL**, then they'll need to complete a medical declaration or Tele-interview.

	Group Life	Group Income Protection																
Date they would become eligible for cover under the policy/policies	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Which category is the member joining? <i>(Please see policy schedule for category details)</i>																		

Late Entrant

When an employee/equity partner wants to join the policy/policies, **more than 12 months after their first opportunity to join.**

Group Life

No underwriting is required if their benefits are below the **FCL** and if they've joined within 12 months. In most circumstances we will waive our **AAW** conditions (schemes of 50 lives or more).

If they are joining more than 12 months after their first opportunity to join and:

- their total benefit is less than £250k and they are **AAW**, no medical underwriting is required.
- their total benefit is more than £250k, but less than the **FCL**, please complete this form.
- their benefits are more than the **FCL** or they are not **AAW**, then they will need to complete a medical declaration or Tele-interview.

Group Income Protection

No underwriting is required if their benefits are below the **FCL**, they are **AAW** and if they've joined within 12 months.

If they are joining more than 12 months after their first opportunity to join, their benefit is less than the **FCL** and they are **AAW**, please complete this form.

If their benefits are more than the **FCL** or they are not **AAW**, then they will need to complete a medical declaration or Tele-interview.

	Group Life	Group Income Protection																
Date they first became eligible to be covered under the policy/policies	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Reason for not joining at the first opportunity																		
Which category is the member joining? <i>(Please see policy schedule for category details)</i>																		

Outside Eligibility

When an employee/equity partner **does not automatically meet the standard eligibility criteria**, as per the policy schedule, or for any other reason.

Medical underwriting will always be required for those joining outside eligibility.

Please complete this form only if the benefits are below the **FCL**; if the benefits are above the **FCL**, then they'll need to complete a medical declaration or Tele-interview.

	Group Life	Group Income Protection																
Date seeking to become covered under the policy/policies	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Please tell us why they are joining if they're outside eligibility																		
Which category is the member joining? <i>(Please see policy schedule for category details)</i>																		

Section A – Continued

Policyholder/trustee's declaration

The employee/equity partner should be included for the benefit indicated above.

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 much is paid out on the claim and could mean the claim is not paid out at all.

Your signature*

Date signed

D	D	M	M	Y	Y	Y	Y
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Full name

Position in company/partnership
or trustee/authorised signatory

*** If the declaration is being completed in respect of an employee/equity partner wishing to join a Group Income Protection policy, then this section should be completed and signed by a representative of the policyholder.**

If the declaration is being completed in respect of an employee/equity partner wishing to join a Group Life policy, then this section should be completed and signed by a trustee or authorised signatory acting on behalf of the trustee(s).

What happens next?

Policyholder/trustee

As the policyholder/trustee please ensure that:

- you have completed all of the applicable questions within **section A**, and
- you have completed only **one** of the Early Entrant, Late Entrant or Outside Eligibility sections, and
- you have signed and dated the declaration within **section A**,
- the employee or equity partner who wishes to join the policy/policies completes **section B**.

Section B – To be read and completed by the employee/equity partner

Important note to the employee/equity partner: If you answer 'yes' to any questions Aviva may need you to complete a medical declaration or Tele-interview and/or request further medical evidence.

It's important that you answer all the questions on this form fully, truthfully and accurately.

The answers given will be used to assess the terms and benefits we will offer to your employer (the policyholder/trustees).

If you don't answer the questions fully, truthfully and accurately this could affect how much we pay out if you make a claim and could mean we won't pay your claim at all.

We will be unable to add you to the policy/policies if we do not receive all of the medical evidence that we request.

Employee/equity partner's details

Title Sex Male Female

First name

Surname Date of Birth

D	D	M	M	Y	Y	Y	Y
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Occupation

Address
 Postcode

Contact phone number email address

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

This should be the doctor who holds your medical records

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

Medical & Health Questions

What is your height?

ft	ins
----	-----

 or

m	cm
---	----

What do you weigh?

st	lbs
----	-----

 or

kg

Other than pregnancy, have you gained or lost more than 1 stone (or 6 kg) 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'

Have you taken any recreational drugs in the last 5 years? Yes No

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 have 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

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 year? Yes No

Medical & Health Questions Continued

Please tick 'Yes' or 'No' to all of the questions below.

- 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 waiting for the results of any tests, scans, investigations or medical or surgical consultations? Yes No
- 3) Are you currently absent from work or have you been absent from work for more than a month in the last year? Yes No
- 4) 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
- 5) In the last 5 years, have you been treated in hospital due to Coronavirus? Yes No

In the **last 5 years**, have you suffered from, or been diagnosed with any of the following:

- 6) Insomnia, rhythm sleep disorder, Narcolepsy, Obstructive sleep apnoea, Attention-deficit hyperactivity disorder or Autistic spectrum disorders? Yes No
- 7) Disorder of the eyes, vision or sight (excluding long/short sight which is corrected by lenses)? Yes No
- 8) Disorder or abnormality of the ears, hearing or balance e.g.. Tinnitus or Vertigo? Yes No
- 9) Recurrent tiredness/fatigue, fibromyalgia, post viral or chronic fatigue syndrome? Yes No
- 10) Anaemia or blood disorder, or any other abnormality of the arteries or veins? Yes No

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

- 11) Stroke, brain haemorrhage, brain injury, transient ischaemic attacks or recurrent migraines, chest pain, irregular heart beat, angina, heart disease or disorder including heart murmur, heart attack, or cardiomyopathy? Yes No
- 12) Rheumatic arthritic or muscular complaints including joint pain(s), gout or a repetitive strain syndrome/injury, back pain, slipped disc, sciatica, or any other back, neck or shoulder complaint? Yes No
- 13) Cancer, leukaemia, Hodgkins disease, lymphoma, or any other tumour, lump, growth of any kind, cyst, mole or freckle that has needed treatment? Yes No
- 14) Diabetes, raised Cholesterol or raised Blood pressure? Yes No

If **yes**, please provide your last 3 readings of the following investigations and treatment where possible.

Blood Pressure	Total Cholesterol (mmol/L)	Triglycerides (mmol/L)	HbA1c (mmol/mol)	Date measured	Medication, including dosage	Last change to medication

Within the last five years, other than any mental health condition or any condition that you have already declared have you:

- 15) Had any other new or recurring symptoms, or have you had a disease, disorder or disability not previously mentioned? Yes No
- 16) Been offered or had screening for any medical condition that runs in your family (even if you haven't undertaken any screening for the condition as yet)? Yes No

If you have answered 'Yes' to one or more of the questions on the previous page, please can you provide the following additional information:

The question number(s) answered 'yes' above. If you are providing details for more than one condition, please ensure you state each question number			
Briefly describe the symptoms and areas affected (e.g. left arm, right eye)			
Diagnosis made (if any)			
Date you first had the symptoms			
Frequency of the symptoms			
Date you were diagnosed			
Date you last had the symptoms			
What investigations were undertaken and what were the results?			
If cancer or a growth, do you know if it was benign or malignant? Also the type of tumour if known			
What medical advice, medication or treatment were you given? (treatment name and dosage required)			
What time off work has been taken? Please advise exact periods and dates			
Has a full recovery been made with no residual effects?			
Have you been fully discharged from the care of all medical practitioners?			
Can you follow your occupation without restriction?			
Has any aspect of your occupation had to change as a result of this condition?			

Please check that you have provided details to each question you have answered 'Yes' to on the previous page.

Mental Health

In the **last 5 years**, have you suffered from:

17) Anxiety or Depression, but **have not** had a consultation with a doctor, medical practitioner or counsellor, or had any medication or treatment? Yes No

18) Adjustment disorders (e.g. grief, bereavement or following trauma)? Yes No

In the **last 10 years**, have you:

19) had any suicidal thoughts or attempted suicide? Yes No

20) had any episodes of deliberate self-harm? Yes No

21) had any work related stress or burnout? Yes No

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

22) Personality or mood disorders? Yes No

23) Major depressive disorder, Generalised anxiety disorder, Bipolar disorder, Schizophrenia or Schizoaffective disorder? Yes No

24) Eating disorder, Post traumatic stress disorder (PTSD), Acute stress disorder, Obsessive compulsive disorder or Agoraphobia? Yes No

25) Any other mental health condition such as Stress, Anxiety, Depression or depressive symptoms which **has** required a consultation or referral to a doctor, medical practitioner or counsellor, or medication or treatment? Yes No

If you have answered 'Yes' to one or more of the above questions, please can you provide the following additional information:

Diagnosis/Diagnoses		
When were your first symptoms of this condition?		
When were your last symptoms? (If you have current symptoms, please state 'Ongoing'.)		
Is your condition well controlled?		
When did you last require medication? (If you are currently on medication, please state 'Ongoing'. Please provide details of the medication including dosage, if possible.)		
Have you received any other treatment or therapy? (e.g. Cognitive behavioural therapy (CBT), Community Mental Health team, Crisis team, Early intervention team or Psychotherapy. Please provide details of the treatment including dates, if possible.)		
Have you required In-patient treatment? (Please provide dates and duration if possible.)		
How many days have you taken off work as a result of this condition in the past 5 years? (Please provide dates and duration of time off work if possible.)		
Should we require further information, how would you prefer to be contacted? (i.e. by phone, email or either.)		

Fair Processing Notice – Group Protection

Privacy 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 full privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy) 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 full 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, authority and consent

- I will notify Aviva Life & Pensions UK Limited immediately if my circumstances relevant to this application alter in any way.
- 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 much is paid out on the claim and could mean the claim is not paid out at all.
- I authorise any doctor or other medical practitioner with whom I have consulted to provide Aviva, their agents or subcontractors, with any information concerning my past or present, physical or mental health (including relevant medical records or notes).
- I consent to Aviva Life & Pensions UK Limited sharing information obtained concerning my physical or mental health, with my treating medical practitioners and with health professionals appointed by Aviva Life & Pensions UK Limited.
- You are confirming that any other person (e.g. a family member) whose information you are providing understands and has no concerns about their information being used in this way.

Your signature

Date signed

D	D	M	M	Y	Y	Y	Y
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Access to your health and medical information – consent form

What you need to do

Please read this form, including the **Access to your health and medical information** section before signing this form as it contains details of your rights.

Signing and returning this form as quickly as possible will ensure we can make a decision on your application.

What you need to know

- We may request your medical information should we require it and will use this form to request it. We'll tell you if we need to request a report.
- You can request to see the medical report at any time, including before it is sent to us should you wish.
- You can withdraw your consent for the relevant doctor or treatment provider to provide us with any 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 doctor directly or, telephone the Group Protection Medical Underwriting team on 0800 068 2110 or, by email at **GPM@aviva.com** or, write to Group Protection Medical Underwriting Department PO Box 3240, Norwich, NR1 3ZF. Calls to and from Aviva may be recorded and/or monitored.
- If you do not want to progress your application you can withdraw your consent at any point, but we will not be able to provide you with any cover being assessed as part of this application.
- Your medical information is safe in our hands. We will ensure that it is kept confidential and only for as long as is necessary. We may also need to send it to other third parties, such as reinsurers, to help assess the application.

By signing this form you confirm that:

- you've read the contents of this consent form, including the **Access to your health and medical information** section. You know what information Aviva needs, and why.
- you consent to us, our agents or sub-contractors seeking a (i) medical report from your doctor(s) under the AMRA or (ii) a report from your health practitioner or other professional; and
- you consent to any doctor, medical practitioner, institution or person who has been involved in your care or treatment (or a related claim) to release and provide to us and any third parties acting on our behalf any relevant information concerning your physical and/or mental health which we consider is required to process the insurance application with us.
- your consent is valid for 12 months from the date of this consent form, or until the assessment of your application has been completed.
- we'll use this form as proof that you've given us your consent to request other relevant information from your medical practitioner, health practitioner or other professional.

Your signature

Date signed

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

Please note: if the AMRA applies and you want to view your medical report before it is sent to us, you'll need to arrange an appointment 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.**

Access to your health and medical information:

We need information about your circumstances to complete our assessment of the application. This form explains how we obtain your health, medical and other information, and why we need it. In the context of medical reports, it also gives important information about your rights.

So we can assess the application we need your consent to ask any relevant professionals involved in your care, whether a health or medical practitioner or other professional, for health, medical or other information. This may include a medical report and specific details 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.

Under the AMRA, a medical practitioner is one who is registered with the General Medical Council. This covers consultants and GPs, however would not cover, for example, a physiotherapist. If in doubt, you should ask your health practitioner.

We may need to ask for additional information (such as specialist letters or test results) from your medical practitioner to give us the information we need to fully assess the application.

We will usually request a medical report however, in some cases, it may be necessary for us to ask for different information or documents. This is why the consent you give on the form allows us to request relevant records and information from 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).

We therefore ask for your consent through the form in advance at the start of the application, to save having to do so at a later stage and causing any unnecessary delays to the application. Don't worry though, we will only ever ask for documents or information if they are necessary for our assessment of your cover.

Your rights under the AMRA are as follows:

- You can withdraw your consent for the relevant doctor or treatment provider to provide us with any 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 doctor directly or, telephone the Group Protection Medical Underwriting team on **0800 068 2110** or, by email at **GPM@aviva.com** or, write to Group Protection Medical Underwriting Department PO Box 3240, Norwich, NR1 3ZF. Calls to and from Aviva may be recorded and/or monitored.

Once we have received the medical report, non-medical report or other medical/health information, we process and use it in accordance with the terms of our Privacy Policy to administer and assess the application and do not rely on consent for this. If we need a document or information and you have either not provided consent or withdrawn it, then this will impact upon our ability to assess your application.

If you do not want to progress your application you can withdraw your consent at any point, but we will not be able to provide you with any cover being assessed as part of this application.

- You can ask to see the report before your doctor sends it to us. If this is the case, we'll tell the doctor you wish to see the report. Your doctor will keep the report for 21 days so you can arrange to see it. If you've not made arrangements to see the report within this time, your doctor will send it to us, unless you withdraw consent for us to access the report.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. If you ask to see a copy of the report at a later date, you can speak to your doctor, or ask us. If you ask us, we may need to consult with your doctor before providing a copy of the report.
- If you think any part of the report isn't correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask them to attach a statement outlining your views, which will then accompany the report. Or, you can withdraw your consent and ask your doctor not to send your medical report to us.
- In some circumstances the doctor 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 doctor will tell you of this and you will have the right to see any remaining part of the report. If the doctor decides that you should not see any of the report, it may be that they will not give it to us without your consent.

Detail about the type of information that will be provided in the GP's 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.

If we request medical information from a health practitioner who is not registered with the General Medical Council, we will contact you to let you know who we are requesting the information from and what information we are asking for.

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 5 years.
- Medication prescribed within the last 5 years.
- Details of blood pressure, cholesterol and height/weight recordings in the last 3 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.

In both reports 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 or considering a claim.

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.

If you have any questions about your rights under the Act or the process of getting, assessing or storing medical information, please telephone the Group Protection Medical Underwriting team on **0800 068 2110** or, by email at **GPM@aviva.com** or, write to Group Protection Medical Underwriting Department PO Box 3240, Norwich, NR1 3ZF. Calls to and from Aviva may be recorded and/or monitored.

What if I am receiving care or treatment from someone who is not a medical practitioner (eg. a physiotherapist) and Aviva needs a report?

The consent form covers the provision of both medical reports under the AMRA and non-AMRA reports.

If you are receiving care or treatment from someone who is not classed as a 'medical practitioner' under the AMRA, then we will still ask you to sign the consent form as your consent shows your health practitioner that you have agreed that they can provide the information we are requesting, which they are likely to need under the relevant data protection laws.

Please note that for non-AMRA reports, the provisions of the AMRA as noted in the consent form will not apply, such as your rights to view the report before it is sent to us. However, if the person providing the report or information is comfortable for you to see it, then we are too.

How long does my consent last?

The 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.

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;
- Increasing the premiums to provide you with insurance under this policy;
- Applying one/more medical exclusions, in order to provide you with insurance under this policy (note that this is only applicable to Group Income Protection and not Group Life policies); or
- Not providing you with insurance under this policy.



What happens next?

Employee/equity partner

As the employee/equity partner please ensure that within **section B**:

- you have completed all of the questions, and
- you have signed and dated the declaration, authority and consent, and
- you have signed and dated the Access to your health and medical information – consent form.

Please return this completed form to:

- **GPM@aviva.com**, or;
- Group Protection Medical Underwriting Dept. PO Box 3240, Norwich, NR1 3ZF.

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

- Accepting your benefits under this policy with no affect to your cover or the policy premiums;
- Increasing the premiums to provide you with insurance under this policy;
- Applying one/more medical exclusions, in order to provide you with insurance under this policy (note that this is only applicable to Group Income Protection and not Group Life policies); or
- Not providing you with insurance under this policy.