

# Group Protection Medical Declaration



We've been asked to consider providing you with cover under your employer's Group Protection policy with Aviva. To do this we need some additional information from you.

## 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.

## 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.

We won't be able to add you to the policy/policies if we don't receive all of the medical evidence we request.

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 [GPM@aviva.com](mailto:GPM@aviva.com) or post it to **Aviva Group Protection Medical Underwriting Department PO Box 3240, Norwich, NR1 3ZF**.

## Need help completing this form?

Wherever possible, you should complete this form yourself. If you're unable to do so, or if you need any assistance, please contact us at [GPM@aviva.com](mailto:GPM@aviva.com) or call us on **0800 068 2110**. 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.

## 1. Personal information

Title	<input type="text"/>									
First name	<input type="text"/>									
Surname	<input type="text"/>									
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>								
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Email address	<input type="text"/>									
Contact phone number	<input type="text"/>									
Address	<input type="text"/>									
	<input type="text"/>	Postcode <input type="text"/>								
Contact preference for correspondence in relation to this application	Email <input type="checkbox"/>	Phone <input type="checkbox"/>								
Name of your company/employer	<input type="text"/>									
Current occupation	<input type="text"/>									
Hours worked per week	<input type="text"/>	Approximate annual business mileage <input type="text"/>								

**Please note that sometimes we'll need to request a report from your doctor. If you've had a medical examination within the last six months and have a copy, please send it to us using the email or postal address shown in the 'What happens next?' section at the end of this form.**

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

Your doctor's name	<input type="text"/>	
Your surgery's address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Your surgery's phone number	<input type="text"/>	
Your surgery's email address	<input type="text"/>	

Do you plan to travel outside of Europe or North America for business? Yes  No  If **yes**, please complete the section below.

Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trips per annum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duration per trip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Hazardous pursuits

Do you participate or plan to participate in any of the following activities - flying a plane/helicopter, rock climbing, mountaineering, caving, pot-holing, sub-aqua diving, martial arts, ocean yachting, professional horse riding, motor sports or racing of any kind, or any 'extreme' sports (for example, free climbing, base jumping, kite surfing, etc...)?

Yes  No

Please note, we don't need to know about indoor bouldering/climbing, one-off track days, on-piste skiing, or diving less than 30m.

If **yes**, please tell us which activity/activities you do, and any additional information which may be helpful. If we still need further information, we'll contact you separately.

<input type="text"/>
<input type="text"/>

### 3. Medical and health questions

3a) What is your height:  ft  ins or  m  cm

3b) What do you weigh?  st  lbs or  kg

3c) 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:

3d) Do you consume alcoholic drinks in a typical week? Yes  No

If **yes**, please tell us the number of drinks you typically consume per week for each of the following:

Pints of beer/cider  Glasses of wine (125 ml)

Measures of spirits (25 ml)

3e) Have you consulted, 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: (other than as a result of pregnancy)

Nature of substance (e.g. alcohol, type of drug, frequency of use)	Treatment received (e.g. medication, In-patient treatment)	Dates

3f) Have you smoked during the past year? Yes  No

If **yes**, please advise how many you smoke per day

3g) Have you used any nicotine replacement products, an e-cigarette or a vape within the past 2 years? Yes  No

**If you'd rather tell us the answers to the next two questions in confidence, you can send the information to the Chief Medical Officer with this application to the address shown in the 'What happens next?' section at the end of this form.**

3h) Have you taken any 'recreational' drugs such as cocaine, cannabis, ecstasy, heroin, anabolic steroids in the last 5 years? Yes  No

If **yes**, please provide details (type of drug, frequency)

3i) 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

If **yes**, please provide details:

3j) In the last 5 years, have you been treated in hospital due to Coronavirus? Yes  No

If **yes**, please provide details:

## 4. Health information

Have you **ever** suffered from or been diagnosed with any of the following conditions?

Please tick 'Yes' or 'No' for each question below and provide any relevant details in the table at the end of this section.

- 4a) Stroke, brain haemorrhage, brain injury, transient ischaemic attacks or recurrent migraines? Yes  No
- 4b) 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
- 4c) Multiple sclerosis, optic or retrobulbar neuritis, paralysis, epilepsy, cerebral palsy, Parkinson's disease, Alzheimer's disease, dementia, tremor, seizures or any other disease of the central nervous system (the brain, spinal cord and nerves) not already mentioned? Yes  No
- 4d) Tingling, loss of feeling or sensation, numbness, paraesthesia (pins and needles) for which you have consulted a doctor or received medical advice or treatment? Yes  No
- 4e) Cancer, leukaemia, Hodgkin's disease, lymphoma, brain tumour, spinal tumour or any other tumour? Yes  No
- 4f) Diabetes? Yes  No
- 4g) Have you been diagnosed as having raised blood pressure, or are you taking medication for your blood pressure, or have you been advised to have your blood pressure checked regularly? Yes  No
- 4h) Have you been diagnosed as having raised cholesterol or Triglycerides, been treated or tested for it, or had a cholesterol reading greater than 6.5? Yes  No

**If you have any results to any of the following investigations, please provide your last three readings:**

Blood pressure	Cholesterol	Triglycerides	HbA1c	Date measured	Medication, including dosage	Last change to medication

## 5. Health conditions in the last 5 years

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

Please tick 'Yes' or 'No' for each question below.

- 5a) Insomnia, Rhythm sleep disorder, Narcolepsy or Obstructive sleep apnoea? Yes  No
- 5b) Attention-deficit hyperactivity disorder or Autistic spectrum disorders? Yes  No
- 5c) Back pain, slipped disc, sciatica, or any other back, neck or shoulder complaint? Yes  No
- 5d) Persistent/recurrent malaise/tiredness, fatigue, fibromyalgia, chronic pain, myalgic encephalomyelitis (M.E.), post viral fatigue or chronic fatigue syndrome? Yes  No
- 5e) Any anaemia, blood disorder or abnormality, or an abnormality of the arteries or veins (other than the heart)? Yes  No
- 5f) Dizziness, fainting, blackouts or fits? Yes  No
- 5g) Disorder of the eyes, including blurred or double vision or defective sight (excluding short or long sight which is corrected by lenses)? Yes  No
- 5h) A lump, growth of any kind, cyst, mole or freckle that has required treatment? Or are you intending to seek any medical advice in connection with a tumour, cyst, lump or growth of any kind: or any mole or freckle that has bled, become painful, changed colour or increased in size, whether seen by a doctor or not? Yes  No
- 5i) Renal colic, prostatitis, nephritis, bladder, kidney, prostate disorder or any other disorder of the genito-urinary system (including blood or protein in the urine and urinary tract infections)? Yes  No
- 5j) Any disorder of the digestive system, liver, stomach, pancreas or bowel (including gastric or duodenal ulcer, hepatitis, Irritable Bowel disease, colitis or Crohn's disease)? Yes  No
- 5k) Psoriasis, any skin disorders or allergies (other than hay fever)? Yes  No
- 5l) Rheumatic, arthritic or muscular complaints (excluding back pain) including joint pains, knee pain, gout or a repetitive strain syndrome/injury? Yes  No
- 5m) Tinnitus, vertigo, Meniere's disease or any disease, disorder or abnormality affecting your ears, hearing or balance? Yes  No
- 5n) Asthma, bronchitis, emphysema or any disease, disorder or abnormality affecting your lungs? Yes  No

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

- 5o) Had any other recurring symptoms, or a disease, disorder or disability not previously mentioned? Yes  No
- 5p) Had any regular consultations or screenings, or are you awaiting any test results? Yes  No

## 5. Health conditions in the last 5 years - continued

If you've answered 'Yes' to **any** questions between **4a - h, and 5a - p**, please complete the following table. Providing full details will help us assess your application. If you need more space, please use section '**8. Need more space to provide details?**'

**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			
Date you were diagnosed			
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?			

Continued overleaf

## 5. Health conditions in the last 5 years - continued

What medical advice, medication (including dosage) or treatment were you given?			
Please advise what time off work has been taken including 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?			
Are you able to follow your occupation without restriction? If no, what aspect has changed to accommodate your condition?			

## 6. Mental health

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

6a) Anxiety or Depression, but **have not** had a consultation with a doctor, medical practitioner or counsellor, or had any medication or treatment?

Yes  No

6b) Adjustment disorders (e.g. grief, bereavement or following trauma)?

Yes  No

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

6c) had any suicidal thoughts or attempted suicide?

Yes  No

6d) had any episodes of deliberate self-harm?

Yes  No

6e) had any work related stress or burnout?

Yes  No

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

6f) Personality or mood disorders?

Yes  No

6g) Major depressive disorder, Generalised anxiety disorder, Bipolar disorder, Schizophrenia or Schizoaffective disorder?

Yes  No

6h) Eating disorder, Post traumatic stress disorder (PTSD), Acute stress disorder, Obsessive compulsive disorder or Agoraphobia?

Yes  No

6i) 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

## 6. Mental health - continued

If you answered 'Yes' to any questions on the previous page, please provide the additional information below.

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're 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.)		

## 7. Family history and genetic testing

The Association of British Insurers Code on Genetic Testing and Insurance means that you need to tell us if you've had a positive genetic test, but only if you:

- are applying for Group Life Assurance,
- have total life assurance benefits exceeding £500,000 with all companies,
- have had a **positive** genetic test for Huntington's disease.

**If you're only completing an application for Group Income Protection please disregard question 7a.**

**If you're applying for cover under a Group Life Assurance policy, and your total benefits exceed £500,000:**

7a) Have you had a **positive** genetic test for Huntington's disease?

Yes  No

**If you're applying for Group Life Assurance and/or Group Income Protection you'll need to complete the following questions.**

You'll still need to tell us about any family history of a hereditary condition, or if you're having any symptoms of, or are having any treatment for any hereditary condition.

If you'd like to tell us about a negative genetic test result for any other hereditary condition we can take this into account when assessing your application for Group Protection. You can provide details in section '**8. Need more space to provide details?**' on the next page.

7b) Have you had or been offered screening for any condition that runs in your family (even if you didn't attend or haven't attended yet). If **yes**, please provide details:

Yes  No

7c) Have either of your parents, or any of your brothers or sisters (including half brothers/sisters), suffered or died from, any of the following conditions before the age of 60?

Raised Blood Pressure, Stroke, Angina, Heart Attack, Cancer, Diabetes, Polycystic Kidney Disease, Polyposis Coli, Huntington's disease, Hypertrophic Obstructive Cardiomyopathy, Alzheimer's disease, Motor Neurone Disease, Hemochromatosis, Multiple Sclerosis, Familial Hyperlipidaemia (Raised Cholesterol), Muscular Dystrophy, Parkinson's disease, or any other hereditary disease.

Yes  No

If **yes**, please complete the table below for relatives who are or have been affected by any of the illnesses shown. If your relative had cancer, tell us which part of their body was first affected, if known to you.

Relationship	Medical Condition	Approximate age at diagnosis

## 8. Need more space to provide details?

If you answered 'Yes' to any questions in sections 4 or 5 and need additional space, please use the table below.

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			
Date you were diagnosed			
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?			
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?			
Are you able to follow your occupation without restriction? If no, what aspect has changed to accommodate your condition?			

<b>If there is anything else you believe may help us review your application please provide details below</b>

# 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/](https://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](mailto: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 (e.g. my employer) 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 decisions which includes but is not limited to medical exclusions.
- 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/](https://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](mailto:dataprt@aviva.com) or writing to: **The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR**.

Please sign below.

Signature

Date signed

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

# 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/](https://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](mailto: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,
- Increasing the premiums to provide you with insurance under this policy,
- Applying medical exclusions in order to provide you with insurance under this policy, 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](mailto: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/](https://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](mailto: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/](https://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](mailto:GPM@aviva.com) or, write to **Aviva Group Protection Medical Underwriting Department PO Box 3240, Norwich, NR1 3ZF**.

## What happens next?

Please ensure that you've:

- completed all questions,
- 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:

[GPM@aviva.com](mailto:GPM@aviva.com)

## Or email your completed form to our Chief Medical Officer:

[Chief.Medical.Officer.Group.Protection@aviva.com](mailto:Chief.Medical.Officer.Group.Protection@aviva.com)

## Or post your completed form to:

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

If we require any further information from you, we'll contact you on your preferred contact method 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;
- 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.

## Need this in a different format?

Please get in touch if you'd prefer this form (**GR06077 11/2025**) in large print, a different colour, in braille or as audio.

 **0800 068 2110**

 **GPM@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.