Group Protection Medical Declaration

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

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.

Please note that if you choose not to provide us with the medical information we need then this may mean that you will not receive your full potential insurance benefits for your membership under your employers Group Protection policy. Benefits are subject to underwriting and we may not provide you with insurance under this policy.

If you are happy to provide your information please complete the declaration electronically where possible, but however you choose to complete the declaration please send this to **GPM@aviva.com** or Group Protection Medical Underwriting Department PO Box 3240, Norwich, NR1 3ZF.

If you require any assistance with this form or the completion of this form, please contact us at **GPM@aviva.com** or on 0800 068 2110. Calls to and from Aviva may be recorded and/or monitored.

Wherever possible you should complete this form yourself. If this isn't possible you must ensure that the answers provided are complete and correct, and confirm who has completed the form in the 'Declaration, authority and consent' section later in this form.

1. Personal Information

Title

First name

Surname

Sex Male ☐ Female ☐

Date of birth D D M M Y Y Y Y

email address

Contact phone number

Address

Postcode

Name of your company/employer

Current occupation

Hours worked per week

Approximate annual business mileage

Please note that sometimes we will need to request a report from your doctor. If you have had a medical examination within the last six months and have a copy, please send it to us using the postal or email address shown later in this form.

Your doctor's name and the address of their surgery. This should be the doctor who holds your medical records

Postcode

Your surgery's phone number

Your surgery's email address

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

Country					
Location(s)					
Trips per annum					
Duration per trip					

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? Yes ☐ No ☐

Please note, we do not need to know about indoor bouldering/climbing, one-off track days, on-piste skiing, or diving less than 30m. If **yes**, we will contact you separately for further information.

3. Medical & 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) How many alcoholic drinks do you consume per week None ☐

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 have 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 would 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 later in 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) Have you ever been treated in hospital due to Coronavirus (COVID-19)? Yes ☐ No ☐

3k) Within the last 14 days have you experienced any new or ongoing symptoms of a cough, a high temperature or fever, breathing difficulties, a loss or change to your sense of taste or smell, or been diagnosed with, or suspected to have, Coronavirus (COVID-19)? Yes ☐ No ☐

4. Have you ever suffered from or been diagnosed with any of the following. Please tick 'Yes' or 'No' to all of the following questions and provide details in the table below. Please ensure that you answer every question.

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. In the last 5 years have you suffered from or been diagnosed with any of the following? Please tick 'Yes' or 'No' to all of the questions 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 ☐

If you have answered **'Yes' to ANY questions between 4a - h, and 5a - p, please complete the following table. Providing full details will help us to make our decision.** If you require additional space, please see the **'Additional Information'** page at the end of this form.

The question number(s) answered 'yes' above. If you are 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 (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?			

Continued overleaf

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 ☐

If you have answered 'Yes' to one or more of the questions on the previous page, 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.)		

7. Family History & Genetic Testing

The Association of British Insurers Code on Genetic Testing and Insurance means that you need to tell us if you have 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 are only completing an application for Group Income Protection please disregard question 7a.

If you are 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 are applying for Group Life Assurance and/or Group Income Protection you will still need to complete the following section.

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

If you would 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 the **Additional Information** section within this declaration.

7b) 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

Apart from anything you've already told us about:

7c) 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) Yes ☐ No ☐

Additional Information

If you require any additional space for questions between 4a - h, and 5a - p, please complete the table below.

The question number(s) answered 'yes' above. If you are 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 (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?			

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

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** 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

If this form has been completed by anyone other than the applicant, please indicate who has completed it

Name

Relationship

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

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.

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What happens next?

Please ensure that:

- You have completed all 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.

The email address to send your medical declaration to is:

GPM@aviva.com, or;

The Chief Medical Officer's email address is:

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

The postal address to send your medical declaration to is:

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

If we require any further information from you, we will call you on the phone number you have provided.

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.