

Evidence of health form

If your personal circumstances mean you need any additional support, or if you'd like a large print, Braille or audio version of this document, please visit aegon.co.uk/additionalsupport or call 03456 10 00 10 (call charges will vary).

You should complete this form where death-in-service benefits are to be provided or increased, and/or waiver of contribution benefits are to be provided, unless its completion is formally waived by Aegon.

Please see the 'Important notes on completing this form' section at the back of the form.

Please read the following important information before completing this application form. These notes will give you some important details about the information you're being asked to provide and our procedures for dealing with it.

- You must provide the answers personally for this policy. If any details are already completed by someone else, check these before you sign the declaration in section 5. If any details are incorrect or incomplete you should change these and initial the changes.
- The questions asked in this application form cover the facts that we regard as being material to our assessment of your application.

The answers you give form the basis of a contract for death-in-service and/or waiver of contribution benefits. When answering a question you're personally responsible for making sure you've given complete and accurate information. You should not make any personal assessment whether the information is relevant or not. If you're in doubt about the information required you should give full details. If you don't disclose all relevant facts, the protection provided by the policy could be lost or cancelled and your claim rejected.

- You shouldn't assume that we'll write to your doctor for medical information.
- You must not partially disclose information when answering any question and assume that we'll write to your doctor.
- You must tell us about any changes in health and/or circumstances during the period between completion of this application and the start of the policy.
- Should the answers to any of these questions change between completing this form and receiving confirmation that your total benefit has been accepted, you must inform us immediately.
- For confidentiality, or if you would prefer not to answer any or all of the medical questions in the presence of your financial adviser, you have the right to send your answers in a sealed envelope direct to Freepost RUCB-LLTY-GBKL, Chief Medical Officer, Sunderland, SR43 4DT. You can attach the envelope securely to this application form.
- If you're applying for insurance with other companies at the same time, by signing the declaration in section 5 you are consenting to copies of medical reports being sent to other companies at their request.

However, if another company approaches us to provide copies of highly sensitive information, including HIV or genetic test results, we'll ask for your specific permission before giving it.

- Once we've assessed your application we'll notify you of the terms on which we're prepared to offer protection.

A copy of our confidentiality policy is available on request.

1. Personal details

Please complete this form in BLOCK CAPITALS and ballpoint pen.

See the important notes in section 6 for help in completing sections 1 and 2.

Scheme name

Plan number

Title

Full forename(s)

Surname

Home address

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Marital status

Should any medical examination be required, please provide contact telephone number(s) and email address so that this may be arranged at a time and place convenient to you.

Home

Work

Email address

2. Medical details

Important note

If you answer 'yes' to any of the questions in this section please provide further details in the space below the appropriate question (if additional space is required please use the 'Extra Information' section). The important notes at the back of the form in section 6, will help where specific information is required.

Genetic test results

In accordance with the Association of British Insurers' policy on genetics, you don't need to tell us about any genetic test result which you have had if this application for insurance, together with any other policies you already have, totals (a) £500,000 or less for life assurance and/or (b) £300,000 or less for other types of insurance.

Above these limits, you must tell us about certain genetic test results (ie those which the Government has specifically approved for use with the type of insurance for which you are applying). If you think this may apply to you, please ask for details of the current position.

However, you must tell us if you have a family history of, are experiencing symptoms of, or are having treatment for a medical condition, including any genetically inherited condition.

2. Medical details – continued

2.1 Country of birth

2.2 Occupation

2.3 Name and address of your usual doctor

Postcode

Telephone number

If this doctor has attended you for less than six months, please give the name and address of your previous doctor below.

Postcode

Telephone number

2.4 What is your height?

ft ins

 or

m

2.5 What is your weight?

st lbs

 or

kg

2.6 Has your weight changed by 7lb (3kg), either way, within the last two years?

☐ Yes ☐ No

2.7 Have you ever smoked or used any type of tobacco or nicotine products in the last 12 months or do you intend to do so in the future? This includes, but isn't limited to cigarettes, cigars, nicotine gum/patches, e-cigarettes or pipe/rolled tobacco.

☐ Yes ☐ No

If yes, tell us the average amount of the following that you've smoked or used a day over the last year. If you've only used nicotine replacement products such as gum, patches or e-cigarettes in the last year, please enter 0.

Cigarettes, including roll ups

Cigars

Other tobacco (in grammes)
1 ounce = 28 grammes

2.8 How many units of alcohol do you drink on average each week?

One pint of beer = 2.5 units

One 330ml bottle of beer = 1.5 units

One 175ml glass of wine = 2 units

One measure of spirits = 1 unit

units

If you don't drink alcohol please enter zero.

2.9 Has your regular consumption of alcohol or of cigarettes ever been greater than the amounts you have shown?

☐ Yes ☐ No

2. Medical details – continued

- 2.10 a** Have you ever tested positive for HIV or Hepatitis B or C, or are you awaiting the result of such a test?

Note: If the result is negative, the fact of having an HIV test will not, of itself, have any effect on your acceptance terms for insurance.

☐ Yes ☐ No

- b** Within the last five years have you been exposed to the risk of HIV infection? HIV infection can be caught through unsafe sex, intravenous drug abuse or blood transfusions or surgery undertaken outside the European Union.

☐ Yes ☐ No

If yes, please give full details including the duration of illness, investigations, date of diagnosis and treatment received.

- c** Within the last five years, have you tested positive or been treated for any disease which was transmitted sexually?

☐ Yes ☐ No

- 2.11** Have you consulted your own doctor within the last five years, or do you intend to do so, about anything other than:

- treatment or advice for colds, flu, or minor injuries which did/does not affect your capacity to perform your occupational duties;
- routine advice about contraception, or
- routine inoculation for travel or anti-tetanus?

☐ Yes ☐ No

- 2.12** Have you consulted or are you about to do so, or have you been recommended to consult: any other doctor or specialist, physiotherapist, hospital or clinic, or been treated, investigated or tested by them (including blood tests other than in connection with HIV/AIDS) within the last two years?

☐ Yes ☐ No

- 2.13** Have you at any time been, or are you expecting to be, treated for the following conditions by any doctor, specialist, hospital or clinic:

- a** High blood pressure, high cholesterol, heart condition or diabetes?

☐ Yes ☐ No

- b** Other disorders of the chest (including asthma), stomach or bowel which have lasted more than 10 days?

☐ Yes ☐ No

- c** Disorders of the liver, kidneys, prostate, blood, joints, skin, generative organs, brain or nervous system (including mental illness, anxiety, depression, attempted suicide)?

☐ Yes ☐ No

- d** Tumour or any condition requiring radiotherapy or chemotherapy?

☐ Yes ☐ No

2. Medical details – continued

e An operation?

☐ Yes ☐ No

f A chest x-ray (within the last five years only), other than a routine x-ray carried out for work purpose only and for which the result was negative?

☐ Yes ☐ No

2.14 Are you suffering at the moment from any illness, injury or impairment or from the after-effect of any of these?

☐ Yes ☐ No

2.15 Are you presently on a course of drugs, pills or tablets, or has a doctor recommended that you take any?

☐ Yes ☐ No

2.16 Are you receiving medical advice or any other type of treatment such as special diet, abstention, therapy, or physiotherapy?

☐ Yes ☐ No

2.17 Have you ever taken mood-altering drugs that were not prescribed by a doctor?

☐ Yes ☐ No

2.18 Have you ever had an application for life assurance, sickness/personal health assurance or critical illness (dread disease) insurance declined, deferred or accepted on special terms?

☐ Yes ☐ No

2.19 Have you ever withdrawn an application before the company notified you of its decision?

☐ Yes ☐ No

2.20 Does your occupation involve any hazard which may materially increase your risk of death or injury? Please state what percentage of your daily duties are subject to that hazard.

☐ Yes ☐ No

2.21 Do you take part in (eg) motor sports, mountaineering, diving, rugby or other contact or professional sport, potholing, flying (excluding flying as a passenger on a major airline), sailing or other pursuit or unusual hazard, or do you have any intention or prospect of doing so?

☐ Yes ☐ No

2.22 Have you any intention or prospect of going abroad to a country outside Europe or North America other than for yearly holidays?

☐ Yes ☐ No

If you are applying for waiver of contribution (disability) benefit please answer questions 2.23 and 2.24. If not, please proceed to question 2.25.

2. Medical details – continued

2.23 Does your occupation involve you in undertaking any manual duties, in driving, working at heights or in duties requiring a special degree of fitness?

☐ Yes ☐ No

Percentage of time on:

% manual duties

% driving

% average % of time spent working at heights

m average height worked in metres

2.24 At any time in the last five years have you been absent from work for a continuous period of more than seven days?

☐ Yes ☐ No

If you're applying for assurance (death-in-service), please answer questions 2.25 and 2.26.

2.25 Does the total of sums assured payable on your death, that are either proposed (including this) or already in force, amount to:

a under £250,000?

☐ Yes ☐ No

b £250,000 to £349,999?

☐ Yes ☐ No

c £350,000 or more?

☐ Yes ☐ No

2.26 Has any life assurance (death-in-service) been taken out on any **other** life (either by you or by any other person, person(s) or company) in connection with the purpose for which this application is being made or is there any intention to do so?

☐ Yes ☐ No

2. Medical details – continued

Extra information

3. How we use your information

Here at Aegon, we're committed to protecting and respecting your privacy. The personal information, including any special categories of personal information, for example medical data, we collect from you or others is required to enable us to verify your identity, assess your application for a plan, provide ongoing administration and assess any claims you make.

We need this information to carry out our obligations and provide you with the products and services under the terms of your contract with us. Without it, we wouldn't be able to provide you with a plan.

As part of our administration process, we work with carefully selected service providers (in other words suppliers) that carry out certain functions on our behalf. We only share the appropriate level of personal information necessary to enable our suppliers to carry out their services and they need to keep the information safe and protected at all times. Our suppliers must only act on our instructions and can't use your personal information for their own purposes.

The personal information we collect may be transferred to, and stored at a destination outside the European Economic Area (EEA). This could be to other companies within the Aegon Group or to our service providers. Where any such processing takes place, appropriate controls are in place to make sure that your information is protected.

We may disclose your information to licensed credit reference and/or fraud prevention agencies to help make financial or insurance proposals and claims decisions (this will be during the application or enrolment process and on an ongoing basis), for you and anyone you're linked with financially or other members of your household. Our enquiries or searches may be recorded.

As part of our underwriting process, we may use an automated decision-making tool. We've built rules into our underwriting engine which will either generate an automated decision or refer to one of our underwriters. We can review decisions if requested.

You can find more information on how we use and share your personal information, including how long we keep it and details of your rights at aegon.co.uk/protectinginformation or by contacting us to request a copy.

We'd like to keep you up-to-date with information about our news, products and services. If you'd like to hear more from us, please tick the relevant box below.

☐ Mail

☐ Phone

☐ SMS

☐ Email

By ticking the box(es), you're consenting to receiving marketing messages in this way from us. You can change your mind and unsubscribe at any time simply by contacting us. For more information on how to do this go to aegon.co.uk/protectinginformation

We won't pass your information to other companies outside of the Aegon Group for marketing purposes.

4. Access to medical reports

A. General practitioner's report consent declaration

Important notes

The cover will not start until we've assessed and accepted your application.

We may ask you to contact your doctor if we're waiting for reports which we have asked for.

If we ask you to come for a medical examination, we'll need to share the application information with another company we've authorised. They'll make the arrangements for the examination to take place.

If we request a general practitioner's report from your doctor, we may need to share the application information with another company we've authorised. They will make the arrangements to obtain the general practitioner's report.

We may need to send your application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of general reassurance principles and details of any company we use to assess your application from our head office.

We've a confidentiality policy in place, which means we hold your medical information securely and access is limited to authorised individuals who need to see it.

You're entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

B. Access to medical reports – your rights

- 4.1 We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 or Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. Your rights under the legislation are as follows:

- a You don't need to give your permission, but if you don't, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.
- b You can ask to see the report before the doctor returns it to us. If this is the case, we'll tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us. Once you have seen the report, your consent is required before it can be passed to us.
- c 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. We can send a copy of the report to your doctor if you ask to see it at a later date.
- d If you indicate on this form that you do not want to see the report before it is sent to us, we can ask the doctor for a report without notifying you. However, you can still write to the doctor and ask to see the report before it is sent to us. You will then have 21 days within which to make arrangements to see the report.
- e If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- f Your doctor can withhold access to the report if:
 - they feel that it would cause physical or mental harm to you or others, or
 - it discloses information given by or about another person (apart from another doctor who has attended you), who doesn't want their identity or the information revealed. In these circumstances, the doctor must notify you and you'll then be able to see only the non-confidential parts of the report. If the whole report is affected, the doctor must not send it to us unless you consent to this.
- g If you request a copy of the report under any circumstances, the doctor can charge you a reasonable fee to cover the costs of supplying it.

4. Access to medical reports – continued

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

- a Your current health:
 - any care, medication or treatment you are currently receiving, and
 - the results of referrals or tests you are waiting for.
- b Any time off work in the last three years.
- c Your past health:
 - 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 whether 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;
 - 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, and
 - any blood pressure readings in the last three years.
- d Any history of disease among your parents or brothers or sisters that you have told your doctor about.

4.3 We've asked your doctor not to reveal information about:

- a negative tests for HIV, hepatitis B or C;
- b any sexually transmitted diseases unless there could be long-term effects on your health; and
- c predictive genetic test results, unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

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

- a providing cover for you at normal rates;
- b imposing special rates for the level of cover being underwritten;
- c imposing special terms, for example, exclusions, to the level of cover being underwritten;
- d refusing to provide insurance; and
- e using the information to assess a claim.

4.5 Do you want to see the report before the doctor sends it to us?

- ☐ I **do** want to see the report before it is sent to you.
- ☐ I **don't** want to see the report before it is sent to you.

4.6 Contact us

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please write to Freepost RUCB-LLTY-GBKL, Chief Medical Officer, Sunderland, SR43 4DT.

5. Declaration

In this declaration 'I/me' means the applicant and 'you' means Aegon.

- 5.1 I consent to the Scheme Administrator or its representative obtaining from me or any other person or body to whom a duly authorised payment under the provisions of the Scheme is to be made, such evidence and information as it may need for this purpose.
- 5.2 I declare that to the best of my knowledge and belief the information given in this form, whether in handwriting or not, is true and complete.
- 5.3 I agree that this form and every answer or statement (if any) made, or to be made, by me to you or to a Medical Officer acting for you (in conjunction with the information given in this form) shall be the basis of the contracts between me and Aegon consisting in an Arrangement under the Scheme.
- 5.4 I acknowledge that deliberate or careless failure to answer any questions correctly and fully to the best of my knowledge and belief may result in the benefits not being payable.
- 5.5 I consent to you seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information from any insurer to which a proposal for insurance on my life has been made, and I authorise the giving of such information during or after my lifetime.
- 5.6 I undertake to tell you about any changes in any material fact which has been or should be disclosed, which occurs before the death-in-service benefit and/or waiver of contribution benefit come into force. A 'material fact' is information which might be likely to influence how you deal with this application.
- 5.7 I confirm that I haven't withheld any relevant information requested of me, whether of a medical nature or otherwise, in a belief that any doctor or medical adviser would supply the information on my behalf.

5.8 I consent to you making known, to my doctor (whose name and address I have given on this form), any medical information that is elicited by independent medical examination that may be relevant to my care of which they may be unaware.

5.9 I agree that should it be necessary for you to accept my application on terms which exclude payment of benefit in certain circumstances, they may be revealed in the normal course of business to my financial adviser.

Please note: If you do not agree to **a** and/or **b**, please delete the paragraph(s) **clearly**. Any exclusion in **b** could refer to personal information, for example a medical condition, of which your financial adviser may not otherwise be aware.

5.10 Consent to obtain medical report

- a I've been informed of my statutory rights under the Access to Medical Reports Act 1988 (corresponding legislation in Northern Ireland). I understand my rights in relation to the provision of any medical report.
- b I agree to you asking any doctor I've consulted about my physical or mental health to provide medical information so you may assess my proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I've applied for.
- c I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.

This information can also be used to maintain management information for business analysis.

5. Declaration – continued

5.11 By signing this declaration I am allowing you to process my application using the information that I've given. You may also use this information to process any claim made on this policy.

I've read the Declaration, important notes and information relating to my rights under the Access to Medical Reports Act 1988.

Date _____

D	D	M	M	2	0	Y	Y
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Signature of Applicant

x	x
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Important note

We will not assume risk for death-in-service and/or waiver of contribution benefits until the application for these benefits has been accepted, you've been notified of this acceptance, and the contribution paid.

In cases where, on health grounds, individuals are declined life assurance or only offered life assurance with an increased premium, this information will, in many cases, be shared via a central register with other insurance companies as a safeguard against non-disclosure or fraudulent claims.

6. Important notes on completing this form

Personal details

If you're applying for benefits under an existing plan, please enter the plan number.

Please enter the Scheme name. If you've a Group Personal Pension Plan, Group Self-invested Personal Pension or a Group Stakeholder Pension, enter your employer's name.

Medical details

For question 2.2, please state the industry in which you work and the exact nature of what you do. Please also state any other job you carry out for financial reward.

For questions 2.4, 2.5 and 2.6, give your exact height and weight; height without shoes, weight in ordinary indoor clothes. If your weight has changed by more than the stated margin, please explain why.

For question 2.8, if you normally drink (for example) beers and ciders of greater than normal strength (over 5%), please convert to measures of normal strength.

If your consumption of alcohol or cigarettes has ever been greater than the amounts shown, please state your previous consumption and why you reduced it.

If you've answered 'Yes' to question 2.10, please provide details. For confidentiality, you may send extra information direct to the Chief Medical Officer.

If you've answered 'Yes' to question 2.11, please state when you saw the doctor and why.

If you've answered 'Yes' to question 2.12, please state:

- when and why you saw the doctor;
- the name and address of the doctor and the hospital you attended, and
- the result of any investigation carried out.

If you've answered 'Yes' to questions 2.13-2.16, please state:

- when and why you saw the doctor;
- the name and address of the doctor and the hospital you attended, and
- the result of any investigation carried out.

If you've answered 'Yes' to question 2.18, please state the name of the life office and the date of application.

Give details of duties involving hazards, such as working at heights or use of dangerous substances (state the kind of substances). If working at heights, please state typical and maximum heights (and relevant percentage of your daily duties).

Please state the level at which you take part in your sport and with what frequency. The sports and pursuits named are given by way of example. Any sport or pursuit which carries the risk of injury or death to an extent greater than in ordinary daily life should be declared.

If you travel abroad regularly other than on short yearly holidays, please specify the nature, frequency and duration of your visits, which countries you typically visit and those which you have visited within the last three years and for how long.

Give details of duties that require special fitness, licence (for example HGV driving), or involve hazards such as working at heights or the use of dangerous substances.

In connection with question 2.26, examples of such contracts would be those for key employee assurances or persons who are parties to the same mortgage. If you've answered 'Yes', please provide the name of the life assured, the reason for the other cover, and the name of the person/company who effected the other policy.

When giving extra information, please indicate the number of the question to which the information applies.

