

For the insured person(s)

# General practitioner's report consent declaration

If your personal circumstances mean you need any additional support, or if you'd like a large print, Braille or audio CD version of this document, please call 03456 001 402 (call charges will vary) or visit [aegon.co.uk/onlineform](https://aegon.co.uk/onlineform)

Application reference

1st insured person

Full name

Date of birth

D	D	M	M	Y	Y	Y	Y
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2nd insured person

Full name

Date of birth

D	D	M	M	Y	Y	Y	Y
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## Important notes

If we need to carry out further underwriting, the policy won't start until we've assessed and accepted your electronic application and the first premium has been paid. If you have a full or quarter birthday (quarter birthdays are at three, six and nine months after a birthday) while the application is being processed, the terms may differ from those originally illustrated. In most instances the premiums will be as originally illustrated. We may offer revised terms, but occasionally we may not be able to offer any terms.

We may ask you to contact your doctor if we're waiting for reports which we've asked for. If we ask you to attend a medical examination or we ask your doctor for a general practitioner's report, we may need to share the application information with another company we've authorised. They'll make the arrangements for the examination to take place and/or to get the general practitioner's report.

We may need to send the application and relevant medical reports to our reinsurers for their opinion or agreement to the terms offered, or we may need to send them at a later stage for purposes relating to managing the policy. Please ask us if you want details of any company we use to assess the application.

We have a confidentiality policy in place, which means we hold all 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 policy conditions and/or a copy of your **Application record** and signed **Confirmation form** at any time.

## Access to medical reports

We may need to get medical reports to support the application. Before we can ask any doctor that you've consulted to complete a report, we need your permission under the Access to Medical Reports Act 1988 (or The Access to Personal Files and Medical Reports (Northern Ireland) Order 1991) (each referred to individually as the Act). Your rights under the Act are as follows:

- You don't need to give your permission, but if you don't, we may not be able to go ahead with the application. This doesn't prevent an application being made to other companies for insurance.
- You can ask to see the report before your doctor returns it to us. If this is the case, we'll tell your doctor to keep the report for 21 days so that you can arrange to see it. If you haven't made

## General practitioner's report consent declaration – continued

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arrangements to see the report within this time, your doctor will send the report to us. Once you've seen the report, your consent is required before it can be passed to us.

- If you choose not to see the report at this stage, you may ask your 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.
  - If you indicate on this form that you don't want to see the report before it's sent to us, we can ask your doctor for a report without notifying you. However, you can still write to your doctor and ask to see the report before it's sent to us. You'll then have 21 days within which to make arrangements to see the report.
  - If you think that any part of the report isn't correct or is misleading, you may ask your 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.
  - 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, your 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, your doctor must not send it to us unless you consent to this.
  - If you ask for a copy of the report under any circumstances, your doctor can charge you a reasonable fee to cover the costs of supplying it.
  - The medical report your doctor completes asks about the following:
    - Your current health:
      - any care, medication or treatment you're currently receiving;
      - the results of referrals or tests you're waiting for, and
      - any time off work in the last three years.
    - Your past health:
      - details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP
- 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, 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, and
  - any history of disease among your parents or brothers or sisters that you have told your doctor about.
- If we ask your doctor for a report, we'll ask them not 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, or
    - predictive genetic test results, unless there is a favourable test result which shows that you haven't inherited a condition your family suffers from.
  - The information you and your doctor provide about your health may result in us:
    - refusing to provide insurance;
    - increasing premiums above standard rates;
    - excluding certain medical conditions, or
    - setting premiums at standard rates.

## General practitioner's report consent declaration – continued

If you have any questions about your rights under the Act or questions about the process of getting, assessing or storing medical information, please write to Aegon Protection, Sunderland SR43 4DJ.

Do you want to see any medical report before it's sent to us?

1st insured person  Yes  No

2nd insured person  Yes  No

### Declaration

In this declaration 'I' means the insured person(s) and 'you' means Aegon. You can sign and date this form in writing or by electronic signature. When you sign the form, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

- I agree to you asking any doctor I've consulted about my physical or mental health for medical information so you may assess the application.
- 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.
- I authorise those asked to give medical information when they see a copy of this consent form. This form allows you to gather medical reports within 12 months of the date that I signed this form, at any time in the event that I am ill, or after my death to support any claim made on the policy.
- You can use this information to maintain management information for business analysis.
- I've read the declaration, important notes and information relating to my rights under the Act.

### Signature(s) of the insured persons

Date

Print name

Signature of 1st insured person

Date

Print name

Signature of 2nd insured person

