

## DECLARATION

# ACCESS TO MEDICAL REPORTS ACT

### TO BE COMPLETED BY THE FINANCIAL ADVISER

First or only life assured

First or only life assured date of birth

Policy number

### IMPORTANT INFORMATION

If joint application and the doctor/clinic details are different for each life assured, please complete a separate AMRA form for each life assured.

### DOCTOR/CLINIC DETAILS

Failure to disclose relevant information may result in non-payment of a claim.

#### FIRST (OR ONLY) LIFE ASSURED

#### SECOND LIFE ASSURED (IF APPLICABLE)

1. Please provide doctor/clinic details

Name of doctor

Name of doctor

Clinic address  
  
Postcode

Clinic address  
  
Postcode

Telephone number

Telephone number

(i) Have you been with your doctor/clinic for less than 6 months?

Yes  No

Yes  No

If 'Yes', please provide previous doctor/clinic details.

Name of doctor

Name of doctor

Clinic address  
  
Postcode

Clinic address  
  
Postcode

Telephone number

Telephone number

## ACCESS TO MEDICAL REPORTS (CONTINUED)

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. Your rights under the act are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case, we will 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.

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.

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.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

Please note that VitalityLife may use a third party agency to obtain your medical report.

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

- Your current health.
- 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.
- 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;
  - musculo-skeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;

## ACCESS TO MEDICAL REPORTS (CONTINUED)

- 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.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

### **We have asked your doctor not to reveal information about:**

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be longterm effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not 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; or
- setting premiums at standard rates.

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: **Chief Medical Officer, VitalityLife, Sheffield, S95 1BW**

## **IMPORTANT NOTES**

The plan will not start until we have assessed and accepted your application, and we have been advised of the start date. If you have a birthday while your application is being processed, the terms may differ from those originally quoted.

In most instances your payments will be as originally quoted. We may offer you revised terms, but occasionally we may not be able to offer any terms.

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

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

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 have 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.

## ACCESS TO MEDICAL REPORTS (CONTINUED)

### DECLARATION

#### How we use your personal data

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

It is our policy to obtain a random sample of medical reports shortly after acceptance of insurance contracts to monitor the accuracy and completeness of the information given. By signing this declaration you will be giving us the right to request a medical report. We will write to tell you if we require such a report. Your rights under the Access to Medical Reports Act remain the same. In the event that the medical report highlights a material fact that you have knowingly failed to disclose, we reserve the right to reconsider the terms offered to you or cancel the policy.

For a copy of your Data Protection Notice please refer to your original application form or you can read our Privacy Policy at [vitality.co.uk/privacy](http://vitality.co.uk/privacy). If you have any questions about this please write to:

**The Data Protection Officer, VitalityHealth / VitalityLife, 70 Gracechurch Street, London, EC3V 0XL**

For certain products we will need to process sensitive personal information such as health information. By signing and returning this form, you consent to us processing your sensitive data.

- I/We hereby certify that the answers given have been accurately re-produced, that I/we have disclosed all material facts and I/we verify the truth of the answers. Moreover, I/we authorise that they form the basis of the contract applied for. In accordance with applicable data protection laws (including, but not limited to all laws and regulations in the United Kingdom including the Data Protection Act 1998 and laws and regulations of the European Union, the European Economic Area and their member states, applicable to the processing of personal data and the interception of communications in place from time to time), the medical collections agent will hold information about me on their computer systems.
- I/ We agree to you asking any doctor I /we have consulted about my/our physical or mental health to provide medical information so you may assess my/our 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/we have applied for. I/We 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/our death, to support any claim made on the plan proceeds.
- I/We have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.

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

### PLEASE COMPLETE ALL SECTIONS THAT APPLY

#### Signature of First or Only Life Assured

Full name

Date of birth

I **do not** want to see the report before it is sent to the company.

I **do** want to see the report before it is sent to the company.

Signed

Date

#### Signature of Second Life Assured

Full name

Date of birth

I **do not** want to see the report before it is sent to the company.

I **do** want to see the report before it is sent to the company.

Signed

Date

VitalityLife is a trading name of Vitality Corporate Services Limited. Vitality Life Limited (registration number 03319079) is the insurer that underwrites the VitalityLife plan. Vitality Corporate Services Limited (registration number 05933141) arranges and administers VitalityLife plans. Registered offices at 3 More London Riverside, London, SE1 2AQ. Registered in England and Wales. Vitality Corporate Services Limited is authorised and regulated by the Financial Conduct Authority. Vitality Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.