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Private and confidential

ReAssure

Declaration of health

You, your heath, lifestyle and occupation

Your personal details

Please complete this form in black ink and BLOCK CAPITALS. This section must be completed for all applicants.

Complete this section only if this is a joint life plan.

	First Life	Second Life
Full name		
Policy number(s)		
and commencement date(s)		

Please read the questions on the following pages and tick to indicate YES or NO. Where YES is ticked, full and accurate details should be given.

Information which could influence our assessment, knowingly withheld, may affect your benefits. If you are in any doubt whether particular details are relevant, these should be disclosed.

Genetic Tests

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals to:

- £500,000 or less for life insurance;
- £300,000 or less for critical illness, income protection or long-term care insurance.

Above these limits, you may need to tell us about certain genetic test results when applying for insurance. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you, please ask us for details of the current position. These details are also available from the ABI website at www.abi.org.uk/consumer2/disclosure.htm

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

1. Since completing the application(s) for the insurance(s) listed on the previous page:

	First Life	Second Life
a. Have you attended your doctor or been referred to any hospital, clinic or specialist, as an in-patient or out-patient?	Yes ☐ No ☐ *If YES, please give details of the reasons, treatment, advice and dates.*	Yes ☐ No ☐ *If YES, please give details of the reasons, treatment, advice and dates.*
b. Have you started taking any medication, whether or not prescribed by a doctor?	Yes ☐ No ☐ *If YES, please give the name of the medication, reason for this treatment and time for which this has been taken and is expected to be taken.*	Yes ☐ No ☐ *If YES, please give the name of the medication, reason for this treatment and time for which this has been taken and is expected to be taken.*
c. Have you been incapacitated from carrying out your occupation for more than two weeks at a time?	Yes ☐ No ☐ *If YES, please give the dates and reasons for the incapacity.*	Yes ☐ No ☐ *If YES, please give the dates and reasons for the incapacity.*
Are you now fully recovered?	Yes ☐ No ☐	Yes ☐ No ☐
d. Have you ever tested positive for HIV, 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 an effect on your acceptance terms for insurance.	Yes ☐ No ☐ *If YES, please provide details– for confidentiality these details may be sent with this form in a sealed envelope addressed to the Chief Medical Officer.*	Yes ☐ No ☐ *If YES, please provide details– for confidentiality these details may be sent with this form in a sealed envelope addressed to the Chief Medical Officer.*
e. Within the last five years have you tested positive or been treated for any disease, which was transmitted sexually, or are you awaiting the results of such a test?	Yes ☐ No ☐ *If YES, please provide details– for confidentiality these may be sent with this form in a sealed envelope to the Chief Medical Officer.*	Yes ☐ No ☐ *If YES, please provide details– for confidentiality these may be sent with this form in a sealed envelope to the Chief Medical Officer.*
f. Within the last five years have you been exposed to the HIV infection? (This could be caught through unsafe sex, intravenous drug abuse, or blood transfusion or surgery undertaken outside the UK.)	Yes ☐ No ☐ *If YES, please provide details– for confidentiality these may be sent with this form in a sealed envelope to the Chief Medical Officer.*	Yes ☐ No ☐ *If YES, please provide details– for confidentiality these may be sent with this form in a sealed envelope to the Chief Medical Officer.*

	First Life	Second Life
g. Other than mentioned above, have you received any medical advice or treatment or are you aware of any condition for which you are considering seeking medical advice or treatment?	Yes ☐ No ☐ *If YES, please give the dates and details of the reasons, treatment, or advice given.*	Yes ☐ No ☐ *If YES, please give the dates and details of the reasons, treatment, or advice given.*
2. Have you changed your occupational duties since completing the application(s) for the insurance(s) listed previously?	Yes ☐ No ☐ *If YES, please give full details*	Yes ☐ No ☐ *If YES, please give full details*
3. Are you likely to travel outside the UK for any reason other than for brief business trips to major centres or for holidays?	Yes ☐ No ☐ *If YES, please state where, for how long and why.*	Yes ☐ No ☐ *If YES, please state where, for how long and why.*
4. Do you intend flying (except as a passenger of a recognised air service) or undertaking any hazardous pursuit or hobby (such as motor racing, mountaineering or diving)?	Yes ☐ No ☐ *If YES, please give full details*	Yes ☐ No ☐ *If YES, please give full details*
5. State the name and address of the doctor who attends you or knows you through attending your family.	Postcode	Postcode

Additional information

Access to Medical Reports

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.

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;
  - 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.
- 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 long-term 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:

ReAssure Limited, PO Box 2820, Romford, Essex RM7 1GJ

PLEASE INDICATE WHETHER YOU WISH TO SEE THE REPORT BEFORE IT IS SENT TO US, BY TICKING THE APPROPRIATE BOX BELOW.

I do not want to see the report before it is sent to ReAssure Limited. First Life ☐ Second Life ☐

I want to see the report before it is sent to ReAssure Limited. First Life ☐ Second Life ☐

Declaration

- I agree to you asking any doctor I have 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 have applied for. 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.

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

I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.

Signature of First Life

Date D D M M Y Y Y Y

Signature of Second Life

Date D D M M Y Y Y Y

Declaration

Declaration by the life/lives to be assured
I/We declare that to the best of my/our knowledge and belief the statements contained herein, whether in my/our own handwriting or not, are true, accurate and complete in every respect and I/we know of no other circumstances affecting my/our insurability. I/We consent to ReAssure Limited (the Company) at any time before or after my/our death seeking medical information from my doctor who at any time has attended me/us concerning anything which affects my/our physical or mental health or seeking information from any insurance company to which at any time an application has been made for insurance on my life/our lives, and I/we authorise the giving of such information.

Declaration by the policyholder(s)
I/We declare that to the best of my/our knowledge and belief the statements contained herein are true, accurate and complete. I/We will inform ReAssure Limited in writing of any change occurring before the reinstatement of the plan(s) either in the state of health of the life/lives to be assured or any other material facts and understand failure to do so may result in the proposed contract(s) being cancelled.

Consent Clause

Using information about you
ReAssure Limited (ReAssure/we/us) will store and process your information on their computers and in any other way. 'Your information' relates to personal and financial information that Reassure will obtain from you or from third parties, such as joint policyholders, credit reference agencies or other organisations when applying for a policy, product or service.

Where you have provided personal information to us relating to others for the purposes of underwriting or administering your policy (including processing claims) we assume that you have obtained their consent to provide this information to us and also consent to us processing this information in accordance with this arrangement.

Personal Information which you supply to us may be used in a number of different ways:
- to underwrite, manage and administer the policy including validating and processing claims;
- to share with another insurance company to whom we are applying or may apply in the future, and with a reassurer;
- for assessment and analysis (including credit and/or behaviour scoring, market and product analysis);
- in referring to fraud registers or providing your information to fraud registers for the purposes of detecting fraud or where fraud is suspected; and
- to develop and improve our services to you and other customers and protect your interests.

ReAssure is authorised to make to make credit reference, identity (including searching the electoral register), fraud and other enquiries.

We may disclose your information, including medical and health information, and how you manage your policy to the following:
- People who are providing a service to us or are acting as agents for us, on the understanding that they will keep your information including medical and health information, confidential.
- To a reassurer for the purposes of underwriting, managing and administering the policy including validating and processing claims.
- Anyone to whom we transfer or may transfer your rights and duties under this agreement.
- We may also give out your information if we have a duty to do so or if the law allows us to do so.

ReAssure will only use and disclose the medical and health information in your application form and any other medical and health information that you may give us or may be obtained from third parties as part of your application or otherwise for the purpose of underwriting, administering the policy and validating and processing claims.

If we transfer your information to a service provider or agent in another country, we will make sure that the service provider or agent agrees to apply the same levels of protection as we are required to apply to information held in the UK and to use your information only for the purpose of providing the service to us.

We would like to share with you information about products or services which may be of interest.

If you do not wish to receive details of products or services please tick this box. ☐

Signature of First Life to be Assured/Applicant — Date D D M M Y Y Y Y

Signature of Second Life to be Assured/Applicant — Date D D M M Y Y Y Y

Signature of Applicant (if different) — Date D D M M Y Y Y Y

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If you would like this document in Braille, large print or audio tape/CD
please call 0800 197 5616

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