



ReAssure

Private & Confidential

Declaration of Health

Important notes

Please answer all sections of this form honestly and in full. If you miss out or incorrectly state any material facts, we may not be able to pay a claim, and it could result in cancellation of all the benefits under your policy or policies. Material facts are those which an insurer would regard as likely to influence the assessment and acceptance of an insurance policy. If you are not sure whether a particular fact is relevant, you should include it.

Changes in your circumstances

You must tell us in writing if anything you tell us in this declaration changes before the policy is reinstated, such as a change to:

- your health;
- your family history;
- your occupation;
- taking part in any hazardous pastimes including (but not limited to); aviation (other than as a fare paying passenger), motor sports, climbing or diving;
- where you travel to;
- where you live.

Your medical details

We will rely on the information you give us, and you should not assume that we will clarify or confirm with your doctor any facts you have given.

Completing the form

To complete this form please:

- use BLOCK CAPITALS only;
- use blue or black ink;
- tick boxes as appropriate;
- please initial and date any changes or corrections made to the answers given on the form.

If someone else completes the form for you, for example your financial adviser, please check the details are correct before you sign the declaration.

If any relevant sections are incomplete, we will write to you and ask for the missing information, which may delay your application.

All references to ReAssure in this declaration mean ReAssure Limited.

Copies of this completed declaration are available on request.

Failure to disclose relevant information may result in non-payment of your claim, and we may cancel all cover under your policy/policies

Internet Accessed

ReAssure Ltd, Registered Office: Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB
Registered in England No. 754167

Tel: 0800 073 1777 Fax: 0870 709 1111 Email: customers@reassure.co.uk www.reassure.co.uk
ReAssure Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm reference number 110495. Member of the Association of British Insurers.



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A Details of the person or people who are covered

Policy Number (s)	
First or only life insured (Life 1)	
Second or joint life insured (Life 2)	
Date of original application	

B Underwriting questions

Since the date you signed the last application form for this policy (s):

	Life 1		Life 2	
	Yes	No	Yes	No
Have you suffered from or undergone any investigation or received medical advice for any injury or illness?	☐	☐	☐	☐
Have you been referred to or consulted a GP, specialist, hospital doctor or surgeon?	☐	☐	☐	☐
Have you any condition or symptoms for which you intend seeking medical advice or treatment in the near future?	☐	☐	☐	☐
Have your drinking or smoking habits changed?	☐	☐	☐	☐
Have you tested positive for HIV/AIDS or Hepatitis B or are you awaiting the results of such a test? <i>(If the result is negative, the fact of having a HIV test will not in itself have any effect on your acceptance terms for insurance)</i>	☐	☐	☐	☐
Have you changed your occupation?	☐	☐	☐	☐
Have you engaged in any hazardous pastimes or pursuits, or do you intend to do so?	☐	☐	☐	☐
Have you travelled or resided abroad, or do you intend to do so?	☐	☐	☐	☐
Have there been any changes to your family medical history in respect of your parents, brothers and sisters?	☐	☐	☐	☐

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Additional information - If you have ticked one or more of the "Yes" boxes overleaf, please provide full details in the space below for each life assured. If you need more space, please use a separate sheet.

Life one full name:

Life two full name:

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C Doctor's details

	Life 1	Life 2		
Address (please use BLOCK CAPITALS):	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
Telephone number:	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	



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D Declaration by the life/lives assured and Consent to obtain a Medical Report

Please read the information concerning your rights under the Access to Medical Reports Act and the Declaration below carefully before signing this form. If you do not fully understand any questions or parts of this form or the Declaration, you should not sign the Declaration until all your queries have been clarified to your satisfaction.

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 (or Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 if you live in Northern Ireland). Your rights under the Act are outlined below.

- You do not need to give your permission, but if you don't, we may not be able to continue with your application. This does not prevent you from applying to other companies for insurance.
- If you wish to see the report before the doctor returns it to us, we will tell them to keep it for 21 days, which will delay your application. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- Alternatively you may ask the doctor for a copy within six months of it being sent to us. We can also 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 incorrect or 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 will complete 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 (excluding minor self limiting ailments / conditions) 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 any of the following:

- malignancy (cancer), cardiovascular (heart) disease, diabetes, or degenerative (gradually worsening) diseases
- musculoskeletal disease or injury, for example arthritis, rheumatism, back problems or any other disorder of the joints or muscles

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- 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, smoking or chewing tobacco.

Details of:

- any biopsies, blood tests, electrocardiograms (heart tests), **diagnostic** genetic test results, height, weight (if measured in the last two years), urinalyses (urine tests), 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;
- predictive genetic test results.

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

- refusing to provide insurance;
- setting exclusions or postponing cover;
- increasing premiums above standard rates;
- setting premiums at standard rates.

If you have any questions about your rights under the Act or questions relating to the process of obtaining, assessing or storing medical information, please write to:

Underwriting Department, Reassure Limited, Windsor House, Ironmasters Way, Telford Centre, TF3 4NB

Declaration

- 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 agree to you using this information to maintain management information for business analysis.
- I/We do **not*** wish to see the report before it is sent to Reassure (*only delete the word **not** if you do wish to see your medical report. ***You should note this is likely to delay us processing your reinstatement***).

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- I/We declare that I/we have read the entire Declaration of Health form after it was fully completed and that I/we are satisfied that all the answers and statements in this form are true and complete (including those completed by my/our Financial Adviser). I/We agree that this declaration shall be incorporated with and form part of the original application I/we completed.
- I/We acknowledge that if I/we fail to disclose all facts which are likely to influence the assessment and acceptance of this application or provide Reassure with full and accurate information about any aspects of my/our health, smoking or drinking habits, occupation, hazardous pastimes or pursuits, residency or family history that any subsequent claim may be rejected.
- **I/We acknowledge that I/we must advise Reassure immediately of any changes in my/our circumstances or health between the date I/we sign this declaration and the date my/our policy starts or is reinstated, which now make any of the answers on my/our original application form or on this declaration incomplete or incorrect.**
- By signing this declaration I am/we are allowing you to process my/our policy reinstatement using the information that I/we have given. You may also use this information to process any claim made on this policy.
- **I/We have read the declaration and information relating to my/our rights under the Access to Medical Reports Act 1988, or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 or, in the Isle of Man, the Access to Health Records and Reports Act 1993.**

	Life 1	Life 2
Signed:		
Date:		

** Delete as appropriate throughout.*

Reassure will **not** use the information you have provided to let you know about other products and services we offer.

Privacy notice - What ReAssure does with your data

This is a summary of our full privacy notice which can be found at www.reassure.co.uk/privacypolicy. Our full privacy notice gives more detail on what information we collect about you and the legal bases we rely upon to process it, who we share it with, and your rights.

What is ReAssure's role?

We're responsible for looking after the information you share with us to help us administer your plan and provide products and services to you

What types of information do you collect?

We collect your personal information to help us to administer your policy, but will only ask for the minimum amount we need. This could include:

- Name
- Contact details
- Employment
- Financial information
- Health and lifestyle
- Information about you from a third party

Why do you need my personal and/or medical information?

We need your information to offer and administer your policy, assess any claims and deal with complaints. If we don't have this information, we won't be able to do this or keep you informed when key events happen.

How long do you keep my personal information for?

We only keep personal information for as long as necessary to administer your plan and deal with claims and queries on your policy, or where we are required to do so for legal, audit, regulatory review or tax purposes.

What rights do I have with my information?

You can request	Information
A copy of all the personal information we hold about you (known as a subject access request).	We'll provide this within one month once we have all our requirements (for example verifying your identity), free of charge.
We update incorrect or incomplete information.	We'll do this on notification but may need some evidence (for example a birth certificate to change your date of birth).
We stop processing your information.	If information is incorrect – this will restrict the administration of your policy.
To receive personal information we hold about you in a re-useable, machine-readable format (known as data portability).	The information to be provided would be limited to the information provided by you. This would be provided in one month and free of charge.
That we delete your information.	Where we no longer have a valid reason to keep it.

**Will my data be used for automated decision making?**

We use automated tools to give you quotations and policy values, decide if, and on what terms we can offer insurance, for example policy reviews and renewals, fraud checks and deal with claims. You can ask for an automated decision to be reviewed by a person.

How does ReAssure keep my information secure?

We'll protect the confidentiality and security of your information and put in place appropriate security measures to safeguard your information.

Does my information get transferred outside the European Economic Area?

To administer your policy, we may need to transfer your information to another country, including those outside the European Economic Area (EEA). We require any organisation who receives your information from us, to treat it with the same level of protection as if we were dealing with it.

How do I contact ReAssure's Data Protection Officer?

If you'd like to contact our Data Protection Officer (DPO) or would like any more information, you can write to:

The Data Protection Officer, ReAssure, Windsor House, Telford, TF3 4NB.

How do I make a complaint about the way you treat my information?

We make every effort to get things right first time, but we know that sometimes things can go wrong. If this happens let us know, and we'll do everything we can to put it right. You can call or write to us using the contact details on our covering letter, or you can fill in a form at **www.reassure.co.uk**.

If you're not happy with our response you can raise your concerns with the Information Commissioners Office (ICO) by visiting **ico.org.uk**. They also have a helpline that's open Monday to Friday 9am to 5pm on 0303 123 1113.