

## DECLARATION OF HEALTH

### IMPORTANT NOTES :

**You should take reasonable care to answer all the questions honestly and to the best of your knowledge. If you do not answer all of the questions fully and accurately, the cover in the event of a claim may be rejected or not fully paid.**

- You must remember that all items of information asked for in this form are taken into account when assessing your cover. As we rely on the information you provide, you must take reasonable care to ensure the information you provide is correct, so you need to answer each question fully and truthfully.
- You must not assume that we will contact your doctor to obtain medical information.
- This Declaration of Health, along with any other information provided forms the basis of our agreement to consider providing cover that is not automatically granted by your scheme membership.
- In addition to the information you provide on this form, we may need to obtain further information about your health. This may involve us asking your doctor to provide us with a report, or contacting you to make arrangements for a medical examination should we require this.
- You must tell us about any changes in your health or circumstances that alters any answers you have given, whether or not you seek medical advice, during the period between completion of this form and the date we communicate the terms on which cover will be offered.

### Section A - Personal contact details

1. Scheme name:

2. Title (please tick):

<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other:	<input type="text"/>
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3. Surname:

4. Forename

5. Gender:

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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6. Date of birth:

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7. Home address:

Postcode:

## Section B – Health and hazardous pursuits

**1. Are you currently receiving, or are you waiting to receive any medical advice or treatment?**

Yes		No	
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If yes, please provide full details:


**2. Have you consulted a doctor since you completed the original member's declaration? (Please ask your IFA if you need a copy of your form)**

Yes		No	
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If yes, please provide the name and address of the doctor you consulted, date, reason and treatment prescribed:


**3. Since you completed the original member's declaration, has there been any changes to your:**

**3 a) Occupation?**

Yes		No	
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**3 b) Hazardous pursuits?**

Yes		No	
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**3 c) Country of residence?**

Yes		No	
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If yes, please provide full details:


## Section C - Your declaration and consent

- I confirm that I have answered the questions in this declaration and any additional forms honestly and have taken reasonable care to ensure those answers are correct.
- I confirm that I will tell Optimal about any changes in my health or circumstances that would make the answers to the questions in this declaration incorrect or untrue, whether or not I seek medical advice, during the period between completion of this form and the date Optimal communicates the terms on which cover will be offered. I understand that if the information or statements I have given are not true, or changes in such facts are not notified to Optimal, the cover in the event of a claim may be rejected or not fully paid.
- I agree that the information and statements in this form and any other information provided, or to be provided by me, form part of the basis of the cover. This means that if they are not true, Optimal can cancel the cover.

I agree to you:

- Asking any doctor I have consulted about my physical or mental health to provide medical information.
- Gathering any relevant information (e.g. health, lifestyle including the result of any HIV test) from other insurers to which I have applied to.

**Please indicate if you want to see any medical report prepared by any doctor you have consulted about your physical or mental health before your doctor sends the report to us:**

Yes	No
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- I authorise those asked to provide relevant information when they see a copy of this consent form. This form allows you to gather relevant information within 6 months of this application for cover under the group policy, or after my death, to support any claim made in respect of me on the group policy.
- I authorise you to pass any abnormal findings or test results from any independent medical examination held or associated tests to my own doctor.
- I understand that by signing this declaration I consent to Optimal using and sharing my personal information as described in "Section F-data protection". Should my consent of the processing of sensitive data not be given, it may not be possible to underwrite my application, in which case Optimal may be unable to provide the level of cover which is being assessed.
- I agree that a copy of this declaration will have the validity of the original.
- I understand that by signing this declaration I will be giving consent to allow Optimal to notify my employer, or the trustees of the scheme, or their Financial Adviser, of the underwriting decision (including any special terms) for the level of cover being assessed. I can choose not to complete this form, in which case Optimal will be unable to provide the level of cover being assessed.
- I confirm that I have read and accepted this declaration and consent, together with my rights under the Access to Medical Reports Act, the Data Protection Act and the Important Notes at the beginning of this form.

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Please tick this box if you have attached any other information in a sealed private and confidential envelope for the attention of the Chief Medical Officer

By signing this declaration and consent I agree to all of its contents

Signature	
Print name	
Date	

## Statement of practice on genetics

Under the Association of British Insurers' (ABI) policy on genetics and insurance, you do not have to tell us about any genetic tests results you have had if the level of cover, taken together with any other similar insurance policies you may have, totals £500,000 or less. If the level of cover is above this limit, you may need to tell us about certain genetic test results.

We will only be interested in genetic results where the Government's Genetics and Insurance Committee has approved them for insurers to use. If you think this may apply to you, please contact us or visit the ABI's website at

<https://www.abi.org.uk/Insurance-and-savings/Topics-and-issues/Genetics>

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. If you wish to tell us about a negative genetic test result we will be willing to consider this when assessing your application.

## Access to medical reports – your rights

We may need to request medical reports before we can accept your cover. Before we can ask any doctor that you may have consulted to fill in 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.

Your legal rights are:

- You do not have to give your consent but if you don't we may not be able to provide the level of cover which is being assessed.
- You can ask to see the report before your doctor sends it to us; if you do, we will ask your doctor to hold onto the completed report for 21 days so that you can arrange to see the report. 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 can ask your doctor for a copy of the report at any time during the 6 months after it has been sent to us.
- You can ask your doctor to amend the report if you consider any aspect of the report to be incorrect or misleading. If your doctor refuses to make the amendments, you may add your comments to the report.
- Your doctor can refuse you access to the report if he or she feels it would cause physical or mental harm to you or others.

The medical report that your doctor completes will ask about:

- Past and current health including relevant consultations, treatment, operations, investigations and test results that you may have undergone at any surgery, hospital or clinic, or the results of referrals or tests you are waiting for.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

The medical report will not ask 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 tests results unless there is a favourable test which shows you have not inherited a condition your family suffers from.

## Data Protection

Any personal information you may provide to Optimal, as data controller will be processed in accordance with our obligation under the Data Protection Act 1998.

The information provided on this form, together with medical and other information about you, will be used for the operation of insurance which covers you and the employee benefit arrangement provided by your employer. We will only use this information solely for the purposes of underwriting, setting up and administering policies and processing any claims.

We may need to share personal information with:

- The Original Holloway Friendly Society Limited
- Our reinsurers
- Other insurers you apply to for cover (your written consent will be requested before we share any medical reports or other underwriting evidence about you with any other insurer)
- Official bodies where we are legally obliged to do so or third parties that provide us with products or services

Your personal data will be available only to those people who have a legitimate need to see it. For example, sensitive data, such as medical records and health information, will be used for the purposes of underwriting or the processing of any subsequent claim.

If a medical report indicates abnormal findings or test results, we will inform your doctor if we believe this to be in your best interest.

All information provided may be retained for up to 7 years from the date of your application or when you cease to be insured by us, whichever is the latter.

Your rights under the Data Protection Act 1998 include asking for a copy of your data (a small fee may be charged) and having data that is wrong corrected. To do so, please contact us at: 4200 Waterside, Solihull Parkway, Birmingham Business Park, Birmingham, B37 7YN.

We are not authorised to give financial advice, so we suggest you contact your financial adviser for advice. Optimal is a trading name of HF Life Limited (FRN 613348) and a subsidiary and appointed representative of The Original Holloway Friendly Society Limited. Registered in England (No. 8649971) Registered Office Holloway House 71 Eastgate Street Gloucester GL1 1PW

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2014-012v1