Member's declaration form

This first page needs to be completed by the financial adviser or policyholder.
Please complete all the questions in this part of the form fully, so that we can progress the underwriting assessment quickly.
Please send this completed page attached to the fully completed member's declaration in a sealed envelope to: Chief Medical Officer, Optimal, 4200 Waterside, Solihull Parkway, Birmingham Business Park, Birmingham, B37 7YN

Scheme name:

Policy number:

Member details

Member name:

Postcode of normal place of work:

Scheme salary: £

Category and benefit basis:

Reasons for underwriting

Please confirm:

Date employment started: / /

Date member joined the scheme: / /

Please tell us the reason why medical underwriting is needed (tick relevant box).

	First time above free cover limit or an increase to benefit already accepted
	Member does not meet scheme eligibility
	Late entrant
	Early entrant Please confirm date member would normally be eligible to join: ...../……/……

If the reason for medical underwriting is not due to one of the above reasons, please provide full details here:

Member's declaration form

The employee needs to complete all sections of this form

Introduction

Most group life insurance policies provide cover up to a set limit without the need for medical underwriting. We call this limit the free cover limit.

You need to complete this form because:
- You do not qualify for the free cover limit; or
- You are entitled to cover in excess of the free cover limit

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.

Before completing this form, please read both the important notes and the declaration and consent sections of this form.

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.
- You should provide the answers on this form personally. If someone other than you records your answers on this form, you must read over the answers and ensure you agree that they accurately reflect your answers. Any amendments or alterations should be completed and initialled by you.
- In addition to the information you provide on this form, we may need to get further information about your health and lifestyle. 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.
- We may need to send your details and relevant medical records to our reinsurers for their opinion or agreement of the terms offered.
- 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.

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.

Section A - Personal contact details

1. Scheme name:

2. Title (please tick):

	Mr		Mrs		Miss	Other:	

3. Surname:

4. Forename

5. Gender:

	Male		Female

6. Date of birth: / /

7. Country of birth:

8. Home address:

Postcode:

9. Telephone number:

10. Please confirm your preferred methods for us to contact you if we need additional information from you (tick all applicable):

	To your email address		Medical information requests via financial advisor
	Correspondence & medical information requests posted to home address		I do not wish for medical information requests to go via the financial advisor

11. It may be quicker and easier to contact you by email to clarify unclear information on this form and to obtain any additional information we may need. Please provide your e mail address if you confirmed above that you are happy for us to contact you in this way. (We will only use this to contact you directly and will not pass your email address on to any third parties not connected with this cover)

12. Please confirm the contact details for your usual doctor / GP. If you have changed doctors within the last 6 months please also provide contact details for your previous doctor:

Usual doctor:

Name	Dr
Address	
Postcode	
Tel no'	

Previous doctor:

Name	Dr
Address	
Postcode	
Tel no'	

Section A – Personal contact details continued

13. Have you undergone a medical examination for your employer or private health plan within the last 12 months? (This may avoid the need for us to seek additional medical information, we will let you know if we need a copy).

Yes		No	

Section B – Occupation, travel and hazardous pursuits

1. What is your occupation and what activities or duties are involved?

Occupation		Duties	

2 a) Do you intend to travel (other than on holiday) outside of the following countries? – UK, Channel Islands, Isle of Man, all other EU countries, Andorra, Australia, Canada, Gibraltar, Hong Kong, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, USA or the Vatican City.

Yes		No	

If yes, please confirm destinations (including names of cities), durations and frequencies of trips below (please provide exact countries for Africa, Middle East, Asia or Far East):

2 b) Do you intend to reside outside of the UK, Channel Islands or Isle of Man?

Yes		No	

If yes, please provide details:

3 a) Do you take part in, or do you intend to take part in any hazardous sport? (e.g. motorsport, mountaineering, caving and potholing, aviation, diving, winter sports such as off piste skiing or heli-skiing, yachting etc).

Yes		No	

3 b) Please confirm which hazardous sports you take part in:

You need to complete a questionnaire in respect of any hazardous sports you take part in. Please go to www.optimalprotection.co.uk, click on resources, documents, print off, complete the relevant questionnaire and return it to us along with this completed member's declaration.

If your hazardous sport is not covered by the above questionnaires, please provide details on the next page:

Section B – Occupation, travel and hazardous pursuits continued

Activity	
Level of involvement	
Qualifications	
Location	
Frequency of participation per year	
Number of competitions per year	
Number of accidents in the last 5 years	
Membership of any related organisations	

Section C – Existing cover details

1. Have you ever applied to Optimal for any other protection products (either as an individual or through your company)?

Yes		No	

2. Have you ever had an application for life, health assurance or critical illness cover declined, postponed, or accepted with special terms or restrictions?

Yes		No	

If yes, please provide details below:

Cover type	Decision	Reason for decision	Insurer	Date decision made

Section D - Lifestyle

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.

1. Height and weight

1 a) What is your height?	ft inches	or	m cms	
1 b) What is your weight?	st lbs	or	Kilos	
1 c) What is your waist measurement?	inches	or	cms	

2. Alcohol

2 a) On average, how much alcohol do you drink each week?

Beer, lager or cider:		pints	spirits:		35ml measure
Wine:		175ml glass	alcopops:		275ml bottle

Section D – Lifestyle continued

2 b) Have you ever sought or been given medical advice to reduce your alcohol consumption or have you ever received alcohol related counselling?

Yes		No	

2 c) If yes, when and why were you given advice and, on average, how many units were you drinking each week?

3. Tobacco and smoking

Have you smoked cigarettes, cigars or pipe tobacco or used chewing tobacco or nicotine replacements (including electronic cigarettes, patches or chewing gum) within the last 12 months?

Yes		No	

If yes, please confirm what is used and the daily amount:

4. Non-prescribed drugs

4 a) Have you ever used or injected drugs that were not prescribed for you? Please include recreational drugs (e.g. cocaine, heroin, ecstasy or cannabis).

Yes		No	

If no, please go to question 5

4 b) If yes, please give the following details:

Name or type of drug	When	Last used

4 c) Are you now drug free?

Yes		No	

5. HIV / Aids

5 a) Have you ever tested positive for HIV / Aids, hepatitis B or C or are you awaiting the result of such a test?

Yes		No	

Note: If the result is negative, having had a test will not, on its own, have any effect on your acceptance terms for insurance

5 b) In the last 5 years have you been exposed to the risk of HIV infection? (This can be caught through unsafe sex, intravenous drug abuse or blood transfusions or surgery undertaken outside the EU, Australia, New Zealand or USA)

Yes		No	

Section D – Lifestyle continued

5 c) In the last 5 years have you tested positive or been treated for any disease, which is sexually transmitted?

Yes		No	

If yes, please provide full details below:

Note: If you have answered "yes" to question 5, for reasons of confidentiality, you may prefer to send information together with this form on a separate page in a sealed envelope addressed to the Chief Medical Officer (please ensure the scheme name is written on the envelope).

Section E – Medical details

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.

If you answer yes to any of the questions in the medical details section please provide details in the space provided. You can also complete a **medical conditions questionnaire** in respect of many of the medical conditions. **Completion of this form** (where relevant) **will speed up the underwriting process**. To print this form please go to: www.optimalprotection.co.uk click on resources, documents and complete the relevant section and return it to us along with this completed member's declaration.

1. Have you ever been diagnosed with, suffered from or been asked or advised to have any test or investigation for:

a) Cancer, leukaemia, Hodgkin's disease, lymphoma, brain or other tumours including benign brain or spinal growths? Yes | | No | |

b) Heart disease or disorder, including heart attack, angina, heart murmur, heart defects from birth, heart surgery, heart valve disorder or cardiomyopathy (a condition of the heart muscle)? Yes | | No | |

c) Disease or disorder of the arteries (e.g. narrowing, hardening, inflammation or fatty deposits) including disease in the legs or of the aorta? Yes | | No | |

d) Any disorder of the brain such as stroke, brain haemorrhage, transient ischaemic attack (mini stroke) or any brain injury? Yes | | No | |

e) Any form of diabetes or sugar in the urine? Yes | | No | |

f) Kidney, bladder, prostate or any other disorder of the genito-urinary system, including blood or protein in the urine? Yes | | No | |

g) Any neurological disorder including multiple sclerosis, Parkinson's disease, epilepsy, Alzheimer's disease, dementia, cerebral palsy, paralysis, motor neurone disease or muscular dystrophy? Yes | | No | |

Section E – Medical details continued

h) Any disorder of the digestive system, liver or pancreas (including cirrhosis or pancreatitis), stomach or bowel including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease?	Yes		No	
i) Any mental illness that has required hospital treatment or referral to a psychiatrist or other specialist?	Yes		No	
j) Lung disorders (excluding asthma and bronchitis) including sarcoidosis, emphysema, chronic obstructive pulmonary disease (COPD)?	Yes		No	
k) High blood pressure or ever had a blood pressure reading greater than 150/90?	Yes		No	
l) High cholesterol or ever had a cholesterol reading greater than 6.5?	Yes		No	

2. In the past 5 years, have you had, been diagnosed with, suffered from or been asked or advised to have any test of investigation for:

a) Asthma, bronchitis or shortness of breath?	Yes		No	
b) Chest pain or irregular heart beat?	Yes		No	
c) Gout, anaemia or any other blood disorder?	Yes		No	
d) Any disorder of the adrenal, pituitary or thyroid glands?	Yes		No	
e) Any nervous disorders (other than as disclosed in question 1i) including depression, anxiety, stress or eating disorders?	Yes		No	
f) Any numbness, loss of feeling or tingling of the limbs or face or optic neuritis (inflammation of the optic nerve)?	Yes		No	
g) Gout, rheumatism, or any form of arthritis?	Yes		No	
h) Any gynaecological disorder including abnormal smears?	Yes		No	
i) A lump or growth of any kind, or a mole or freckle that has bled, become painful, changed colour or increased in size?	Yes		No	
3. In the past 5 years have you attended or been asked to attend, any hospital or clinic for medical investigation, x-ray, scan, check-up or operation for any medical condition not already disclosed?	Yes		No	
4. Other than for the conditions you have already disclosed, are you currently taking any prescribed drugs, medicines, tablets or any other treatment or therapy?	Yes		No	

Section E – Medical details continued

5. Other than for the conditions you have already disclosed, are you considering getting medical advice or treatment, or are you waiting for any appointments or investigations with your doctor or other health professionals?	Yes		No	

If you answer yes to any of the questions in the medical details section questions 1 to 5, please provide details in the space provided below. You can also complete a **medical conditions questionnaire** in respect of many of the medical conditions. **Completion of this form** (where relevant) **will speed up the underwriting process**. To print this form please go to: www.optimalprotection.co.uk click on resources, documents and complete the relevant section and return it to us along with this completed member's declaration.

Please include dates/investigations/disorder(s)/treatment. If you have high blood pressure or raised cholesterol, please also provide your most recent readings. (If you need more space please continue on the additional information section on the last page of this form).

6. Have any of your natural parents, brothers or sisters, before their 65th birthday, been diagnosed with or suffered from any of the following?:

					Age when diagnosed	Relationship
Heart disease, including angina, heart attack, cardiomyopathy	Yes		No			
Stroke or raised blood pressure	Yes		No			
Cancer (specify type in box below*)	Yes		No			
Diabetes	Yes		No			
Polycystic kidney disease	Yes		No			
Multiple sclerosis, motor neurone disease or Parkinson's	Yes		No			
Haemochromotosis	Yes		No			
Familial adenomatous polyposis	Yes		No			
Huntington's disease	Yes		No			
Any other hereditary disorder(advise details in the box below)	Yes		No			
*Additional information:						

Section F – 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.

Section G – 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.

Section H – 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 agree that the information and statements in this form and any other information provided, or to be provided by me, are to the best of my knowledge and belief, true and no information or facts that would affect the underwriting or pricing of the risk in any way has been withheld.

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	

- 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.

☐ 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	

Additional information

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