



## DECLARATION OF HEALTH

### Application form

#### 1 Important information

Please read this section carefully before completing this application form.

- Please use BLOCK CAPITALS and black ink when completing this form.
- Please note that the right to benefit may be lost if any information is not disclosed which may affect the benefits provided. If you are unsure of what information to disclose, please disclose all information whether you think it is relevant or not.
- We will rely on the information you tell us and you must not assume that we will clarify or confirm any of the information you provide. You need to let us know before the cover or the increase in cover starts, if there are any changes which may affect the information you have provided to us.

#### 2 Your details

Please complete this section with your details.

Name of your employer's group pension plan (if applicable)

Your employer's group pension plan number

Title Mr  Mrs  Miss  Ms  Other (please specify)

Forename(s)

Surname

Marital Status Single  Married  Divorced  Separated  Widowed

Civil partnership  Civil partnership dissolved  Surviving civil partner

Maiden name (if applicable)

Date of birth

Place of birth

## 2 Your details continued

**Occupation**

(please state all)

Please indicate which of the following categories is most applicable to any of your occupations. Tick more than one box as appropriate if you have more than one occupation.

**Professional/clerical e.g. doctor, office clerk**

**Minimal manual work e.g. shopkeeper, hotel and catering staff**

**Appreciable manual work e.g. factory worker, motor vehicle mechanic**

**Heavy manual work e.g. construction worker, farm worker**

- 1 Has any proposal on your life ever been declined, deferred or offered on anything other than standard terms? If yes, please provide the name of the life office and the date in the space provided at the end of section 4. Yes  No
- 2 Have you submitted within the last twelve months or are you about to submit any proposals to other offices? If yes, please provide the details of the life office and the sum assured in the space provided at the end of section 4. Yes  No
- 3 Do any of your occupations or any of your hobbies or part-time pursuits involve any special risk or danger? Examples: exposure to explosives or dangerous chemicals, being at heights or underground, flying (other than as a fare-paying passenger), motor sport, diving. Yes  No
- 4 Are you connected with the armed forces, police force, the oil exploration/production industry or the liquor trade? Yes  No
- 5 Do you spend or expect to spend more than one month a year outside the United Kingdom? Yes  No
- 6 Have you been advised to or have you consulted a specialist, doctor or psychiatrist or attended a hospital or clinic as an in-patient or out-patient within the last five years? Minor injuries and uncomplicated pregnancy may be ignored. Yes  No
- 7 Have you any physical defect or infirmity? Yes  No
- 8 During the past two years have you suffered from any mental or physical illness or injury that has prevented you from working for a period of four weeks or more? Yes  No
- 9 Are you currently receiving any medical treatment, drugs, tablets or following any special diet prescribed by your doctor? Yes  No
- 10 Have any of your natural parents, brothers or sisters suffered or died before age 65, from cancer, tumours, hypertension, heart disease, stroke, kidney disease, diabetes, multiple sclerosis, paralysis, or any disorder of the brain or nervous system, eye disease or hereditary / family disorders? Yes  No
- 11 Have you ever had hypertension, any form of heart or circulatory problem or stroke, multiple sclerosis, paralysis or any disease or disorder of the brain or nervous system, arthritis, rheumatism or any back, spine or other recurrent joint disorder, cancer tumours or growths, diabetes, kidney disease or any ear or eye disease, asthma, bronchitis or any other chest complaint, any form of depression, anxiety, insomnia, stress or other form of mental or nervous illness? Yes  No
- 12 Have you tested positive for HIV / AIDS or Hepatitis B or C, or have you been tested / treated for any other sexually transmitted diseases or are you awaiting the result of such a test? If yes, please provide details - for confidentiality these may be sent direct to the Chief Medical Officer, Underwriting Department, Royal London, Royal London House, Alderley Road, Wilmslow, SK9 1PF. Yes  No
- 13 What is your average weekly alcohol consumption in units?  
1 unit = 1 measure of spirit, 1 glass of wine or 1/2 pint of beer.  units
- 14 Have you smoked cigarettes in the past 12 months?  
If yes, how many on average per day? Yes  No
- 15 State accurately your height  ft  in or  m
- 16 State accurately your weight  st  lbs or  kg

## 2 Your details continued

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17 Please provide the full name and address of your present doctor. If you have changed your doctor within the past six months please show the full name and address of your previous doctor below.

<b>Full name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
<b>Contact telephone number</b>	<input type="text"/>

If you have answered 'Yes' to any of these questions, please provide your details in the additional text box in section 4 of this form.

## 3 Your declaration and consent to obtain medical information

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**Please read this section carefully and then sign and date it.**

### Declaration and consent to obtain a medical report

I declare that the answers to the above questions and any further answers given to a medical examiner and signed by me are true to the best of my knowledge and belief.

I hereby consent to The Royal London Mutual Insurance Society Limited, or any other provider authorised to provide the contract on its behalf, seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information from an insurance office to which an application has been made for insurance on my life and I authorise the giving of such information.

I consent to information provided by me being used to process my application for insurance under a contract offered either by Royal London or another provider authorised to provide such contracts on its behalf. In addition, I authorise any agent acting on behalf of Royal London and in accordance with Royal London's Codes of Practice, to arrange and to obtain the results of any medical examination carried out on its behalf.

I have had written notice of my statutory rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 (as appropriate) and I do not\* wish to see the report before it is sent to Royal London.

<b>Signature</b>	<input type="text"/>
<b>Date</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
<b>Contact telephone number</b>	<input type="text"/>

N.B. Liability for benefits subject to evidence of health has not yet been accepted. To avoid delay in the granting of these benefits completion of this form and submission of any further evidence required should be dealt with immediately. Copies of the terms and conditions of the policy and of this completed Declaration of health form are available on request.

\*Only delete the word 'not' if you wish to see the report before it is sent to Royal London. However, this is likely to delay the processing of your application.

### For internal use only

<b>Internal reference</b>	<input type="text"/>
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## 3 Your declaration and consent to obtain medical information continued

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### Notice of your statutory rights for 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;
  - musculo-skeletal 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 The Chief Medical Officer, Royal London, Royal London House, Alderley Road, Wilmslow, Cheshire SK9 1PF

### 3 Your declaration and consent to obtain medical information continued

#### Genetic Testing

In accordance with the Association of British Insurer's policy on Genetics and Insurance, you do not need to tell us about any genetic test results you have had if this application for insurance, taken together with any other insurance policies you already have, totals £500,000 or less.

Above £500,000, you may need to tell us about certain genetic test results when applying for certain types of insurance. We will only be interested in genetic test results where the Governments Genetics and Insurance Committee has approved them for insurer's to use. If you think this may apply to you, please ask us for details of the current position.

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.

#### Further information

- A copy of our working practices relating to how we treat and hold sensitive personal information is available on request.
- These working practices comply with the Association of British Insurers (ABI) Guidelines for the Security of Underwriting Information, and the Genetic Testing Code of Practice, copies of which are available from the ABI at 51 Gresham Street, London EC2V 7HQ.

#### For internal use only

##### CMO's Opinion

Group Life Assurance (GLA)

Group Health (PHI) / Group Income Protection (GIP)

Payment Protection (PPB-LTD) / Waiver (WVR) / Contribution Cover VR)

Date

D	D	M	M	Y	Y	Y	Y
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Initials

Sum Assured or Equivalent Sum Assured						N.R.D.	Decision
Type	Existing	Additional	Total	Free Limit	Amount to be underwritten		
GLA							Accepted Date
PHI / GIP							Accepted Date
PPB-LTD / WVR							Accepted Date

### 4 Additional details

Please complete this section if you have any additional details that you need to tell us. You'll need to tell us which question from section 2 your answer relates to. If you need to provide more details, please tick this box and provide the additional details on a separate piece of paper which should be signed, dated and attached to this form.



**Royal London**  
1 Thistle Street, Edinburgh EH2 1DG  
**royallondon.com**

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in large print format on request to the Marketing Department at  
Royal London, 1 Thistle Street, Edinburgh EH2 1DG.  
All of our printed products are produced on stock which is from FSC® certified forests.

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