



Group Life Assurance
 Group Income Protection
 Group Critical Illness

Health Declaration Update Form

This form should only be used if the member has completed a full Canada Life Health Declaration in the last five years

This page – for completion by financial adviser/scheme administrator only

Note: Missing information **will** delay the underwriting process.

Part 1. Member details

Member name

Scheme salary

Category and benefit basis

Postcode of normal place of work

Part 2. Scheme details

Scheme name

Scheme number(s) to be underwritten Group life

Group spouses/dependants

Group income protection

Group critical illness

Part 3. Reasons for underwriting (tick relevant box)

Member over Free Cover Limit and/or previously accepted amount

Member does not meet scheme eligibility (Member does not meet the normal eligibility criteria e.g. category.)

Late entrant (Only required when the member cannot satisfy the criteria of our late entrant form.)

Early entrant Please confirm date (day, month, year) member will first be eligible for inclusion.

Other reason and/or comments

Send this completed form attached to the fully completed Health Declaration Update Form in a sealed envelope to:
Chief Medical Officer, Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER
 marked Private and Confidential



Group Life Assurance
 Group Income Protection
 Group Critical Illness

Health Declaration Update Form

To be completed by the employee

Important information
 for the member

You must answer all questions fully, accurately and truthfully. Failure to do so may result in the payment of any benefit being refused.

We ask you to complete this Health Declaration Update Form carefully. It is the basis of our agreement to consider providing cover that is not automatically granted by your scheme membership. Please answer all our questions in **BLACK INK**, writing in **BLOCK CAPITALS**.

We rely on the information you give us to make our decision about insuring you. We only ask you to tell us what we think it's reasonable for you to know and we don't expect you to have to check facts with your employer or GP. If you are in any doubt about the need to tell us something, please give us the information in full as it's better to tell us a fact that turns out not to be relevant to the risk than to miss out something that later causes problems.

You need to tell us about changes. If something you have told us changes before your full cover is in place, it is important that you write in to update us. We are particularly interested in changes to your state of health, lifestyle, occupation duties and potentially hazardous activities.

We regard you as entirely responsible for what is disclosed to us. If you don't complete the form yourself, it is important you read all the statements and notes carefully before you sign it. If at any time we find that we have received incomplete or false information then this may result in the loss or cancellation of the cover being assessed.

Part 4.

Personal details

1. Your details

Scheme name	<input type="text"/>		
Your employer's name	<input type="text"/>		
Group Policy number	<input type="text"/>		
Your surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Civil Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
Correspondence address	<input type="text"/>		
		Postcode	<input type="text"/>
Daytime telephone number	<input type="text"/>		
Date of birth <i>(day, month, year)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Part 4. Personal details (continued)

2. Doctor's details

(Please ensure doctor's details are fully completed to avoid delays in requesting medical evidence)

Name and address of your personal or regular doctor who holds your medical records

	Postcode		

Telephone number

We may ask you to have a medical examination by one of the doctors on our panel. If we do, in what town would you like this to be arranged?

(For example Fulham/London SW6 – include postal district if known).

	Postcode		

Part 5. Health questions

If you answer YES to any of the following questions, please provide full details

Statement of practice on genetics

In accordance with the Association of British Insurers' (ABI) policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if the proposed level of cover, taken together with any other insurance cover you already have, totals:

- £500,000 or less for life assurance
- £300,000 or less for critical illness, or
- £30,000 pa for income protection.

Above these limits, 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 tests results which have been approved by the Government's Genetic and Insurance Committee for insurers' use. If you think this may apply to you, please ask us for details of the current position. These details can also be found under 'Information Zone/For Consumers/ABI Codes and Guidance Notes/Health and Protection Codes/Genetic Testing – ABI Code of Practice' on the ABI website at www.abi.org.uk 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. Have you had any illness, medical investigation or consultations since your previous application or has your health changed since you were last examined by Canada Life's medical examiner or made your last declaration in lieu of medical examination? Yes No
2. Has there been any change in your family history or has any adverse decision been made in respect of any application made to any other insurer? Yes No
3. Has there been any change to any circumstances bearing upon your insurability detailed in your previous application including residency, hazardous sport, pastime or flying (other than as a fare paying passenger)? Yes No

Details



Part 6.

Data protection

Canada Life handles any personal information it receives in line with the requirements of the Data Protection Act 1998.

We will use this information to set up and administer the insurance cover we provide as well as carrying out any other activity related to this insurance cover that is necessary. As a result we may release this information to:

- other companies in the Canada Life organisation, including our parent companies in Canada.
- our service providers and our reinsurers.
- other insurers.
- the policyholder.
- The Association of British Insurers (ABI), who may share this information with other insurers.
- official bodies where we are legally obliged to do so.

We may use this information to advise you of other products and services offered by the third parties or companies within the Canada Life organisation. You must advise us in writing if you do not want the information to be used for direct marketing.

By completing and signing this form you are giving your explicit informed consent for the use of the information for the purposes stated. If you are unsure or concerned about how this information may be used, you may contact us directly or alternatively you may seek independent advice.

Part 7.

Identity search

To protect you and us from financial crime, we may need to confirm your identity from time to time. We may do this by using reference agencies to search sources of

information about you (an identity search). This will not affect your credit rating. If this identity search fails, we may ask you for documents to confirm your identity.

Part 8.

Important notes

- 1.** Most group insurance policies provide cover up to a set limit without the need for you to provide evidence of your health. This is known as a 'free cover limit'. Because you are to be provided with a level of cover which exceeds the free cover limit, or are ineligible for an amount of free cover, you will need to provide us with evidence of your health. This enables us to offer the correct terms. This may involve us, or another company authorised by 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 will need to share the information in this form with that authorised company for that purpose.
- 2.** We may ask you to contact your doctor to speed up the completion of reports that we have requested.
- 3.** We may need to send your details and relevant medical reports to our reassurers for their opinion or agreement of the terms offered.
- 4.** You should provide the answers in this form personally. If the answers are filled in by anyone else then they must be read over and agreed by you before the declaration is signed. Any amendments or alterations should be completed and initialled by you.
- 5.** The questions asked in this form cover the facts that we regard as being material to our assessment of the risk involved in providing you with the proposed level of cover. If you are in any doubt about the information required, you should disclose full details. If you do not disclose all relevant facts, the protection provided by the policy could be lost or cancelled AND any claim in respect of you rejected or reduced.
- 6.** You must tell us about any changes in health and/or circumstances during the period between completion of this form and us notifying the terms on which cover will be offered.
- 7.** 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, for example for the purpose of administering the employee benefit arrangements of which you are a member and for the purpose of underwriting, claims management and rehabilitation under the insurance we provide. A copy of our confidentiality policy is available on request.



Part 9.

Access to medical reports – your rights

We may need to get medical reports before providing you with the proposed level of cover. 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 provide the proposed level of cover. This does not prevent you from applying personally 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 3 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:

- providing cover for you at normal rates;
- imposing special rates for the level of cover being underwritten;
- imposing special terms, eg exclusions, to the level of cover being underwritten;
- refusing to provide the level of cover being underwritten
- using the information to assess a claim.

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 Underwriting Manager at Canada Life.

