DIABETES LIFE COVER

Data capture form

You should use this form to capture the information you'll need from your client to use our online quote and apply system. We won't accept this form as a replacement for a paper application form.

The data capture form lets you capture a certain amount of information from your client. But if they answer Yes to some of the questions, our interactive system will ask for more information online before you can send the application to us. This means your client will need to be present or available by phone when you get to this stage in the application process. If they're not present, you can save the application at any time and go back when they're available.

Important information for the person completing this form

Please answer all questions honestly and in full. If you miss any information out, or give us misleading information, it could mean we won't pay out if you have to make a claim. It could also delay the processing of your application.

The plan will not start until we've assessed and accepted your application, and we've received a direct debit mandate.

It's very important that you tell us if there's a change to any of the answers to the questions within the application (including in relation to your health, occupation or leisure activities) or any other information you provide between the date the answer or information is provided and the date we start the plan. If you don't do this, and this affects the terms that we would offer you, your plan may be cancelled and may not pay out in the event of a claim.

This plan will start immediately on acceptance by Royal London.

If you've had a predictive genetic test for Huntington's disease, you only have to tell us the results if this application, when added together with any cover you have of the same type, is for more than:

- £500,000 of Life Cover.

However, if you've had any genetic test and the results are in your favour, you can choose whether to tell us the results or not. You must tell us however, if you think you're having treatment for, or are experiencing symptoms of, a genetic condition.

For financial advisers

Quote number	
Adviser name	
Account number	
Special commission instructions	
Your unique reference	

Client details

If you move house while we're processing your application, please contact us once you've moved to your new address.

Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please give details)
First name	
Last name	
Gender	Male ☐ Female ☐ Your gender doesn't affect the premium.
Date of birth	D D M M Y Y Y Y
House number	
Street name	
Town/city	
County	
Country of permanent residence	UK ☐ Jersey ☐ Guernsey ☐ Isle of Man ☐
Postcode	

We're keen to tell you about our latest products, services and great offers – we think they're worth hearing about and we don't want you to miss out.

From time to time, we may contact you by post, email or SMS – either directly or through your approved financial adviser – with further offers and information about our products and services that may be of interest to you.

Please tick this box if you **DO NOT** wish to receive these communications. ☐

Eligibility

Please remind your client how important it is to answer all the questions on this form honestly and in full.

1. Have you:
Tick all that apply.

- Ever had a heart attack, heart disease, angina, bypass, stent, angioplasty, cardiomyopathy, aneurysm, atrial fibrillation, peripheral vascular disease or heart failure? ☐
- Ever had a stroke or transient ischaemic attack (TIA or mini stroke)? ☐
- In the last 10 years, had any form of cancer, tumour, malignancy, lymphoma or leukaemia? ☐
- Ever had dementia, Alzheimer's disease, Parkinson's disease, muscular dystrophy or motor neurone disease? ☐
- Ever had lower-limb ulceration, coma or an amputation because of your diabetes? ☐
- Ever had nephrotic syndrome, nephropathy (kidney damage caused by diabetes), glomerulonephritis, protein in the urine due to diabetes, cystic disease of the kidneys or any other chronic disease or disorder of the kidneys? ☐
- In the last six months been diagnosed with Type 1 diabetes? ☐
- Been advised to have, or are you awaiting referral, investigation, results or treatment or do you have any other symptoms for which you've not yet sought medical advice? ☐

  You don't need to tell us about regular diabetic check-ups or tests but you do need to tell us if you have any subsequent referrals after any findings from a regular check.
- Been treated in hospital because of your diabetes in the last two years? ☐
- None of the above ☐

Diabetes

1. When were you first diagnosed with diabetes?

M M Y Y Y Y

2. What is your diabetic diagnosis?

- Type 1 ☐
- Type 2 ☐
- Gestational ☐
- Insipidus ☐
- Bronze ☐

3. Do you use insulin to control your condition?

Yes ☐ No ☐

4. Do you know the HbA1c result achieved in your last blood test (HbA1c % or mmol/mol)?

Yes ☐ No ☐

We use a test called HbA1c to monitor your control of your diabetes – typically you would have blood taken by a medical doctor or a nurse for this test.

If Yes, please answer the following question:

What was your last HbA1c reading?

%	mmol/mol

Diabetes continued

5. How would your doctor describe your diabetic control?

- Very good control ☐
- Good control ☐
- Mostly well controlled/some periods of poor control ☐
- Very poor control ☐

6. In the last five years have you had, or been advised, to either:

- **take medication to control raised blood pressure, or**
- **have your blood pressure monitored regularly because of high readings?**

Yes ☐ No ☐

If No, please go to question 7.

If Yes, please answer the following questions:

a. When did you first find out that you had raised blood pressure? M M Y Y Y Y

b. Has your dosage and treatment for your blood pressure been constant for the last two years, or since starting treatment if this has been less than two years ago? Yes ☐ No ☐

c. Have the medical practitioners treating your blood pressure confirmed to you that your subsequent blood pressure readings in the last 12 months have been stable and acceptable? Yes ☐ No ☐

7. Has your cholesterol ever been above 5.5 or been described as high, raised or borderline? Yes ☐ No ☐

If No, please go to question 8.

If Yes, please answer the following questions:

a. When did you first find out that your cholesterol levels were raised? M M Y Y Y Y

b. Has your dosage and treatment for your cholesterol been constant for the last two years, or since starting treatment if this has been less than two years ago? Yes ☐ No ☐

Ignore the period of the first six months following the diagnosis of your raised cholesterol, where control is being established.

c. Since your raised cholesterol was diagnosed, have the medical practitioners treating your cholesterol confirmed to you that your subsequent cholesterol readings have been stable and acceptable? Yes ☐ No ☐

Diabetes continued

8. Do you have a diabetic eye condition?

If No, please go to question 9.

If Yes, please answer the following questions:

Yes ☐ No ☐

a) What treatment have you had for your eye condition?

Also tell us about any treatment you are awaiting.

- Injections or surgery (excluding laser treatment) ☐
- Laser treatment ☐
- Eye drops ☐
- No treatment ☐

b) Do you have, or have you been advised to have your eyes checked more than once per year?

Yes ☐ No ☐

9. Have you ever been told you have any of the following?

Tick all that apply.

Microalbuminuria is where only small amounts of protein are present in the urine. Neuropathy is where diabetes damages the peripheral nerves, typically causing numbness or weakness.

- a. Microalbuminuria ☐
- b. Proteinuria ☐
- c. Neuropathy ☐
- d. None of the above ☐

Lifestyle

1. What is your height?

☐ ft ☐ in or ☐ m

2. What is your weight?

☐ st ☐ lbs or ☐ kg

3. Which of the following apply to you?

- a. I'm a current smoker ☐
- b. I'm an occasional smoker ☐
- c. I use e-cigarettes or nicotine replacement products ☐
- d. I'm an ex-smoker ☐
- e. I've never smoked. Go to question 4. ☐

If you answered Yes to 3a or 3b, please answer the following question:

If you're an occasional cigarette smoker, please give an approximation of your daily consumption.

- f. If you smoke cigarettes, how many do you smoke per day? ☐

If you answered Yes to 3c or 3d please answer the following question:

- g. Which of the following applies to you:
  - I've smoked tobacco in the last 12 months ☐
  - I've used cigarettes, cigars or pipes in the last 12 months ☐
  - I've used nicotine replacement products in the last 12 months ☐
  - I've used e-cigarettes in the last 12 months ☐
  - None of the above ☐

If you answered Yes to 3b, 3c or 3d, please answer the following question:

- h. When did you last use any tobacco, nicotine replacement products or e-cigarettes? M M Y Y Y Y

Lifestyle continued

4. How many units of alcohol do you drink in a typical week?

1 pint of beer = 2 units
1 glass of wine (175 ml) = 2 units
1 measure of spirits = 1 unit

units

5. Have you ever been medically advised to reduce your alcohol consumption or been disqualified from driving due to alcohol or drugs in the last five years?

We don't need to know about any spent driving convictions.

If Yes, please give details.

Yes ☐ No ☐

Occupation

1. What is your occupation?

2. Does your job involve working:

Tick all that apply.

- At heights above 50 feet more than twice a week? ☐
- Underwater or manual work offshore? ☐
- With explosives whilst either mining or tunnelling? ☐
- With asbestos? ☐
- As a member of the Armed Forces? ☐
- None of the above ☐

Travel and pursuits

1. Other than holidays lasting up to a month, have you lived, worked or travelled outside the UK, EU, North America, Japan, Australia or New Zealand during the last two years, or do you intend to do so in the next two years?

If Yes, please give us the name of each country together with the reason, frequency and duration of each visit. Please also include the area within each of the countries you list.

Yes ☐ No ☐

2. Do you take part in any of the following activities?

Tick all that apply:

Don't select flying if you only fly as a fare-paying passenger on a licenced commercial airline or licenced public transport on a recognised air route between established landing sites. For this question, you can ignore one-off parachute jumps, except BASE jumps.

For motor car or motor cycle sport, you can ignore non-timed track days.

a. Flying including hang-gliding, paragliding, micro lighting, parachuting or skydiving? ☐
b. Motor car or motor cycle sport? ☐
c. Cave or pothole diving, solo diving, diving deeper than 50 meters or diving with a re-breather? ☐
d. Trans-ocean yacht, sailing or boat racing? ☐
e. Any extreme sport (for example, BASE jumping, white water rafting etc)? ☐
f. Army Reserve (previously known as the TA) or Reservists? ☐
g. None of the above ☐

Family history

1. Have any of your parents, brothers or sisters been diagnosed with or died from any of the following before the age of 60?

a. Cardiomyopathy ☐

b. Polycystic kidney disease ☐

c. Motor neurone disease ☐

d. Muscular dystrophy ☐

e. Huntington's disease ☐

f. Familial polyposis of the colon ☐

g. The same form of cancer ☐

If Yes, how many relatives have had the same form of cancer? ☐

h. Heart disease or stroke? ☐

If Yes, how many relatives have had heart disease or stroke? ☐

i. None of the above ☐

General medical history

Have you ever had, or do you currently have, any of the following?

1. Any form of cancer, tumour, malignancy, lymphoma or leukaemia?

If Yes, please give full details.

Yes ☐ No ☐

2. Any growth or cyst of either the brain or the spine?

If Yes, please give full details.

Yes ☐ No ☐

3. Any mental health issue that has required hospital treatment or referral to a specialist or have you considered or attempted self-harm?

If Yes, please give full details.

Yes ☐ No ☐

General medical history continued

4. Multiple sclerosis or been diagnosed with any neurological disorder (for example, optic or retrobulbar neuritis, paralysis, epilepsy, cerebral palsy etc.)?
If Yes, please give full details.

Yes ☐ No ☐

5. A positive test for HIV/AIDS or hepatitis B or C, or are you awaiting the result of such a test?
If Yes, please give full details.

Yes ☐ No ☐

Apart from anything you've already told us, during the last five years have you had or do you have, any of the following?

6. Any heart murmur, hole in the heart, or problem with heart rhythm such as palpitations or arrhythmia?
If Yes, please give full details.

Yes ☐ No ☐

7. Anxiety, depression, stress or mental illness (including eating disorders, work stress, persistent tiredness, fatigue etc.)?
If Yes, please give full details.

Yes ☐ No ☐

8. Asthma, chronic bronchitis or any other disorder affecting your lungs or breathing?
If Yes, please give full details.

Yes ☐ No ☐

9. Any stomach, digestive system, liver or blood disorder? Excluding confirmed diagnoses of IBS or stomach ulcer?
If Yes, please give full details.

Yes ☐ No ☐

General medical history continued

10. Any disorder of the bladder, prostate or thyroid?

If Yes, please give full details.

Yes ☐ No ☐

11. A history of, or are taking recreational drugs?

Examples of recreational drugs include, but are not limited to, ecstasy, cannabis, cocaine, heroin, amphetamines, and anabolic steroids.
If Yes, please give full details.

Yes ☐ No ☐

Apart from anything you've already told us, during the last three years:

12. Have you had or do you have any form of inflammatory arthritis (e.g. rheumatoid, psoriatic etc.)?

If Yes, please give full details.

Yes ☐ No ☐

13. Apart from diabetes monitoring, have you been referred to a specialist or had or been advised to have any investigations or follow-up?

If Yes, please give full details.

Yes ☐ No ☐

14. Apart from your diabetes, have you been prescribed medication or treatment regularly for a period of four consecutive weeks or more, or have you been under review from your doctor or a medical professional?

If Yes, please give full details.

You don't have to tell us about any of the following:
Common cold, influenza, alopecia, acne, osteoarthritis, allergies, dental abscess, appendicitis, eczema, deafness, pulled muscle, slipped disc, broken bones, conjunctivitis, ear wax or syringing, food poisoning, hay fever, wisdom teeth, infertility treatment, ingrown toenail, miscarriage, shingles, tonsillitis, uncomplicated pregnancy, vaccination, vasectomy.

Yes ☐ No ☐

Additional information

GP details

We may request medical reports if we need more information to underwrite your plan, if your plan is selected for sample checks (within 6 months of the start of the plan), or if there is a future claim.

Name of doctor or practice	
Address	
Postcode	
Phone number	

If you have changed GP in the last six months, please give the details of your previous GP in the additional information section on page 10.

Premium payment details

If this is not the plan owner or the life assured, we'll only use this data to validate their identity and to take payments.

How would you, or the person paying for this plan, like to pay? Depending on the start date of your plan, the first payment may not be collected on the day you choose. We'll write to you at least 10 working days before we collect the first payment.	Monthly by direct debit ☐ Please tell us the day of the month between the 1st and 28th you would like us to collect your payment. Yearly by direct debit ☐
Is more than one signature required to authorise payments?	Yes ☐ No ☐ If Yes, both people must complete and sign the direct debit mandate on page 17. You must then post the signed mandate to us when you submit the application.
Account details for direct debit payments Name of account holder Sort code Account number	☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐
Address	
Date of birth	D D M M Y Y Y Y

Trusts

Is this plan to be in trust?	Yes ☐ No ☐

15 How we use your personal information

As a customer of Royal London we use your information in a number of ways. This is a notice which we are required to give you under the data protection laws. It tells you how Royal London will use your personal information. We may update this notice from time to time and we'll alert you to the important updates. It's not meant to be a legal contract between you and Royal London and this doesn't affect your rights under data protection laws.

In this notice we've included the uses that we feel would be most important to you. There's further information in our **full privacy notice on our website**.

How do you use my information?

We use your information, which may be provided by you, through your adviser or from your medical professional, in order to set up and service your plan and meet our legal obligations, such as when:

- Setting up and administering your plan.
- Completing any requests or managing any queries or claims you make.
- Verifying your identity and preventing fraud. This is usually where we have a legal obligation.
- Fulfilling any other legal or regulatory obligations.

We also use your information for activities other than plan administration or to comply with legal obligations. Where we do this we need to have a 'legitimate interest'. Activities are assessed and your rights and freedoms are taken into account to ensure that nothing we do is too intrusive or beyond your reasonable expectations. We use legitimate interests for:

- Researching our customers' opinions and exploring new ways to meet their needs – we use personal information to help us understand that our products, services and propositions suit our customers' needs and meet their expectations, as well as improving your customer experience.
- Assessing and developing our products, systems, prices and brand – we generally combine your information with other customers' in order to check if our products are priced fairly, are suitable for our customers and to check if our communications are easy to understand.
- Sending you marketing information – we don't currently send you marketing information about our products. However, we're looking to start communicating with you more frequently about your plan and also finances in general.
- Monitoring the use of our websites. You can see our cookies policy at **royallondon.com/cookies**.

If we lose touch we'll use a trusted 3rd party to find you and reunite you with your plan, if we can.

We may also monitor and record phone calls for training and quality purposes. This means we have an accurate record of what you tell us to do.

If you want further information about our use of your information for our legitimate interests, you can contact us using the details below. You also have the right to object to any processing done under legitimate interests, which means we may stop using your information in some circumstances.

Who sees and uses my personal information?

Employees of Royal London who need to see or work on your plan are given access to your personal information in order to support you. For example, our call centre staff will access your plan details if you call us.

In addition to our own staff we share your information with other companies so that we can administer your plan and provide our services to you. We only use trusted 3rd parties, such as:

- Service providers, for example Blue Circle Life, who provide our diabetes portal and automated underwriting.
- ID authentication and fraud prevention agencies.
- Your authorised financial adviser(s).
- Auditors.
- Reassurers.
- Medical agencies.
- Legal advisers and legal/regulatory bodies.
- Other insurance providers.
- External market research agencies.
- Data Brokers, for example Experian, in order for us to best understand the products that would be most suited to you.

We make sure the use of your information is subject to appropriate protection and we will never sell your information.

15 How we use your personal information continued

Overseas transfers

If you apply for or hold Diabetes Life Cover with us, your personal data is stored in the UK but can be viewed by our service provider in South Africa. We take specific steps to ensure that your data is treated securely and has the appropriate legal safeguards. If you wish to find out more there's further information in our full notice on our website.

What are my rights?

Access – You have the right to find out what personal information we hold about you.

Rectification – If any of your details are incorrect or incomplete, you can ask us to correct them for you.

Erasure – You can also ask us to delete your personal information in some circumstances.

Object – If you have concerns about how we're using your information, you have the right to object in some circumstances.

Direct marketing – You have a specific right to object to direct marketing, which we'll always act upon.

Restriction – You have the right to ask us to restrict the processing of your personal information in some circumstances.

Data Portability – In some circumstances, you can ask us to send an electronic copy of the personal information you have provided to us, either to you or to another organisation.

We also make automated underwriting decisions about you when you request a quote or make an application. We use the information you provide as part of the application to decide what price to offer you. You have a right to ask for a person to reassess any automated underwriting decisions we make. More information can be found at **royallondon.com/protectionprivacy**.

If you wish to exercise any of these rights please contact us in writing using the contact details below.

How can I find out more?

Our full privacy notice contains more detail on how we use your information, how long we keep your information for our 'lawful basis' and your rights under data protection laws.

You'll find the full notice at **royallondon.com/privacynotice** or you can call **0800 085 8352** for a recorded version or if you want this in another format.

How to contact our Data Protection Officer (DPO)

GDPR@royallondon.com

Royal London
Royal London House
Alderley Road
Wilmslow
Cheshire
SK9 1PF

Client declaration

Declaration

I understand that Royal London will:

- Ask for and share information with other insurance companies where I've made an application for insurance. (For example, this could happen where you reach industry or our internal limits for the amount of cover, if there's a disputed claim or where we or another insurer needs to verify the information provided).
- Share the application information with Royal London's agents (such as underwriters, reinsurers, and medical agencies), for the purposes of my application (for example requesting medical information or arranging examinations) and administering my plan and any claims.
- Store and use personal information about me, including sensitive data such as health details, in the way described in the 'How we use your personal information' notice I've received.

I agree that:

- The information provided in this online application together with the Diabetes Life Cover quote, the relevant cover plan details and the online application confirmation shall be used by Royal London to determine the terms on which cover is made available.
- This plan will start immediately once my application is submitted to Royal London.
- I'll tell Royal London if the answer to any of the questions within the application or any other information I provide changes, between the date my application is submitted and the date Royal London send me any final decision letter.
- If I have an adviser, they're authorised to:
  - give Royal London any information that is missing from my online application,
  - accept any amendment which Royal London proposes to make to my plan (including the acceptance of any non-standard terms), and
  - instruct Royal London to start my plan on my behalf provided the amendment, instruction or inclusion of additional information shall not take effect until my adviser has confirmed to Royal London that I've indicated my agreement.

I understand that:

- I can request a copy of the relevant cover plan details for the Diabetes Life Cover.
- The plan will be issued subject to the law of England and Wales.
- Royal London may request medical information within 3 months of the start of the plan to check the accuracy of any statement made in, or in connection with, this application. If I don't give my permission, under the Access to Medical Reports Act, to Royal London obtaining this information, or any statement is inaccurate and this affects Royal London's assessment of the insurance risk, Royal London will then have the right to reconsider or withdraw terms if appropriate and my plans may be cancelled.
- I must provide evidence of my most recent HbA1c blood test result within three months of the start date of the plan. If I don't provide it, Royal London will cancel the plan. This test, taken at my doctor's surgery or clinic, is usually reported as a percentage or in millimoles per mol (mmol/mol). It's not my blood sugar reading. The test must be dated within 12 months of the date it is sent to Royal London.
- If Royal London needs further medical evidence, and my HbA1c blood test result is older than 12 months at the point Royal London receives this, Royal London may ask me for an up-to-date blood test result. If I don't provide it, Royal London will cancel the plan.
- If my up-to-date HbA1c blood test result is different to the one that was disclosed on my application form, Royal London will amend the terms and the premium from the date the plan started.
- I understand Royal London will ask me to provide evidence of an up-to-date HbA1c test every year, and my premium may reduce if my HbA1c blood test percentage is lower than it was when I took this cover out.
- I understand that if my premium is reduced and I subsequently do not (when requested) provide Royal London with an up-to-date HbA1c blood test result, or my result is higher than the blood test result provided on my application, my premium will increase but it will never go above the starting premium.
- My application for insurance has been sent to Royal London by my adviser, over the internet and it's my responsibility to check the answers given are correct and no information is inaccurate or missing.
- I should return the online application confirmation, completed correctly within 60 days of sending this online application to Royal London.

Client declaration continued

- Royal London may not pay a claim if I don't:
  - tell Royal London if the information in the online application form is incomplete or incorrect,
  - give Royal London complete and correct information,
  - tell Royal London if there has been a change to any of the answers given to the questions in the application form and any other information I've provided between now and the date Royal London is asked to start the plan or the actual date the plan starts, if this is later.
- Royal London will:
  - amend the terms if I tell Royal London about any changes which would have affected the terms, or
  - cancel the plan if they wouldn't have offered the cover, had they known about the changes.

I declare that:

- I've received a copy of the key facts of the Diabetes Life Cover.
- If I've stated I'm a non-smoker, I've not used any form of tobacco, e-cigarettes or nicotine replacement products in the last 12 months.
- The answers in this online application form are true and complete, to the best of my knowledge and belief.
- If any information in this online application is missing or inaccurate I'll inform Royal London in writing. Royal London will then have the right to change or withdraw terms if appropriate.

Please tick this box to confirm that you've read and agreed to the statements above: ☐

Did you receive any advice from a financial adviser about buying this plan? Yes ☐ No ☐.

This page is intentionally blank. Please continue to page 17 to complete the direct debit details.

Direct Debit details

Please complete and return this form to Royal London, 22 Haymarket Yards, Edinburgh EH12 5BH

You must complete this form if:	• The person, or people, paying for the plan are not the applicant(s). • More than one signature is required to authorise payments for the plan.

So that we can identify the plan when you return this form, please give us the full name of the person covered.

Name	
Postcode	
Date of birth	D D M M Y Y Y Y
Application number	

The Royal London Mutual Insurance Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The firm is on the Financial Services Register, registration number 117672. It provides life assurance and pensions. Registered in England and Wales number 99064. Registered office: 80 Fenchurch Street, London, EC3M 4BY. Royal London Marketing Limited is authorised and regulated by the Financial Conduct Authority and introduces Royal London's customers to other insurance companies. The firm is on the Financial Services Register, registration number 302391. Registered in England and Wales number 4414137. Registered office: 80 Fenchurch Street, London, EC3M 4BY.

The Royal London Mutual Insurance Society Limited

Instruction to your bank or building society to pay by Direct Debit

DIRECT Debit

Please complete all of this form.

Service user number

6	7	1	7	5	2

Name and full postal address of your bank or building society

To: The Manager — Bank/building society

Address

Postcode

Reference (internal use only)

Instruction to your bank or building society

Please pay The Royal London Mutual Insurance Society Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Royal London Mutual Insurance Society Limited and, if so, details will be passed electronically to my bank/building society.

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

DIRECT Debit

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit The Royal London Mutual Insurance Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Royal London Mutual Insurance Society Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by The Royal London Mutual Insurance Society Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when The Royal London Mutual Insurance Society Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Verifying your identity and preventing fraud

To protect our customers we may have to verify the identity of certain individuals connected to a policy. We do this electronically to make things easier for you. If these individuals would prefer us not to do this electronically please call us on 0345 6094 500 so we can talk through what needs to be sent to us.

This page is intentionally blank. Please continue to page 20 to complete the declaration and consent for access to medical reports.

Access to medical reports

We may need to obtain a medical report from your current GP or specialist, or from a doctor you've seen in the past. You have specific rights in relation to medical reports, which are covered in the Access to Medical Reports Act 1988 (also the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and the Access to Health Records and Reports Act 1993 (Isle of Man)). Before we ask for such a report, we need your consent, which you can give by signing the declaration on page 20. You can choose not to give your consent, but then we may not be able to continue with your application. This doesn't prevent you from applying to other insurance companies for insurance. We'll let you know if we ask for a report. Under the above Acts, you can choose to see your medical report before it is sent to us. You'll then have 21 days to make arrangements with your doctor to see it.

You should indicate below whether you want to see your report. If you don't want to see the report now, you can still contact your doctor later and tell them that you do in fact want to see it. As long as it hasn't already been sent to us, you'll still have 21 days from the time you contact your doctor to make arrangements to see it.

If the report has already been sent to us, you're entitled to see a copy of the report at any time during the six months following the date the report was 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 say that you do want to see the report, then it won't be sent to us until:

either you've seen the report

or

21 days have passed since we requested the report and the doctor hasn't heard from you. If you see the report, you can withdraw your consent for the doctor showing it to us, or you can ask the doctor to change it if you disagree with it. If the doctor refuses to change it, you can insist that they attach a statement of your views to the report. A doctor may refuse to let you see your report if they feel that seeing it will cause physical or mental harm to you or others.

Note: Your doctor is entitled to charge you for supplying you with a copy of the report.

The medical report your doctor fills in asks about the following:

- Your current health
  - any care, medication or treatment you're currently receiving
  - the results of referrals or tests you're 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, consultation 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 three years
- Any history of disease among your parents or brothers or sisters that you have told your doctor about

We've asked your doctor not to reveal information about:

- Negative tests for Human Immunodeficiency Virus (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 or questions relating to the process of getting, assessing or storing medical information, **please write to us at Royal London, 22 Haymarket Yards, Edinburgh, EH12 5BH.**

Access to medical reports continued

Access to medical reports declaration

The person covered should always complete these boxes.

Name	
Postcode	I've read the statement on page 19 notifying me of my rights under the Access to Medical Reports (AMRA) legislation, and consent to my doctor providing medical reports to Royal London so that they can deal with my application for a protection plan.
Please only tick this box if you DO want to see your medical report before it is sent to Royal London.	Yes ☐ I **DO** want to see my medical report. I understand that it won't be sent to Royal London until I've seen it, and that they won't be able to make a decision on my application until then.
Enter plan number here if your financial adviser is sending this page to Royal London as an AMRA declaration for an application submitted online.	

Client declaration

Signature	
Date	D D M M Y Y Y Y

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We're happy to provide your documents in a different format, such as Braille,
large print or audio, just ask us when you get in touch.
All of our printed products are produced on stock which is from FSC® certified forests.