Access to Medical Reports Act information and declaration (please read and sign the declaration)

bright grey®

Access to medical reports information

Before we can process this application, we may need to obtain a medical report from your current GP or specialist, or from a doctor you have 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 in the 'Declaration and consent' section. You can choose not to give your consent, but then we may not be able to continue with your application. This does not prevent you from applying to other insurance companies for insurance.

We will let you know if we ask for a report. Under the Acts described, you can choose to see your medical report before it is sent to us. You will 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 do not 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 has not already been sent to us, you will 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 are 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 will not be sent to us until:

either you have seen the report 21 days have passed since we

requested the report and the doctor has not 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 are currently receiving
- · the results of referrals or tests you are waiting for.

Time off work:

Your past health:

- · any time off work in the last three years.
- 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
 - 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.

Family history of disease:

 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 Human Immunodeficiency Virus (HIV), hepatitis B or C
- any sexually-transmitted diseases unless there could be long-term effects on your health
- 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 or your doctor provide about your health may result in us:

- · setting payments at standard rates
- · increasing payments above standard rates
- · refusing to provide insurance.

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By signing this declaration, I give Bright Grey permission:

- to disclose my name, address, phone number and date of birth to an approved medical agency in order to arrange and obtain medical examinations and tests
- to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan
- to ask any doctor I have seen for information about anything which affects my physical or mental health, and I understand my rights under the Access to Medical Reports legislation.

By signing this declaration, I declare that:

 I have read the statement above notifying me of my rights under the Access to Medical Reports legislation, and consent to my doctor providing medical reports to Bright Grey, so that they can deal with my application for a protection plan.

Please tick this box if you DO want to see your medical report before it is sent to Bright Grey.

Person 1 and Person 2 should always sign here

Person 1	Person 2		
name	name		
postcode	postcode		
date of birth	date of birth		
☐ Yes I DO want to see my medical report. I understand that it will not be sent to Bright Grey until I have seen it, and that they will not be able to make a decision on my application until then.	☐ Yes I DO want to see my medical report. I understand that it will not be sent to Bright Grey until I have seen it, and that they will not be able to make a decision on my application until then.		
Person 1	Person 2		
signature date / /	signature date / /		

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: **Bright Grey, 2 Queen Street, Edinburgh, EH2 1BG**

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