



PERSONAL CONTINUATION STATEMENT

Note: This is an Income Protection Insurance Claim, not an application for Early Retirement Pension. As such it will be subject to regular reviews and will cease if the definition of incapacity is not fulfilled. The issue of this form is not an admission of continued liability.

HOW TO COMPLETE THIS FORM

1 You should complete and ensure the declaration and consent on page 8 is signed² before returning to Canada Life by post.

We cannot process the claim without this consent.

2 If the **CLAIMANT** is unable to sign the consent, call Canada Life on **0117 916 4465**.

3 The **CLAIMANT** should include any supportive medical information.

This might include:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Hospital discharge letters following attendance for treatment. | <input checked="" type="checkbox"/> Correspondence from the General Practitioner relating to the incapacity. |
| <input checked="" type="checkbox"/> Copies of letters from a treating doctor or specialist. | <input checked="" type="checkbox"/> Occupational Health reports. |
| <input checked="" type="checkbox"/> Test results or radiography reports. | <input checked="" type="checkbox"/> GP fit notes. |

² Please provide a handwritten (ie not electronic) signature

HOW WE ASSESS THE CLAIM

When this form has been received, a claims assessor will then review the information.

The claim assessor may call the **EMPLOYER** to discuss the claim.

A Canada Life Nurse may call the **EMPLOYEE** to discuss the claim.

When all the information required has been received, we will write to confirm the outcome.

Appeal rights will be offered with all claim decisions and a complaint can be raised at any point throughout the process.

HOW TO RETURN YOUR FORM



Please return the completed claim form and medical information to:

**IP Claims Management Services,
Canada Life Limited,
3 Rivergate, Temple Quay,
Bristol BS1 6ER.**



or e-mail **with any supportive medical information** to ipclaims@canadalife.co.uk



If you have any questions regarding the completion of the form or the submission process, please call us on:

0117 916 4465.





1 Employer's details

NAME OF COMPANY YOU WORK FOR

CLAIM NUMBER

2 Personal details

EMPLOYEE'S SURNAME

TITLE

FORENAMES

HOME ADDRESS

POSTCODE

DATE OF BIRTH (day, month, year)

DD / MM / YYYY

PREFERRED CONTACT NUMBER It may be necessary for us to contact you by telephone as part of our assessment process.

3 Medical details

HOW DOES YOUR ILLNESS OR INCAPACITY PREVENT YOU FROM WORKING? Please describe the symptoms.





3 Medical details – continued

HAS THE NATURE OF YOUR ILLNESS/ INCAPACITY CHANGED?
If 'Yes', please provide details and dates.

Yes No

WHAT TREATMENT HAVE YOU RECEIVED IN CONNECTION WITH YOUR ILLNESS/INCAPACITY?

PLEASE LIST MEDICATION CURRENTLY RECEIVED.

NAME AND ADDRESS OF YOUR GENERAL PRACTITIONER

	POSTCODE

TELEPHONE NUMBER

DATE OF LAST CONSULTATION WITH GENERAL PRACTITIONER (day, month, year)

DD / MM / YYYY



3 Medical details – continued

HAVE YOU CONSULTED ANY OTHER DOCTOR OR SPECIALIST?
If 'Yes', please give full details.

Yes No

NAME OF YOUR SPECIALIST

SPECIALITY

ADDRESS

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>

POSTCODE

TELEPHONE NUMBER

DATE LAST SEEN (day, month, year)

ARE YOU DUE TO SEE THEM AGAIN?
If 'Yes', please give full details.

Yes No

IF 'YES' WHEN? (day, month, year)

NAME OF YOUR SECOND SPECIALIST (If applicable)

SPECIALITY

ADDRESS

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>

POSTCODE

TELEPHONE NUMBER

DATE LAST SEEN (day, month, year)

ARE YOU DUE TO SEE THEM AGAIN?
If 'Yes', please give full details.

Yes No

IF 'YES' WHEN? (day, month, year)

In order to help Canada Life expedite this claim review, please attach relevant letters/ correspondence from your doctor or specialist (eg: documents detailing current/planned treatment). Send these documents to us in an envelope marked **Private & Confidential**.

4 Activities

PLEASE DESCRIBE YOUR DAILY ACTIVITIES. THIS MAY INCLUDE WASHING, DRESSING, HOUSEWORK, CARE OF OTHERS, DRIVING, SHOPPING, COMPUTER USE AND HOBBIES.



5 Occupation details

This insurance policy contains provision for the payment of proportionate benefits for employees who are able to continue to work in a reduced capacity.

HAVE YOU BEEN ABLE TO UNDERTAKE ANY PART OF YOUR NORMAL OCCUPATION?
If 'Yes', please give details, including dates and nature of the work you performed.

Yes No

DO YOU ANTICIPATE RETURNING TO YOUR NORMAL OCCUPATION (FULL OR PART-TIME, IN A REDUCED CAPACITY BY WAY OF A GRADED RETURN TO WORK)? If 'Yes', please give details, including dates and if full or part-time.

Yes No

DO YOU ANTICIPATE SEEKING ALTERNATIVE EMPLOYMENT?
If 'Yes', please give details, including dates and if full or part-time.

Yes No

HAVE YOU UNDERGONE, OR DO YOU INTEND UNDERGOING ANY FORM OF RETRAINING OR REHABILITATION?
If 'Yes', please give details.

Yes No



5 Occupation details – continued

HAVE YOU CONSULTED YOUR EMPLOYER REGARDING A RETURN TO WORK AND YOUR ONGOING EMPLOYMENT?
If 'Yes', please give details including dates discussed.

Yes No

6 Financial details

PLEASE CONFIRM THE GROSS MONTHLY SALARY YOU RECEIVE FROM YOUR EMPLOYER.

£

WHAT OTHER BENEFITS DO YOU RECEIVE FROM YOUR CURRENT EMPLOYER?

HAVE YOU OR ARE YOU UNDERTAKING ANY WORK EITHER PAID OR UNPAID, SINCE THE ONSET OF YOUR INCAPACITY?

If 'Yes', please give full details including the relevant dates, type of work, name of business, hours worked, amount of remuneration etc.

Yes No

£



6 Financial details – continued

ARE YOU RECEIVING PAYMENT, OR INTENDING TO CLAIM FROM ANY OTHER COMPANY, SOCIETY OR INSURER? (INCLUDING PENSION, CREDIT CARD PROTECTION, MORTGAGE PROTECTION AND ANY FORM OF INCOME PROTECTION OR WAIVER OF PREMIUM/CONTRIBUTION).
If 'Yes', please give details.

Yes No

NAME OF PROVIDER	TYPE OF POLICY	POLICY NUMBER (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>

ANNUAL AMOUNT	START DATE (day, month, year)	DURATION
£ <input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>

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£ <input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>

ARE YOU OR DO YOU INTEND SEEKING COMPENSATION OR INSTIGATING ANY LEGAL PROCEEDINGS AGAINST ANY PERSON OR ORGANISATION, AS A RESULT OF YOUR ILLNESS/INCAPACITY? If 'Yes', please give details.

Yes No



DATA PROTECTION NOTICE (DPN)

Canada Life Limited (referred to as '**Canada Life**', '**we**', '**us**' or '**our**' in this DPN) takes its privacy obligations very seriously. Any personal information provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member (referred to as '**you**' or '**your**' in this DPN), will be treated in accordance with the Data Protection Act.

Using Personal Information

We use personal information to undertake activities relating to the setting up, administration and renewal of our policies, products and services. This includes processing applications and handling any claims. For the majority of our business we will rely on the performance of our contractual arrangements with you as the legal basis for processing.

We do not use policyholder or member personal data for marketing purposes and we do not make your personal information available to third parties for the purpose of direct marketing.

The nature of our business is to provide investments, life and pensions cover, critical illness, income protection and employer related group products. To do this we need to use the personal information provided to carry out analysis of actuarial risks (risks of gains or losses), mortality and morbidity risks and pricing. This will be carried out in accordance with the Institute & Faculty of Actuaries' data handling protocols.

We use underwriting software to process some applications and quotations which will use an element of automated decision making.

Exceptionally, we may rely on our legitimate interests to process your personal data. When we do, we will demonstrate compelling legitimate grounds for doing so.

For employer-related group insurance products

The Data Protection Act permits appropriate information about employees to be provided by an employer to an insurer without individual consent (including details of long-term absentees, current and previous claimants, and medical underwriting decisions).

For employer-related group products the Data Protection Act permits that members may individually withdraw their consent. In those instances Canada Life will be unable to provide cover for that individual.

When medically underwriting or assessing a claim we will obtain consent from the employee.

Sharing personal information

We share personal information only on the basis of the purposes for which it was collected. This notice is intended to illustrate the instances where data may be shared. However, we will share your data only for the limited and compatible purposes for which it was originally obtained:

- with other Canada Life group companies including those outside the European Economic Area (EEA);
- with any of our service providers, reinsurers and / or regulators;
- with other insurers and government agencies, including without limitation Her Majesty's Revenue and Customs (HMRC), Department of Work and Pensions (DWP);
- in order to prevent, detect or investigate financial crime including fraud or other criminal activity, we may share your data with other companies (including private investigators), organisations (including fraud prevention agencies and databases), public bodies (including the police) and associations and credit reference agencies;
- we will not share your medical information with anyone other than yourself without your consent except as described in the next bullet point. This includes your employer, spouse, other relatives, friends or your legal or financial adviser. In some circumstances, it may be appropriate to advise your employer about your medical information, for example, to recommend alternative supportive therapy. However, we will seek your consent in such circumstances;
- for employer-related products and services only, some medical information related to underwriting decisions and non-medical information about you necessary for lawful policy and claim administration purposes will be shared with your employer;
- we will not share non-medical information concerning you with your spouse, other relatives, friends or your legal or financial adviser unless you provide your consent to us in writing;
- for insurance related products, with your own doctor or relevant medical professionals; and/or
- in any circumstances if permitted or required to do so by law or if we have your consent to do so.

International Transfers

Given the global nature of our business, we use third party suppliers and outsourced services (including cloud based services), which can require transfers of personal information outside of the EEA. In doing so, we ensure that there are appropriate contractual arrangements and we will choose only those organisations with strict controls in place, via appropriate organisational and technical measures in place to protect your personal information.

Retention of your personal data

We will keep your personal data only for so long as is necessary and for the purpose for which it was originally collected. In particular, for so long as there is any possibility that either you or we may wish to bring a legal claim under this insurance, or where we are required to keep your personal data due to legal or regulatory reasons.

YOUR RIGHTS AND CONTACT DETAILS OF THE INFORMATION COMMISSIONER'S OFFICE (ICO)

You may have the right to require us to:

- provide you with further details on the use we make of your personal information or your special categories of data;
- provide you with a copy of the personal information that you have provided to us or which we hold;
- update any inaccuracies in the personal information we hold;
- delete any special category of data or personal information for which we no longer have lawful grounds to use;
- cease processing of your personal information that is based on consent, by withdrawing your consent to that particular processing;
- cease any processing based on legitimate interests grounds, unless our reasons for undertaking that processing outweigh any prejudice to your data protection rights; and
- restrict how we use your personal information whilst a complaint is being investigated.

In certain circumstances, we may need to restrict the rights listed above in order to safeguard the public interest (e.g. the prevention or detection of crime), our interests (e.g. the maintenance of our legal responsibilities) and for the performance of our contract with an employer who is the policyholder for employer-related products and services.

Data Protection Officer (DPO)

If you have any questions, or complaints, in relation to our use of your personal information, you should first contact our DPO, on the details below:

**Canada Life Limited, Group Insurance,
3 Rivergate, Temple Quay, Bristol, BS1 6ER
or by email at: dpo@canadalife.co.uk.**

In the unlikely event that you are dissatisfied with our response, you have the right to take the matter up with the Information Commissioner's Office (ICO), whose address is:

**Information Commissioner's Office,
Wycliffe House, Water Lane,
Wilmslow Cheshire, SK9 5AF**

The full version of our DPN can be found on our website, www.canadalife.co.uk or is available upon request by calling **0345 223 8000**.

This DPN is dated 5th March 2018. Any future updates will be made available as described above.



ACCESS TO MEDICAL REPORTS – YOUR RIGHTS

We may need to get medical reports in order to assess this claim in respect of you. 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 assess this claim in respect of you.
- 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.

1 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.

2 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 three years.

3 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.

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 DATA PROTECTION Manager at Canada Life.



EMPLOYEE DECLARATION AND CONSENT

I confirm that I have answered the questions in this Employee Personal Statement honestly and have taken reasonable care to ensure those answers are correct.

You should provide the answers on 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.

I AGREE TO CANADA LIFE:

- Obtaining relevant information about me, including without limitation, my physical or mental health, lifestyle, occupation duties and potentially hazardous activities from:
 - any medical professional that has attended me;
 - any medical examination or tests that Canada Life arranges;
 - any telephone interview Canada Life arranges;
 - my employer or their agent;
 - other insurers who I have applied to or may cover me for life, critical illness, sickness, disability, accident or private medical insurance.
- Using and sharing my personal information as set out in the Data Protection Notice included on this form.

Please ensure you tick one of the following boxes in respect of your rights under the Access to Medical Reports Act 1988. If you wish to see the report you have 21 days to make arrangements to visit your doctor:

I DO NOT want to see any report from my doctor before it is sent to Canada Life

I DO want to see any report from my doctor before it is sent to Canada Life

If the claimant is unable to sign the consent, call Canada Life on 0117 916 4465.

EMPLOYEE SIGNATURE



DATE (day, month, year)

DD / MM / YYYY

PRINT FULL NAME

WHAT YOU NEED TO DO NEXT

You should sign¹ the Declaration and Consent and return to Canada Life by post.

¹ Please provide a handwritten (ie not electronic) signature

HOW TO RETURN YOUR FORM



Please return the completed claim form and medical information to:
**IP Claims Management Services,
Canada Life Limited,
3 Rivergate,
Temple Quay,
Bristol BS1 6ER.**



or e-mail **with any supportive medical information** to
ipclaims@canadalife.co.uk



If you have any questions regarding the completion of the form or the submission process, please call us on:
0117 916 4465.

Our forms are available to download from our website: www.canadalife.co.uk/group

Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER. Telephone 0345 223 8000

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GRP79 – 618R



Canada Life
Group Insurance