



PERSONAL STATEMENT

IMPORTANT INFORMATION

PART A EMPLOYEE INFORMATION

PART A should be completed by the employee whose employer has provided the Critical Illness Cover, irrespective of whether they are the person who has suffered, or has been diagnosed with, the insured Critical Illness.

PART B CLAIMANT INFORMATION

PART B should be completed and signed by the person who has suffered, or has been diagnosed with, the insured Critical Illness. A parent/guardian should complete this form in all cases where the claim is for a child under the age of 12.

NOTE

We should be contacted immediately on **0117 916 4463** in any of the following circumstances.

- The claim is for a child aged 12 or over
- The claim is for Total Permanent Disability
- The person required to sign either part of the form is unable to do so

HELPFUL HINT

Do you have copies of the following Medical information? If you do, sending us copies may speed up the assessment of the claim.

- A letter from the GP confirming the history, diagnosis and treatment
- Hospital admission and discharge letters
- Copies of letters from your treating doctor or specialist
- Biopsy and/or histology test results

HOW TO RETURN YOUR FORM



Please return the completed claim form and medical information to:

**Group Critical Illness Claims Team,
Canada Life Limited, 3 Rivergate,
Temple Quay, Bristol BS1 6ER.**



Scanned or photographed images of the completed form **and any medical information** can be e-mailed to **ciclaims@canadalife.co.uk**

NOTE

Both parts of the form must be provided with a handwritten signature but we can accept a scanned image of handwritten signatures.



If you have any questions regarding the completion of the form or the submission process, please call us on: **0117 916 4463.**





PART A – EMPLOYEE INFORMATION

This part of the form should be completed by the employee whose employer has provided the Critical Illness cover irrespective of whether they are the person for whom the claim is being made.

1 Details of your employer

Name of your employer

Name of your employer's Critical Illness policy (if known)

Group policy number (if known)

HELPFUL HINT

1 You should contact your employer if they have not provided you with this information

2 Your details

Full name

Title

Address

Postcode

Date of birth (day, month, year)

Telephone number

Name of Bank

Branch address

Postcode

Account name (e.g. Mr A. N. Other)

Sort code

Account number

NOTE

Because this insurance is provided via your employer and you may have paid tax on the premium paid to us, all claim monies paid by us are paid to you as the employee, irrespective of whether the claim is in respect of you.

3 Support Services

The following Support Services are provided at no extra cost with our Group Critical Illness policies:



PERSONAL NURSE SERVICE

The Personal Nurse Service provides long-term practical and emotional support over the phone with the same qualified nurse if your employer makes a Critical Illness claim on your behalf. Once we have received all the forms required, your personal nurse will contact you within a few days to offer their support.



SECOND MEDICAL OPINION

The Second Medical Opinion service provides access to over 50,000 leading consultants worldwide. They offer second opinions on diagnoses and treatments for almost any condition.



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 2018.

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, Canada Life Place, Potters Bar, Hertfordshire EN6 5BA. 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.



PART A – EMPLOYEE CONSENT

I confirm that I have answered the questions in Part A of this 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.

If the employee whose employer has provided the Critical Illness Cover has suffered the critical illness is unable to sign the consent, please call Canada Life on 0117 916 4463.

IMPORTANT

I agree to Canada Life using and sharing my personal information as set out in the Data Protection Notice included in Part A of this form.

Employee signature



Date (day, month, year)

DD / MM / YYYY

Print full name

HOW TO RETURN YOUR FORM



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



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NOTE

A handwritten signature must be provided but we can accept a scanned image of handwritten signatures.



If you have any questions regarding the completion of the form or the submission process, please call us on:
0117 916 4463.

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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GRP59A – 319R





PART B – CLAIMANT INFORMATION

This section should be completed and signed by the person who has suffered or has been diagnosed with the insured Critical Illness.

IMPORTANT INFORMATION

We should be contacted immediately on 0117 916 4463 in any of the following circumstances.

- The claim is for a child aged 12 or over
- The claim is for Total Permanent Disability
- The person required to sign either part of the form is unable to do so

WHAT MEDICAL INFORMATION SHOULD I PROVIDE WITH THIS FORM?

This could include any of the following:

- A letter from the GP confirming the history, diagnosis and treatment
- Hospital admission and discharge letters
- Copies of letters from your treating doctor or specialist
- Biopsy and/or histology test results
- Reports/results of any scans

I HAVE A LOT OF PAPERWORK. DO I HAVE TO PROVIDE ALL LETTERS FROM THE SPECIALIST AND DOCTOR?

We do not need to see copies of your appointment letters or sick notes. In addition, the information we require should be in respect of the insured illness for which you are claiming benefit.

I DO NOT HAVE THIS INFORMATION AVAILABLE. WILL THIS PREVENT CANADA LIFE FROM MAKING A DECISION ON THE CLAIM?

No. We can write to your GP and/or specialist for this information, although we will not be able to make a decision on the claim until we have received this information from them.

IN ADDITION WE WILL INITIALLY REQUIRE:

- Where a spouse's or civil partner's benefit is being claimed, an original copy of the spouse's marriage certificate or civil partnership document.
- If the policy includes cover for co-habiting partners and the claim is being made for this benefit, we will require documentary evidence of the relationship, such as mortgage documentation, a utility bill or bank statement.
- Where a child benefit is being claimed, an original copy of the birth certificate or legal adoption certificate if applicable.
- If the child is 18 years or older, we will also need documentary evidence they are in full-time education.

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If you have any questions regarding the completion of the form or the submission process, please call us on: **0117 916 4463.**



1 Scheme details

Name of scheme

1

Group policy number (if known)

1

HELPFUL HINT

1 You should contact your employer if they have not provided you with this information

2 Personal details of the person suffering the illness

Full name

Title

Address

Postcode

Date of birth (day, month, year)

Telephone number

3 Critical illness details

Insured illness or surgical procedure for which the claim is made

Please describe fully the nature and extent of your illness

On what date did you first consult a medical practitioner in connection with your illness/injury? (day, month, year)

Was this your usual medical attendant?

Yes

No

What symptoms preceded diagnosis of the illness and when did they start?

Have you undergone any tests or investigations to confirm the diagnosis?

Yes No

If Yes, please provide details, including dates.

Date of diagnosis (day, month, year)

What treatment have you received and are you currently receiving in connection with your illness?



4 Support Services

The following Support Services are provided at no extra cost with our Group Critical Illness policies:



PERSONAL NURSE SERVICE

The Personal Nurse Service provides long-term practical and emotional support over the phone with the same qualified nurse if your employer makes a Critical Illness claim on your behalf. Once we have received all the forms required, your personal nurse will contact you within a few days to offer their support.



SECOND MEDICAL OPINION

The Second Medical Opinion service provides access to over 50,000 leading consultants worldwide. They offer second opinions on diagnoses and treatments for almost any condition.

HOW TO ACCESS YOUR SUPPORT SERVICES



To find out how you can access the Personal Nurse Service and Second Medical Opinion please refer to PART B page 9.

IMPORTANT



Please read the Access to Medical Reports – Your Rights and Data Protection Notice and sign the declaration and consent on page 7.



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 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.



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 Limited, Canada Life Place, Potters Bar, Hertfordshire EN6 5BA or by email at: dpo@canadalife.co.uk



DATA PROTECTION NOTICE (DPN)

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

Sharing personal information

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- 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)

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Canada Life Limited, Canada Life Place, Potters Bar, Hertfordshire EN6 5BA.
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.



DECLARATION AND CONSENT

I confirm that I have answered the questions in Part B of this 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.

IMPORTANT

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 person for whom the benefit is being claimed is unable to sign the consent, please call Canada Life on 0117 916 4463.

Signature



Date (day, month, year)

DD / MM / YYYY

Print full name

HOW TO RETURN YOUR FORM



Please return the completed claim form and medical information to:

**Group Critical Illness Claims Team,
Canada Life Limited, 3 Rivergate,
Temple Quay, Bristol BS1 6ER.**



Scanned or photographed images of the completed form **and any medical information** can be e-mailed to **ciclaims@canadalife.co.uk**

NOTE

This part of the form must be provided with a handwritten signature but we can accept a scanned image of handwritten signatures.



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

0117 916 4463.

NOTE

All children over the age of 16 have to provide consent. There are circumstances where a child under the age of 16 will have to provide consent. These are as follows:

- between the ages of 12 and 15 and resident in Scotland
- between the ages of 12 and 15, resident in England, Wales or NI and has deemed by a medical professional to have appropriate capacity

We will normally look to contact the child through their parent/guardian if such consent is required.

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

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GRP59B – 319R





GROUP CRITICAL ILLNESS SUPPORT SERVICES

More than just a financial benefit

At Canada Life, we believe insurance is about much more than just a financial benefit. So we provide you with a comprehensive set of Support Services, at no extra cost¹.

What's included with my cover?



PERSONAL NURSE SERVICE

The diagnosis of a serious health condition can be a worrying time for you and your family. The Personal Nurse Service is offered as part of our Group Critical Illness product to support employees at a difficult time, bridging the gap sometimes missed by NHS services.

The nurse can help with further explanation of the condition and treatment options, advice on how to cope with lifestyle changes and help in preparing for consultant appointments.



WHO CAN USE IT?

- UK-based employees claiming under a Group Critical Illness policy
- Immediate family members of the claimant can access support²



HOW TO ACCESS

Once we have received all the forms required, your personal nurse will contact you within a few days to offer their support.



SECOND MEDICAL OPINION

If faced with a health problem, most of us would like clear, definitive answers. The Second Medical Opinion is offered as part of our Group Critical Illness product. It gives employees and their immediate family access to the best available medical advice in the world.

The Second Medical Opinion service provides access to over 50,000 leading consultants worldwide. They offer second opinions on diagnoses and treatments for almost any condition.



WHO CAN USE IT?

- All UK-based employees covered under a Group Critical Illness policy
- Immediate family members of the employee³



HOW TO ACCESS

Access the Second Medical Opinion service by calling **0800 085 6605**.

You can also register online at <http://canadalife.askbestdoctors.com>



For full details of our Support Services please go to:

www.canadalife.co.uk/group-insurance/support-services

¹ Free for all service users as the Support Service costs are absorbed with the Group Critical Illness premium.

² Immediate family includes spouse, partner, parents, siblings or children under 21, in full time education, who live at the member's normal address of residency.

³ Immediate family includes any spouse, partner, parent or sibling living in the same household; any legal dependant under the age of 21 and in full time education; or any other legal dependant who is dependent on the member because of disability.

This page should be retained for your reference

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

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