

Group Income Protection

Claim Form

When an employee is absent from work due to a serious illness or incapacity, we understand the value of an efficient and timely claim decision. By following the steps below, we will be able to assess your claim as quickly as possible.

This form is divided into 2 parts:

Part A – Claim Form (p1-9)

**1**

The **Employer** should complete **Part A**, then return it to Canada Life.

Please ensure the Group Policy Number and Policyholder Name boxes are completed on the **Claim Form** and **Personal Statement** prior to sending **Part B** to the employee.

2

The **Employer** should provide medical information. Medical information should be from the start of the absence to date.

Photocopies, scanned copies or photographed images are acceptable.

This might include:

- Occupational Health reports
- GP fit notes

3

The **Employer** should send **Part B** to the **Employee** who should complete the Personal Statement.

Part B – Personal Statement (p10-19)

1

The **Employee** should complete **Part B** and ensure the employee declaration and consent on **page 19** is signed before returning to Canada Life. This **must** be provided with an electronic or handwritten signature. Please make sure you confirm whether you wish to see any reports requested from your doctor.

We cannot process the claim without this consent.

2

The **Employee** should provide medical information. Medical information should be from the start of the absence to date. Photocopies, scanned copies or photographed images are acceptable.

Important note on returning your form

This form requires either a hand written or electronic signature, but we can accept a scanned image of handwritten signatures.

How we assess the claim

When **Parts A+B** have been received, the information will be combined and a claim 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.

The right of appeal is available if you disagree with our claim assessment outcome and a complaint can be raised at any point throughout the process.

How to return your form

By email

ipclaims@canadalife.co.uk



By post

IP Claims Management Services,
Canada Life Limited, Canada Life Place,
Potters Bar, Hertfordshire EN6 5BA.



Call us

0345 223 8000



Scanned or photographed images of the completed form and any medical information can be emailed.

Please return the completed claim form and medical information.

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

Group Income Protection

Part A – Claim Form (to be completed by the Employer)

1 Employer's details

Group policy number (if known)

Policyholder name (Principal Employer)

Employer's name, if different to the Policyholder / Principal Employer

First line of Head Office address and postcode

Postcode

Contact name (with whom we can discuss the claim)

Telephone number

Please confirm a preferred time for us to call you

Email address



Please ensure the Group Policy Number and Policyholder Name boxes are completed on the **Claim Form** and **Personal Statement** prior to sending **Part B** to the employee.

The Policyholder / Principal employer will be the main company that took out the insurance.

2 Policyholder / Principal Employer bank details

This should be that of the Policyholder (Principal employer/the main company that took out the insurance)

Bank name

Account name

Bank sort code

Account number

3 Employee's details

Title (optional)

Full name of member

Home address

Postcode

Date of birth (day, month, year)

Telephone number

Group Income Protection

Part A – Claim Form (to be completed by the Employer)

4

Occupation details

Employee's job role

Length of time in role years months

On what days per week does the employee work? (if applicable)

Contracted hours per day

If the employee is a shift worker, please confirm the pattern of shifts and hours worked during each shift.

Please list the duties carried out by the employee and the environment. (e.g. office, warehouse, inside/outside, travel)

Group Income Protection

Part A – Claim Form (to be completed by the Employer)

4

Occupation details – continued

Can the employee carry out any work from home?

Yes

No

If 'Yes', please clarify the duties/activities:

Does the employee require a licence for their job?

Yes

No

If 'Yes', please give full details:

Has the employee undertaken any part of his/her normal occupation during the deferred period?

Yes

No

If 'Yes', please give full details:

Has the employee been seen by the company doctor or occupational health adviser? Yes No

If 'Yes', please provide copies of the reports.



Important information:

Please ensure you have the employee's consent to provide this information.

Has a return to work plan been agreed with the employee?

Yes

No

If 'Yes', please provide details and copies of any plans.

Group Income Protection

Part A – Claim Form (to be completed by the Employer)

5 Eligibility details

Date on which the employee first:

Joined the company's service
(day, month, year)

 - -

Joined the Group Income
Protection Scheme (day, month, year)

 - -

Became eligible for the Group Income
Protection Scheme (day, month, year)

 - -

If the above dates differ, please explain why:

6 Salary details

What is the employee's:

Scheme salary at the first date
of continuous absence?

 £ Gross

Total earnings in 12 months
prior to absence?

 £ Gross

Pensionable salary for calculating
pension contributions, if applicable?

 £ Gross 

Helpful hint:
Please check your policy
conditions for the
definition of scheme salary
or call 0345 223 8000. Most
often it is 'basic salary'.

If the employee's salary has changed in the last 12 months please state original salary, new salary, effective date and reason for the change.

Original salary

 £ Gross

New salary

 £ Gross

Effective date (day, month, year)

 - -

Reason for change:



Important information:
Claim benefits are
not payable until the
later of the end of the
deferred period and full
salary ceasing.

What is the first date the employee does not receive full salary? (day, month, year)

 - -

Will the employee receive any salary after this date?

Yes

No

If 'Yes', please provide the amount and dates this will cease:

If pension contributions are covered under the policy, please state the rate applicable.

By the employer

 %

By the employee

 %

Date member joined the pension scheme (day, month, year)

 - -

Group Income Protection

Part A – Claim Form (to be completed by the Employer)

7 Absence details

What was the first date of the current continuous absence due to illness/incapacity?

(day, month, year)

If the employee has reduced hours rather than complete absence please provide the date the hours reduced.

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Nature of illness/incapacity

<input type="text"/>

Details of employee's absence history for the 12 months preceding the incapacity. (If none, please write none)

From (day, month, year)

To (day, month, year)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Reason:

<input type="text"/>



Helpful hint:
For more detailed absence, please specify on a separate sheet.

Is there any indication that work related issues are involved in the absence?

Yes

No

If 'Yes', please provide details:

<input type="text"/>

Have there been any disputes or disciplinary action taken against the employee prior to absence?

Yes

No

If 'Yes', please provide details:

<input type="text"/>

Group Income Protection

Part A – Declaration (to be completed by the Employer)

Data Protection Statement

Canada Life Limited takes its privacy obligations very seriously.

Any personal data provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member will be treated in accordance with the Data Protection Act.

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 longterm absentees, current and previous claimants, and medical underwriting decisions).

We use personal data 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 personal data for marketing purposes.
Please see the Data Protection Notice overleaf for full details.

Please ensure that:

- ☒ All questions have been fully completed.
- ☒ You have signed and dated the form.
- ☒ Any Occupational Health/Doctors letter/fit notes have been enclosed if applicable.

Employer Declaration and Signature

By signing the declaration below, you confirm that you agree to us using, processing and sharing the personal data (including special categories of personal data) provided to us for the purposes set out in the Data Protection Statement and Data Protection Notice shown overleaf.

We, the policyholder, hereby apply for payment of benefit(s) in accordance with the Policy. We declare that the employee was a Member of the scheme on the date of last attendance at work and that to the best of our knowledge and belief the particulars set out on the preceding pages are complete and true. (Failure to give complete and true answers could result in the payment of any benefit being refused.)

Signature of the official of the principal employer
who has completed the form

Date (day, month, year)

 - -

Job title

What you need to do next

1

The Employer should return
Part A to Canada Life.

2

The Employer should send Part B to the Employee
who should complete the Personal Statement.

How to return your form

By email

ipclaims@canadalife.co.uk



Scanned or photographed images of
the completed form and any medical
information can be emailed.

By post

IP Claims Management Services,
Canada Life Limited, Canada Life Place,
Potters Bar, Hertfordshire EN6 5BA.



Please return the completed claim
form and medical information.

Call us

0345 223 8000



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

Canada Life Limited, registered in England and Wales no. 973271. Registered office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA. CLFIS (UK) Limited, registered in England and Wales no. 04356028 is an associate company of Canada Life Limited. Registered Office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA. Canada Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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Group Income Protection

Part A – Data Protection Notice

You may interact with Canada Life Limited (referred to as 'Canada Life', 'we', 'us' or 'our' in this DPN) in any one (or more) of the following capacities: as data controller, a policyholder, joint policyholder, employer policyholder, trustee, insured person, professional adviser, beneficiary, next of kin, personal representative, executor claimant, or member. No matter which capacity you interact with Canada Life, you will be referred to as 'you' or 'your' in this DPN. Any personal data about yourself (provided by you or about you by another party) or which you provide about someone else will be treated in accordance with the applicable laws and regulations in any relevant jurisdiction relating to privacy or the use or processing of personal data; Canada Life takes its privacy obligations very seriously.

By signing this form you consent to Canada Life using and sharing your personal data as set out in this notice including, without limitation, the processing of special category personal data.

If submitting personal data about another person, by signing this form you confirm that you have their consent to provide such information to Canada Life and for their information to be used as set out in this notice.

Using Personal data

We use personal data 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 personal data for marketing purposes and we do not make your personal data 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 data 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.

We rely on legitimate interest to process your personal data for statistical analysis, which helps us to improve our processes, products and services. The purpose of this statistical analysis is not to make decisions about you directly, but to undertake data analysis to help us to improve our processes, our products and services. Additionally, we will process your personal data to undertake market research, including customer feedback surveys. To maximise the security of your information, we pseudonymise your personal information where possible. This means removing information from which you can be directly identified.

For employer-related group insurance products the DPA permits appropriate information about employees to be provided by an employer to an insurer without individual consent (including details of long-term absences, current and previous claimants, and medical underwriting decisions).

For employer-related group products the DPA 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 data

We share personal data 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 professional 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 professional adviser unless you provide your consent to us in writing;
- for insurance related products, with your own doctor or relevant medical professionals;
- with selected third-party suppliers for the purposes of statistical analysis to help us improve our products, services and processes;
- with selected third-party research agencies and providers of market research services, including customer feedback surveys; 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 data outside of the EEA and countries that have an EU adequacy decision. In doing so, we ensure there are contractual arrangements in place with those organisations who have organisational and technical measures to protect your personal data.

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.

Group Income Protection

Part A – Data Protection Notice

Non-EU entities

On 31 January 2020 the UK left the European Union ('EU'), ceasing to be a member. EU law requires that all entities processing the data of EU citizens that are not established in the EU designate in writing a Representative in the EU to be addressed in addition to or instead of that entity by EU citizens on all issues related to data processing. In order to meet our requirements, any Canada Life entity listed above that is not established in the EU, which processes the personal data of EU citizens has designated Canada Life Irish Holding Company Limited, an Irish registered entity within the Canada Life group, as its Representative. The Representative may also be called upon to cooperate with competent supervisory authorities with regard to ensuring compliance with the General Data Protection Regulation ('GDPR').

Contractual clauses in place between Canada Life and its group entities and external suppliers are compliant with the GDPR, which ensures that personal data provided to Canada Life is processed in accordance with our instructions and the requirements of the GDPR. Canada Life will continue to follow and apply all appropriate data protection legislation.

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 data or your special categories of data;
- provide you with a copy of the personal data that you have provided to us or which we hold;
- update any inaccuracies in the personal data we hold;
- delete any special category of data or personal data for which we no longer have lawful grounds to use;
- cease processing of your personal data 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 data 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 data, 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 1st February 2023. Any future updates will be made available as described above.

Group Income Protection

Personal Statement

When an employee is absent from work due to a serious illness or incapacity, we understand the value of an efficient and timely claim decision. By following the steps below, we will be able to assess your claim as quickly as possible.



Part B – Personal Statement

1

Your **Employer** has completed **Part A** and will return directly to Canada Life.

2

You, the **Employee**, should complete **Part B** and ensure the employee declaration and consent on **page 10** is signed before returning to Canada Life. Please make sure you confirm whether you wish to see any reports requested from your doctor.

We cannot process the claim without this consent.

3

If you, the **Employee**, are unable to complete the form and/or sign the consent, call Canada Life on **0345 223 8000**.

4

We encourage you to provide medical information related to your current absence from work. Medical information should be from the start of the absence to date.

Photocopies, scanned copies or photographed images are acceptable.

This might include:

- Hospital discharge letters following attendance for treatment
- Copies of letters from a treating doctor or specialist
- Test results or radiography reports
- Correspondence from the General Practitioner relating to the incapacity
- Occupational Health reports
- GP fit notes.

How we assess the claim

When **Parts A+B** have been received, the information will be combined and a claim assessor will then review the information. The claim assessor may call your **Employer** to discuss the claim. A Canada Life Nurse may call you to discuss the claim. When all the information required has been received, we will write to confirm the outcome.

The right of appeal is available if you disagree with our claim assessment outcome and a complaint can be raised at any point throughout the process.

Important note on returning your form

This form requires either a hand written or electronic signature, but we can accept a scanned image of handwritten signatures.

How to return your form

By email

ipclaims@canadalife.co.uk



By post

IP Claims Management Services,
Canada Life Limited, Canada Life Place,
Potters Bar, Hertfordshire EN6 5BA.



Call us

0345 223 8000



Scanned or photographed images of the completed form and any medical information can be emailed.

Please return the completed claim form and medical information.

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

Group Income Protection

Part B – Personal Statement (to be completed by the Employee)

1 Employer's details

Group policy number (if known)

Name of the company you work for

2 Personal details

Full name

Date of birth (day, month, year)

 - -

Please confirm your

Preferred email address

Preferred telephone number and times to call

If we do need to contact you, please confirm how you wish to be addressed by us (e.g. first name, title)

Written correspondence

Telephone calls



Note:

We, including a Canada Life nurse, may need to contact you directly as part of our assessment process

3 Occupation details

Have you been able to undertake any part of your normal occupation since the commencement of your present incapacity?

Yes

No

If 'Yes', please give details, including dates and nature of the work performed:

Have you discussed with your employer returning to your normal occupation (full or part time, in a reduced capacity by way of a graded return to work)?

Yes

No

If 'Yes', please state the date of the discussions and outcome:

Group Income Protection

Part B – Personal Statement

(to be completed by the Employee)

3

Occupation details – continued

Have you undertaken any work either paid or unpaid (including voluntary) since the onset of your incapacity?

Yes

No

If 'Yes', please give full details:

Please provide brief details of any previous occupations you have performed, professional qualifications received and training gained:

Group Income Protection

Part B – Personal Statement (to be completed by the Employee)

4

Medical details

Please describe your illness/incapacity and give the diagnosis (if known) and the date the symptoms started:

Please detail any treatment received since the onset of your illness/incapacity:

Please list medication received since onset of your illness/incapacity:



Important information:

Please provide copies of any correspondence from medical professionals regarding your current condition for the start of your absence to date.

Group Income Protection

Part B – Personal Statement (to be completed by the Employee)

4

Medical details – continued

How do the symptoms of your illness/incapacity prevent you from undertaking your normal occupation?

Please state any factors in your workplace that you feel have contributed to this absence:



Important information:
Please provide copies of any correspondence from medical professionals regarding your current condition for the start of your absence to date.

Group Income Protection

Part B – Personal Statement (to be completed by the Employee)

5 Details of your GP/Specialist

Name of your General Practitioner

Address of your General Practitioner

Postcode

Telephone number

Email address

Date of last consultation with General Practitioner (day, month, year)

 - -

Have you consulted any other doctor or specialist? If 'Yes', please give full details.

Yes

No

Name of your specialist

Speciality

Address

Postcode

Email

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 specialist

Speciality

Address

Postcode

Email

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)

 - -

6 You MUST declare any other income you will receive that starts after your absence began

Are you receiving or going to receive any payment, pension or intending to claim from any other company, society or insurer? (Including credit card protection, any form of income protection, mortgage protection or waiver of premium/contribution). If 'Yes', please give details.

Name of provider

Type of policy

Annual amount

 £

Date of first payment (day, month, year)

 - -

Duration of payments



Important information:

Canada Life may reduce the amount we pay your employer by some or all of the regular payments you receive. Additional amounts should be supplied on a separate sheet.

Group Income Protection

Part B – Data Protection Notice

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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 professional 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 professional adviser unless you provide your consent to us in writing;
- for insurance related products, with your own doctor or relevant medical professionals;
- with selected third-party suppliers for the purposes of statistical analysis to help us improve our products, services and processes;
- with selected third-party research agencies and providers of market research services, including customer feedback surveys; 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 data outside of the EEA and countries that have an EU adequacy decision. In doing so, we ensure there are contractual arrangements in place with those organisations who have organisational and technical measures to protect your personal data.

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Group Income Protection

Part B – Data Protection Notice

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Contractual clauses in place between Canada Life and its group entities and external suppliers are compliant with the GDPR, which ensures that personal data provided to Canada Life is processed in accordance with our instructions and the requirements of the GDPR. Canada Life will continue to follow and apply all appropriate data protection legislation.

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 data or your special categories of data;
- provide you with a copy of the personal data that you have provided to us or which we hold;
- update any inaccuracies in the personal data we hold;
- delete any special category of data or personal data for which we no longer have lawful grounds to use;
- cease processing of your personal data 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 data 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 data, 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 1st February 2023. Any future updates will be made available as described above.

Group Income Protection

Part B – 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.



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 etc.), 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.

3

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.

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.
- This does not prevent you from applying personally to other companies for insurance.
- You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.
- If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

Got a question

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 Officer** or the **Head of Privacy and Data Protection** at Canada Life.



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

Group Income Protection

Part B – Employee declaration and consent

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.

Your declaration

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

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 data as set out in the Data Protection Notice included on this form.

Please ensure that:

- ☒ All questions have been fully completed.
- ☒ You have ticked one of the DO NOT/DO boxes on this page.
- ☒ You have signed and dated the form.
- ☒ Any letters from your doctor or specialist have been enclosed, if applicable.

What you need to do next

1

You, the **Employee** should sign the Declaration and Consent and return **Part B** to Canada Life.

2

Please provide a handwritten or electronic signature

Your signature

If the person for whom the benefit is being insured is unable to sign the consent, please call Canada Life on



0345 223 8000

Signature

+ Please provide a hand written or electronic signature

If we need a report from your doctor we will send them a copy of this page to show your consent but they may have extra requirements – they/we will contact you if this is the case.

Date (day, month, year)

 - -

Print full name

Your Medical Report consent

Please ensure you mark **one** of the following two options in respect of your rights under the Access to Medical Reports Act 1988, or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. See previous page for details.

Option 1

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

Option 2

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

If you select this option the release of any reports we request from your doctor will be delayed by up to 21 days for you to arrange an appointment to see the reports before your doctor sends them to us.

We will not send you a copy of any reports requested – please refer ‘Your rights under the Act are as follows’ on the previous page if you would like a copy.

Group Income Protection

Part B – Employee declaration and consent

How to return your form

By email

ipclaims@canadalife.co.uk



Scanned or photographed images of the completed form and any medical information can be emailed.

By post

IP Claims Management Services,
Canada Life Limited, Canada Life Place,
Potters Bar, Hertfordshire EN6 5BA.



Please return the completed claim form and medical information.

Call us

0345 223 8000



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

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