



Health Declaration Form

The information given on this form will be used to update and change your personal records, where the necessary evidence has been provided. The information provided will not be disclosed to third parties without your consent.

Please complete all sections of this form

Part A. Policyholder details

Policyholder title: (Mr/Mrs/Miss/Ms/Oth	Surname:	Forename(s):
Life assured Title: (Mr/Mrs/Miss/Ms/Oth	Surname:	Forename(s):
Policy no(s):		
Proposal date:		

Part B. Questions and answers

It is important that you let us know about any changes since signing the application form: (Please ensure that you tick either yes or no for each question).	YES	NO
<ul style="list-style-type: none">• Have you had any physical or mental illness, sought medical advice, had any tests or investigations or suffered any symptoms for which you have not yet consulted a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any change to: <ul style="list-style-type: none">• your family medical history in respect of your parents, brothers and sisters	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• your occupation	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• your travel or residence situation or intentions	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• any participation in hazardous pastimes	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• your alcohol consumption	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• any use of recreational drugs (e.g. cocaine, heroin)	<input type="checkbox"/>	<input type="checkbox"/>
Please remember that we will use the answers you give above to assess the terms and the extent of benefits we can offer you. If you do not give us all relevant information or you provide incorrect or incomplete information this may mean that we will not pay out on a claim and your policy may be cancelled. If you are in any doubt you should tell us and we will decide if the change is important.		

If you have ticked one or more of the yes boxes above then please provide full details in the space provided: (use a separate sheet if necessary)



Part C. Doctor's details

Name:	
Address: (Please complete using BLOCK CAPITALS)	
Telephone number:	

Declaration by the life assured and Consent to obtain a Medical Report

Access to medical reports

We may need to get medical records to support your application. 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 go ahead with your application. This does not prevent you from applying to other insurance 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 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:

- Your current health
 - Any care, medication or treatment you are currently receiving.
 - The results of referral or tests you are waiting for.
- Any time off in the last three years.
- 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, urinalysis (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We will ask your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there are 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, or the sum assured is more than £500,000 .

The information you and your doctor provide about your health may result in us:

- refusing to provide insurance;
- increasing premiums above standard rates;
- setting premiums at standard rates.

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:

Underwriting Department, Windsor Life Assurance Company Limited, Windsor House, Ironmasters Way, Telford Centre TF3 4NB.

I do **not*** wish to see the report before it is sent to the company (*only delete the word **not** if you do wish to see your medical report. **You should note this is likely to delay us processing your application**).

Declaration

- I agree to you asking any doctor I have consulted about my physical or mental health to provide information so you may assess my proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the policy proceeds.
- This information can also be used to maintain management information for business analysis.

By signing this declaration I am allowing you to process my application using the information that I have given. You may also use this information to process any claim made on this policy.

I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.

Windsor Life will **not** use the information you have provided to let you know about other products and services we offer.

Part D: Signature

Signed:		
Date:		

Please return to: Client services department, Windsor Life, Windsor House, Ironmasters Way, Telford TF3 4NB