

Group Life Insurance Scheme

Terminal Illness Claim Form



To be completed by an existing Group Life Scheme member (or their power of attorney) who has been diagnosed with a terminal illness. It is important that the member has a right to confidentiality, therefore this form may be sent direct to our Chief Medical Officer at the address below;

Chief Medical Officer, Aviva, Group Risk U/W Dept, PO Box 3240, Norwich, NR1 3ZF

Personal Details

Full Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Scheme Name	<input type="text"/>	Scheme Number	<input type="text"/>
Address	<input type="text"/>	NHS/Hospital Number	<input type="text"/>
		Other Policies with Aviva	<input type="text"/>

Please send us copies of any doctor's letters or reports you may have concerning your illness as this may help us assess your claim. If you have already provided details of your condition to Aviva, please provide the relevant policy number(s) above.

1. Please advise the medical condition you have been diagnosed with.

2. Have you discussed with your doctor a possible life expectancy. If so please provide details below.

3. On what date did you first notice symptoms/begin to feel unwell?

 / /

4. Please describe the initial symptoms.

5. On what date did you first consult a doctor with these symptoms?

 / /

Please advise what treatment, medication or advice you were given at this time.

6. Please advise your current symptoms

7. Please provide details regarding the treatment you have received for your condition. For example, surgery, medication, chemotherapy, radiotherapy.

8. Have you suffered from the same or any similar conditions previously? Yes No

If yes, please give details including dates, symptoms, tests, treatment and referrals to specialists.

9. Are you claiming under any other insurance policy as a result of your illness? If yes, please give the name and contact details of the other company as we may be able to share information with them to deal with your claim more efficiently.

10. Please give the name and address of your General Practitioner (GP), the doctor that diagnosed your condition, any other doctors/ specialists you have seen for your illness. (It is important you give as much detail as possible so we can request information quickly and accurately.)

Name and address of your GP	Name and address of specialist that diagnosed your condition	Name and address of other specialist

11. If you have given details of more than one specialist, please tell us who you feel is the best person to approach for a medical report in connection with your claim?

Please now complete the following declaration.

Insurers maintain a Register of Health Claims and exchange information with each other to prevent fraud. We may consult the register in connection with your claim. Some or all of the information which you supply to Aviva in connection with this insurance will be held by us on computer and may be passed to other insurance companies for underwriting and claims handling purposes and for updating the Association of British Insurers Register of Health Claims. As part of our continuing efforts to improve customer service, calls to and from us may be recorded and monitored.

Your rights under the Access to Medical Reports Act 1988

Before we can apply for a medical report from your doctor we need your consent, and a declaration for this appears below. You have certain rights under the Access to Medical Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 or, in the Isle of Man, the Access to Health Records and Reports Act 1993.

The main points of the Act are as follows:

- (a) Unless you advise us that you wish to see the report we will not tell you that we have applied for one. However, if before such a report is sent to us you tell your doctor that you would like to see such a report you will have 21 days to contact your doctor about arrangements to see the report.
- (b) If you advise us that you wish to see the report we will write to you at the same time as we contact your doctor. We will indicate that you have asked to see the report and that you have 21 days in which to contact the doctor to ask to see the report. When you have seen the report the doctor may not send it to us until you have given your consent to do so. If you do not contact your doctor within 21 days the report will be sent to us.
- (c) You can ask your doctor if he/she will amend any part of the report which you consider to be factually incorrect or misleading. If your doctor is not in agreement, you may attach your comments.
- (d) During the six months after we have received your report you may ask your doctor to see a copy. Should you ask for a personal copy of the report, the doctor can charge you a reasonable fee to cover the cost.
- (e) In some circumstances, the doctor may decide, in the interest of your health, or to respect the interest of other persons, that you should not see all or part of the report. The doctor will notify you of this and you will have the right to see any remaining part of the report. If it is the whole of the report which is affected, this will not be given to us without your consent.
- (f) You can withhold your consent (in which case we will be unable to proceed with your claim).

Your Declaration and Consent

I authorise the release of any other information to Aviva, their agents or sub-contractors which they may consider relevant to enable my claim to be dealt with including information requested from the Inland Revenue, Benefits Agency, other insurance companies, Aviva Group companies and any other relevant source. I declare that to the best of my knowledge and belief the information given on this claim form is true and complete and that I am the person referred to in the particulars given.

I authorise any doctor or other medical attendant with whom I have consulted to provide Aviva, their agents or sub-contractors with any information concerning my past or present physical or mental health (including full medical records or notes where requested).

I understand that the issue of this form can not be interpreted as acceptance of a claim.

I confirm consent to the computer and other processing of personal and medical details supplied in support of this claim, including the information supplied on, or with, this claim form, for the purposes of claims assessment, administration and validation (including fraud prevention).

In giving your Consent, it will remain valid for the whole duration of your claim.

I have been informed of, and understand, my statutory rights under the Access to Medical Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 or, in the Isle of Man the Access to Health Records and Personal Files Act 1993. In connection with the claim submitted I hereby consent to Aviva seeking medical information from any Doctor who, at any time, has attended me concerning anything which affects my physical and/or mental health and that this information will be passed to Aviva. I agree that a copy of this consent shall have the validity of the original.

If you wish to see the complete report before it is sent to Aviva, please provide written confirmation to our Chief Medical Officer when returning this form.

Signature

Date

Terminal Illness Claim Information Sheet

This sheet tells you more about the claims process and answers some immediate questions you might have

Terminal Illness Claim Form

This form asks for details of your illness, your treatment, and the contact details of your doctor and/or consultants involved in treating you. If you have said there is more than one consultant involved in your care then please indicate the most appropriate person to contact for a report.

Our assessment may depend on us receiving medical reports which tell us about the condition you are claiming for and your medical history. By signing the declaration and consent statement at the end of the claim submission form, you will be allowing us to request the medical reports necessary for us to continue handling your claim. It is important you sign and date this part of the form to avoid any delays.

You will see the final page includes an explanation of your rights under the Access to Medical Reports legislation. If you have advised us that you wish to view the report before it is sent to us, please be aware the doctor/consultant will not contact you to invite you to see the report. We will let you know when we request information from your doctors and you then have 21 days to arrange an appointment to view the information before the doctor sends it to us.

Assessing your claim

We aim to assess your claim as quickly as we can once we have received the information we have requested. On some occasions it may be necessary to request further information from an additional source. If this happens we will let you know.

To avoid potential delays in gathering medical evidence it would help if you inform your doctor that a claim has been submitted and that they may be asked for a report from Aviva. Should we be unable to meet your claim for any reason, we will telephone you and explain why. We will then confirm our decision in writing.

Claims not accepted

If a claim is not accepted and you are unhappy with the decision, we have an appeals process which you can use. It is helpful if you put any additional information in writing to us so we can give proper consideration to your reasons for appeal.

If following an appeal decision, you remain dissatisfied with the outcome of our assessment, you can take your complaint to the Financial Ombudsman Service. However, the Ombudsman would only review your case once it has been through our appeals process and a final decision given.