

# Group Life for Police, Fire & Rescue Services

## Terminal Illness Claim Form



This form should be completed by the member (or their power of attorney) of a Group Police or Fire and Rescue Policy (that provides terminal illness cover).

**All the information you give us will be treated in strict confidence.**

Please complete the form electronically where possible, but however you choose to complete the form please send this to [grouplifeclaims@aviva.com](mailto:grouplifeclaims@aviva.com) or Group Life Claims Department, PO Box 3240, Norwich, NR1 3ZF.

If you require any assistance with this form or the completion of this form, please contact us at [grouplifeclaims@aviva.com](mailto:grouplifeclaims@aviva.com) or on 0800 158 2714.

For security and administration, calls to and from Aviva may be monitored and/or recorded.

**A separate Group Life Claim Form should also be completed by the Trustees and sent to us.**

Policy name	<input type="text"/>
Policy number(s)	<input type="text"/>
Other policies with Aviva	<input type="text"/>

Member's forename(s)	<input type="text"/>								
Member's surname	<input type="text"/>								
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>								
Member's address	<input type="text"/>								
	<input type="text"/>								
	Postcode <input type="text"/>								
email address	<input type="text"/>								
Telephone number(s)	<input type="text"/>								
NHS/hospital number	<input type="text"/>								

**It's important that you answer all the questions on this claim form fully, truthfully and accurately. If you don't answer all the questions fully, truthfully and accurately this could mean we won't pay your claim at all.**

1. Please provide details of the medical condition you have been diagnosed with.

2. Have you discussed with your doctor a possible life expectancy? If **yes**, please provide details below.

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

D	D	M	M	Y	Y	Y	Y
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4. Please describe the initial symptoms.

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

D	D	M	M	Y	Y	Y	Y
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Please advise what treatment, medication or advice you were given at this time?

6. Please provide details of 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 current General Practitioner (GP), the doctor that diagnosed your condition and any other doctors or 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 send us copies of any relevant medical letters or reports you may have concerning your illness as we may be able to use this information to help assess the claim.**

## Fair Processing Notice – Group Protection

### Privacy Notice

Aviva Life & Pensions UK Limited is the main company responsible for your Personal Information (known as the controller).

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health or criminal convictions).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases. This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our full privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy) or requesting a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, to predict the likelihood of certain events arising, e.g. to assess insurance risk or the likelihood of fraud.

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the “Data Rights” section of our full privacy policy or by contacting us at [dataprt@aviva.com](mailto:dataprt@aviva.com).

If you have any concerns, please contact us in one of the ways described below.

### Declaration

- I confirm that all information provided to Aviva Life & Pensions UK Limited is truthful, accurate and complete. I understand that if I don't answer all questions fully, truthfully and accurately this could affect how much is paid out on the claim and could mean the claim is not paid out at all.

**Signature of member  
or Power of Attorney**

**Date signed**

D	D	M	M	Y	Y	Y	Y
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## **Authority for Aviva to approach your medical practitioner to obtain medical information in connection with your claim**

### **Access to your health and medical information**

We need information about your circumstances to complete our claim assessment. We explain below how we obtain your health, medical and other information, and why we need it. In the context of medical reports, it also gives important information about your rights. You'll need to sign this section in order for us to complete our assessment of the claim. You don't have to do so, but if you don't then we may not be able to assess or pay the claim. After this page, there are some FAQs which will hopefully address any queries you may have.

So we can assess the claim against the terms of the policy, we need your consent to ask any relevant professionals involved in your care, whether a health or medical practitioner or other professional, for health, medical or other information. This may include a medical report and specific details about your health and lifestyle.

Where we refer to a practitioner or professional, it means all or any such persons, and may include more than one such practitioner or professional in the context of a particular claim.

We request medical reports from medical practitioners under the Access to Medical Reports Act 1988 (or if you live in Northern Ireland or the Isle of Man, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Act 1993 respectively) (collectively referred to as the "**AMRA**").

This is specific legislation which allows insurers, like Aviva, to obtain a medical report with your consent.

We may need to ask for additional information (such as specialist letters or test results) from your medical practitioner to give us the information we need to fully assess the claim.

Please be assured that we'll only ask for, and take into account, the medical information that we need for the claim. We respect the confidentiality and privacy of your information and will ensure that your medical information isn't kept for longer than is necessary and is safe in our hands. We may also need to send it to other third parties acting on our behalf, e.g. health professionals, to help deal with your claim.

### **Your rights are as follows:**

- You can withdraw your consent at any time before your medical practitioner sends the medical report to us by contacting the Group Life claims team on the telephone number noted in the FAQs. However, if you do withhold/withdraw your consent, we may not be able to assess or pay the claim.
- You can see a copy of any medical report prepared by your medical practitioner before they send it to us. If you would like to do this, let us know by ticking the box below and we'll tell your medical practitioner so they can keep the report for you. You will then have 21 days to arrange to see it, following which your medical practitioner will send it to us, unless you tell us that you are withdrawing consent for us to access the report.
- You can ask your medical practitioner for a copy of the medical report at any time. They should keep a copy for up to six months after sending it to us. If you would like to see a copy of the report at a later date, you can speak to your medical practitioner or ask us. If you ask us, we may need to consult with your medical practitioner before providing a copy of the report.
- If you think any part of the medical report is incorrect or misleading, you can ask your medical practitioner to amend it. If your medical practitioner refuses, you can ask them to attach a statement outlining your views to the report. Alternatively, you can withdraw your consent for us to have access to your medical report.
- In some circumstances the medical practitioner may decide, in the interests of your health, or to respect the interests of other persons, that you should not see all or part of the medical report. The medical practitioner will tell you of this and you will have the right to see any remaining part of the report. If your medical practitioner decides that you should not see any of the report, it may be that they will not give it to us without your consent.

## What types of health/medical information we ask for

To complete the claims assessment, we may need sight of the following items, as relevant to the claim:

- a medical report prepared by your medical practitioner or a report prepared by another health practitioner or other professional, which may include information about:
  - your medical history, including details of any relevant illnesses, trauma, hospital admissions, medical consultations, referrals, tests or investigations and treatments you may have had;
  - your current state of health, including any care, medication or treatment you're receiving and the results of any referrals or tests you're waiting for;
  - copies of correspondence between medical practitioners eg referral letters and clinic letters; and/or
- medical or other healthcare records.

## More information

If you have any questions about your rights under the AMRA or the process of getting, assessing or storing medical information, please telephone the Group Life Claims team on the number noted in the FAQs.

## By signing this form you confirm that:

- you've read the contents of this consent form, including the **Access to your health and medical information** section. You know what information we need, and why;
- you consent to us, our agents or sub-contractors seeking a (i) medical report from your medical practitioner(s) under the AMRA or (ii) report from your health practitioner or other professional; and
- you consent to any medical practitioner, institution or person who has been involved in your care or treatment (or a related claim) to release and provide to us and any third parties acting on our behalf any relevant information concerning your physical and/or mental health which we consider is required to process the insurance claim with us. We'll use this part of the form as proof that you've given us your consent to request other relevant information from your medical practitioner, health practitioner or other professional.
- your consent is valid for 12 months from the date of this consent form.

Signature of member  
or Power of Attorney

Date signed

D	D	M	M	Y	Y	Y	Y
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Please tick this box if you wish to see any medical report or health information before it is sent to Aviva:

**Please note:** if the AMRA applies and you want to view your medical report before it is sent to us, you'll need to arrange an appointment with your medical practitioner. **Your report will be held for 21 days from the date we contact them to request the report to allow you to view it before it is sent to us.**

## Frequently Asked Questions (FAQs) about the Access to your health and medical information

### 1. When does the AMRA apply?

“AMRA” is the collective term we use to refer to the relevant legislation regulating access to medical records, that is: the Access to Medical Reports Act 1988 or if you live in Northern Ireland or the Isle of Man, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Act 1993 respectively).

A report will be covered by the AMRA if it is a report about your health and it has been prepared by a medical practitioner who is or has been responsible for your clinical care. If the AMRA applies there are certain rules that govern the report which are set out in the consent part of the form which you signed.

### 2. What is a ‘medical practitioner’?

Under the AMRA, a medical practitioner is one who is registered with the General Medical Council. This covers consultants and GPs, however would not cover, for example, a physiotherapist. If in doubt, you should ask your health practitioner.

### 3. What if I am receiving care or treatment from someone who is not a medical practitioner (eg. a physiotherapist) and Aviva needs a report?

The consent part of the form covers the provision of both medical reports under the AMRA and non-AMRA reports. If you are receiving care or treatment from someone who is not classed as a ‘medical practitioner’ under the AMRA, then we will still ask you to sign the consent part of the form as your consent shows your health practitioner that you have agreed that they can provide the information we are requesting, which they are likely to need under the relevant data protection laws.

Please note that for non-AMRA reports, the provisions of the AMRA as noted in the consent part of the form do not apply, such as your rights to view the report before it is sent to us. However, if the person providing the report or information is comfortable for you to see it, then we are too. If you have indicated that you would like to see a report before it is sent to us, then we will follow the same process as for AMRA report requests and ask the health practitioner to hold the report for 21 days, to allow you to view it before it is sent to us.

### 4. What if I have further questions?

If your query isn’t covered by the **Access to your health and medical information** section or these FAQs, then please feel free to contact the Group Life Claims team on 0800 158 2714 or, by email at [grouplifeclaims@aviva.com](mailto:grouplifeclaims@aviva.com) to discuss further or obtain more information.

## What happens next?

Please ensure that:

- You have completed all applicable questions, and
- You have signed and dated the declaration, and
- You have signed and dated the ‘Authority for Aviva to approach your medical practitioner to obtain medical information in connection with your claim’ declaration

### The email address to send your completed form to is:

[grouplifeclaims@aviva.com](mailto:grouplifeclaims@aviva.com)

### The postal address to send your completed form to is:

Group Life Claims Department, PO Box 3240, Norwich, NR1 3ZF.

If we require any further information from you, we will contact you using the contact details you have provided.

