

Underwriting questions (continued)

d) Tested positive for HIV, Hepatitis B or C, or are you awaiting the result of a test (Note: if the result was negative, the fact of having an HIV test will not in itself, have any effect on your acceptance terms)?

e) Injected non-prescription drugs or taken drugs other than on medical advice?

f) Submitted any application to another insurer for life, critical illness or income protection cover?

If you answered 'yes' to any of the above questions, please provide full details in the additional information section.

3. Since the date of your original application have any of your parents, brothers or sisters been diagnosed with, or investigated for any of the following medical conditions before they reached the age of 60?

- | | | |
|---------------------------|----------------------------|-----------------------|
| Heart disease or disorder | Multiple sclerosis | Alzheimer's disease |
| Stroke | Bowel disease or disorder | Parkinson's disease |
| Diabetes | Kidney disease or disorder | Muscular dystrophy |
| Cancer | Huntington's disease | Motor neurone disease |

If you answered 'yes' to any of the above questions, please provide full details in the additional information section below.

First life	Second life
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional information

First life	
Question number:	Answer:
Question number:	Answer:
Question number:	Answer:
Question number:	Answer:

Second life	
Question number:	Answer:
Question number:	Answer:
Question number:	Answer:
Question number:	Answer:

Access to medical reports

We may need to get medical reports 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 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. Your rights 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 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 6 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:

- 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 3 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 2 years, urinalyses (tests on urine), x-rays or other investigations
- Any blood pressure readings in the last 3 years
- 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 Human Immunodeficiency Virus (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.

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

- Refusing to provide insurance
- Increasing premiums above standard rates; or
- Setting premiums at standard rates.

If you have any questions about your rights or questions relating to the process of getting, assessing or storing medical information, please write to us at New Business Department, Scottish Provident, 301 St Vincent Street, Glasgow G2 5PB.

Important notes

We may need to share the information you have provided in this form with our agent for the purposes of requesting medical information or arranging examinations.

If you are applying for insurance with other companies at the same time as

this, by signing the declaration you are agreeing to copies of any medical reports prepared on your behalf being shared between Scottish Provident and these other companies. If, however, another company asks us to provide copies of highly sensitive information (for example HIV test results),

we will ask for your written permission before we do so.

We may ask you to contact your doctor if we are waiting for reports we have asked for.

Declaration

Scottish Provident is a division of the Royal London Group which consists of The Royal London Mutual Insurance Society Ltd and its subsidiaries.

Please sign this declaration once you have read and agree to it, together with the important notes and notes on the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

I have read the answers to all the questions in this declaration of health and insurability form and I declare that the statements made in, or in connection with, this form, whether in my handwriting or not, are true and complete as far as I know. I understand that if I leave out any relevant information, or give incorrect information, it may lead to my plan not being started, reinstated or altered, or being declared void.

If my circumstances change in any way before the plan starts, is reinstated or altered, I will tell you. I understand that if I do not do this, my plan may be declared void.

I agree to you or your agents asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my declaration of health and insurability form. You may request relevant information from, or share relevant information with, other insurers in connection with this

declaration of health and insurability form or any other of my applications for life, critical illness, sickness, disability, accident or private medical insurance. I authorise those asked to provide the requested medical information when they see a copy of this consent form.

I understand that you may request medical information within 6 months of the start, reinstatement or alteration of my plan in order to check the accuracy of any statement made in, or in connection with, this declaration of health and insurability form. If you choose to do this, I agree to you or your agents asking any doctor I have consulted about my physical or mental health and for those asked to provide the requested information. I understand that if any statement is inaccurate, and this affects your assessment of the insurance risk, my plan may be declared void.

I agree that my intermediary acts as my agent and, on my behalf, can:

- contact Scottish Provident about the plan,
- provide Scottish Provident with any information that is missing from my declaration of health and insurability form,
- accept terms offered to me by Scottish Provident, and
- instruct Scottish Provident to start, reinstate or alter my plan.

I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act 1988 and Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

Please tick the box **if you want to see any** report before it is sent to us.

First life Second life

I agree that this declaration of health and insurability form together with my application form, personal illustration / personalised key features and the product / technical guide including standard / policy provisions shall form the basis of the contract between me and Scottish Provident. **Please note** that for your own benefit and protection you should read these documents carefully before signing this declaration. If you do not understand any point please ask your intermediary for further information.

If you have not completed the declaration of health and insurability form yourself, **before you sign the declaration** please read all of the answers and agree that they are accurate and complete. If you did not complete the form, who completed it on your behalf and what their relationship is to you (for example intermediary, daughter, son etc)?

Print name and relationship

Signature of life assured

Date

D	D	M	M	Y	Y	Y	Y
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Name

Second life

D	D	M	M	Y	Y	Y	Y
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If you would like this information in large print, in braille or on cassette or CD, please call 0345 271 0900.

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