Lutine Assurance Services Limited, T: 0344 854 2074
PO Box 1189 E: enquiries@lutine.com
Doncaster www.lutine.com
DN1 9RP

Lutine
Assurance Services Limited
Your life is our business.

Group Life Assurance Member's Declaration

This page - for completion by financial advisor/scheme administrator only
Note: Missing information **will** delay the underwriting process.

Member Details

Member Name

Scheme Salary

Category and benefit basis

Post code of normal place of work

Scheme Details

Scheme Name

Reasons for underwriting

Please confirm date (day/month/year) of member joining the company

/ /

Please confirm date (day/month/year) of members joining the scheme

Please tick relevant box

Member over Free Cover Limit and/or previously accepted	☐
Member does not meet scheme eligibility (Member does not meet the normal eligibility criteria e.g. category)	☐
Late entrant	☐
Early entrant	☐
Please confirm date (day/month/year) member would normally be eligible for inclusion If not underwritten as an early entrant	/ /

Other Reasons and/or comments

Send this completed form attached to the fully completed Member Declaration in a sealed envelope to:

Chief Medical Officer
Lutine Assurance Services Limited,
PO Box 1189
Doncaster
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Pages 2-5 to be completed by the member

Important information

We rely on the information you provide us when making a decision to insure you. We ask that you answer all the questions to the best of your ability and we only ask for information that we believe is reasonable for you to know. We do not expect you to have to check your answers with your GP or employer. If in doubt as to whether a fact should be disclosed, it is usually better to disclose it, as it is better to disclose an irrelevant fact than miss out important information.

You need to tell us about changes. If between the date of you completing this form and the date that we confirm acceptance or the date that the Policy goes on risk, whichever is the later date, there have been any changes in your health, lifestyle, occupation or potentially hazardous activities then these should be disclosed in full in writing to us.

- **You are responsible for what is disclosed.** If you have not completed this form yourself, then we expect you to read the answers thoroughly before you sign. If we find any information provided to be incomplete or false, e may change our underwriting decision, restrict your cover or decline a claim.

Section A: Personal Data

Scheme name

Title Surname

Forename Gender: Male ☐ Female ☐

Home Address

Post code Telephone

Date of birth (Day/Month/Year) / / Occupation

Nationality

If we require further information from you can we contact you directly? Yes ☐ No ☐

Please confirm agreeable method of contact. Please tick all acceptable options.

Correspondence to your home address ☐

Messages to an email address. If selected, please provide email address ☐

(We will only use this to contact you directly and will not pass your email address on to any parties not connected with this cover)

If you do not wish requests for medical information to go via the Sales Intermediary please tick this box ☐

Full name, address (including post code) and telephone number of your usual doctor/GP.

Post code Telephone

Please note that we will not automatically contact your GP or Doctor. It is your responsibility to ensure the completed member's declaration is true, accurate and complete.

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Section B: Health Details

1. What is your exact height? | Ft ins | or | m cms |

What is your exact weight? | St lbs | or | Kilos |

What is your waist measurement? | ins | or | cms |

2. Smoking

a) Have you consumed any cigarettes, cigars, pipe tobacco product or used any nicotine replacement product (eg patches, chewing gum, electronic cigarettes) within the last 12 months? Yes ☐ No ☐

If yes, please confirm weekly amount.

Product	Weekly Amount

3.. Please confirm your average weekly consumption of alcohol in units
1 unit – 1 single pub measure of spirits; small (125) glass of wine;
½ pint of standard strength beer, lager or cider.

Units per week	

4. Have you ever been advised to reduced the amount you drink for medical reasons or have you ever received alcohol related counselling? Yes ☐ No ☐

5. Have you ever had or been diagnosed with any of the following?

a) Any cancer, leukaemia, Hodgkin's disease, lymphoma, brain or other tumour? Yes ☐ No ☐

b) Any disorder of the heart or circulatory disorders such as heart attack, angina, heart murmur, heart defects from birth, heart surgery, heart valve defect or cardiomyopathy? Yes ☐ No ☐

c) Any disorder of the brain such as stroke, brain haemorrhage, transient ischaemic attacks or permanent brain injury? Yes ☐ No ☐

d) Any neurological disorder such as paralysis, multiple sclerosis, numbness, tingling of the limbs or face, optic neuritis or visual disturbance? Yes ☐ No ☐

e) Any neurological disorder such as Parkinson's disease, epilepsy, Alzheimer's disease, dementia, cerebral palsy or muscular dystrophy? Yes ☐ No ☐

f) Any mental illness that has required hospital treatment or referral to a psychiatrist or other specialist? Yes ☐ No ☐

g) Any disorder of the digestive system, liver, hepatitis, pancreas or stomach including gastric or duodenal ulcer? Yes ☐ No ☐

h) Any bowel disorder such as colitis or Crohn's disease? Yes ☐ No ☐

i) Any form of diabetes or sugar in the urine? Yes ☐ No ☐

6. In the past 5 years have you had:

a) Raised blood pressure? Yes ☐ No ☐

b) Raised cholesterol? Yes ☐ No ☐

c) Chest pain or irregular heart beat? Yes ☐ No ☐

d) Any nervous disorders including depression, anxiety, stress, nervous breakdown or any eating disorder? Yes ☐ No ☐

e) Any musculoskeletal disorders such as gout, rheumatism, any form of arthritis or back and neck problems? Yes ☐ No ☐

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Section B: Continued

f) Respiratory conditions such as asthma, bronchitis, shortness of breath or any other disorder of the lungs or respiratory system? Yes ☐ No ☐

g) Any blood disorder or anaemia? Yes ☐ No ☐

h) Any prostate, kidney or bladder disorder, including blood and/or protein in the urine? Yes ☐ No ☐

i) Any disorder of the adrenal, pituitary or thyroid glands? Yes ☐ No ☐

j) Any gynaecological disorder including abnormal smears? Yes ☐ No ☐

k) Any lump or growth or a mole / freckle that has bled, become painful, increased in size or changed colour? Yes ☐ No ☐

7. In the past 5 years have you attended or been asked to attend, any hospital or clinic for medical investigation, x ray, scan, check up or operation for any medical condition **not** already disclosed? Yes ☐ No ☐

8. **Are you presently:**

a) Suffering from any symptoms / conditions for which you have yet to seek medical advice for? Yes ☐ No ☐

b) Waiting for any consultation, investigation, test, follow-up or treatment for any medical condition not already disclosed? Yes ☐ No ☐

c)Taking any prescribed drugs, medicines, tablets or any other treatment / therapy? Yes ☐ No ☐

9. a) Have you ever tested positive for HIV/Aids or Hepatitis B or C, or are you awaiting the result of any such test? Yes ☐ No ☐

b) Within the last 5 years have you been exposed to the risk of HIV infection? (This can be caught through unsafe sex, intravenous drug abuse or blood transfusions or surgery undertaken outside the EU). Yes ☐ No ☐

c) Within the last 5 years have you tested positive or been treated for any disease, which is sexually transmitted? Yes ☐ No ☐

d) Have you ever used recreational drugs (e.g. cocaine, heroin, cannabis or ecstasy)? Yes ☐ No ☐

If you have answered 'yes' to any of the questions 4 – 9 please provide full details in the space provided below. For reasons of confidentiality, you may prefer to send information in respect of question 9 directly to the Chief Medical Officer, Lutine Assurance Services Limited, PO Box 1189, Doncaster, DN1 9RP, ensuring the name of the scheme is given.

- **You can also complete a Medical Conditions Questionnaire in respect of many of the conditions above. Completion of this form (where relevant) will speed up the underwriting process. Please ask for a copy where relevant.**

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Section B: Continued

10. Have any of your natural parents, brothers, or sisters, before the age of 65, suffered

a) Heart disease including angina, heart attack, cardiomyopathy?	Yes ☐	No ☐
b) Stroke?	Yes ☐	No ☐
c) Raised blood pressure?	Yes ☐	No ☐
d) Cancer? (Please confirm the type below)	Yes ☐	No ☐
e) Diabetes?	Yes ☐	No ☐
f) Polycystic kidney disease?	Yes ☐	No ☐
g) Multiple sclerosis, Parkinson's disease or motor neurone disease?	Yes ☐	No ☐
h) Haemochromotosis?	Yes ☐	No ☐
i) Huntington's disease?	Yes ☐	No ☐
j) Familial adenomatous polyposis?	Yes ☐	No ☐
k) Any other hereditary disorder?	Yes ☐	No ☐

If you have answered yes, please confirm their relationship to you and the age when they were first diagnosed.

Section C: Existing cover details

1. Do you have any existing insurance policies with Lutine Assurance (other than this group policy)? Yes ☐ No ☐

* If Yes please confirm the policy number

2. Has any application for life, health, critical illness or medical insurance ever been:

a) Declined?	Yes ☐	No ☐
b) Postponed?	Yes ☐	No ☐
c) Withdrawn?	Yes ☐	No ☐
d) Accepted on special terms?	Yes ☐	No ☐

If yes, please confirm name of company, type of policy, dates and decision.

Section D: Travel and Hazardous pursuits.

1. Do you have any intention to travel (other than holiday) outside of the following countries – UK, Isle of Man, Channel Islands, all other EU countries, Andorra, Australia, Canada, Gibraltar, Hong Kong, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, USA and the Vatican City? Yes ☐ No ☐

*If Yes please confirm exact destination, durations and frequencies of trips.

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Section D: Travel and Hazardous pursuits continued

2. ` Do you engage in, or have any intention of engaging in any hazardous sport? (e.g.. Aviation, motorsport, diving or mountaineering). Yes ☐ No ☐

* If yes please ask the financial adviser for the relevant questionnaire.
If your hazardous sport is not covered by one of our questionnaires, please confirm full details.

Section E: Genetic Information Disclosure

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals £500,000 or less for life insurance. Above this limit, you may need to tell us about certain genetic test results when applying for insurance. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you, please ask us for details of the current position. These details are also available from the ABI website at www.abi.org.uk under 'information/for consumers/health and protection insurance/genetics'. However, you must tell us if you either have a family history of, or are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

Section F: Data Protection

Who we are
We are the Cover holders for the Lloyd's Underwriter(s) identified in the contract of insurance and/or in the certificate of insurance.

The basics
We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal conviction you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us
Where you provide us or your agent or broker with details about other people, you must provide this notice to them

Want more details
For more information about how we use your personal information please see our full privacy notice, which is available online on our website or in other formats on request.

Contacting us and your rights
You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request or request a copy of our full privacy notice, please contact us, or the agent or broker that arranged your insurance who will provide you with our contact details: The Data Protection Officer, URIS Group Limited, Quay Point, Lakeside Boulevard, Doncaster, DN4 5PL or email DataProtection@urisgroup.co.uk

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Section G: Access to Medical Reports Act 1988

We may need to apply for a medical report from your doctor but before doing so we need your consent. You should know you have certain rights under the above Act. They are:

- You can withhold your consent BUT we may be unable to proceed without it.
- You have the right to see the report before it is returned by the doctor. Please indicate if you wish to do so.
- If you indicate that you wish to see the Medical report and we decide that one is required we will inform you of our intention to obtain a report. We will also notify the doctor that you wish to see the report. You will then have 21 days to make arrangements with the doctor to see the report. The doctor can charge a reasonable fee for this service.

If you indicate that you do not wish to see the report, you can change your mind but you must inform the doctor immediately. You will then have 21 days to make arrangements to see it before the report is returned to Lutine Assurance.

- You can also see the report up to six months after it has been provided to Lutine Assurance, even if you elected not to see it initially.
- If you consider the report (or any part of it) to be misleading you can add a statement of your own.
- The doctor can withhold the report (or part of it) from you if he feels it is in your interests to do so.

Section H: Your declaration and consent

I am completing this declaration as part of my underwriting assessment for my Group Life Assurance benefit and therefore confirm the following:

- I have checked that I have answered all the questions on this Declaration and that all the information I have provided is true, accurate and complete.
- I understand the information provided will be used to assess the level of Life Assurance benefit and the terms and conditions which Underwriters are willing to accept my Life Assurance benefit under my employers Group Life Assurance Scheme
- I understand that failure to provide complete and/or accurate information could result in my benefit under my employers Group Life Assurance Scheme being restricted, changed or any future claims declined.
- I have been informed of my statutory rights under the Access to Medical Reports Act 1988, as explained on the previous page.
- I consent to Lutine Assurance seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information, including the result of any HIV test, from any insurance office to which a proposal has been made on my life and I authorise the giving of such information, even after my death. I agree that a copy of this consent shall have the validity of the original.

  I do **not** want to see the report before it is sent to Lutine Assurance ☐ **Please ensure one box is ticked**

  I **do** want to see the report before it is sent to Lutine Assurance ☐

- I understand that Underwriters may upon request provide information they have obtained to other Insurers and, Reinsurance companies (who are insuring a proportion of this risk). Underwriters may also provide any they acquire to your General Practitioner.
- I consent to Lutine Assurance confirming my underwriting decision, along with any exclusion(s) to the Policyholders of this Group Life Assurance plan and their appointed Financial Advisor.
- I understand that I must advise Underwriters of any changes to my personal circumstances between the date that this declaration has been signed and the date that Underwriters provide acceptance terms or the date that risk is Assumed (whichever is the later).

I have read and understood the Data Protection, Important Information and Declaration sections of this Member Declaration form. I understand that by signing this form I am not automatically accepted for my full Life Assurance Benefit under my employers Group Life Assurance Scheme and that I am authorising Underwriters to perform a risk assessment on my life, using the information provided. This information may also be used in the event of any claim made.

Signature: ______________________________ Date __ __ / __ __ / __ __