

**To be completed by you**

**B. DATA PROTECTION ACT 1998 CONSENT FORM**

You may wish for a family member or your legal representative to be given access to your personal and medical information in order to help you with your claim.

In order for us to be able to discuss your claim with anyone other than yourself or our appointed agents we need your specific written permission. Please note that this consent would not allow anyone other than yourself to receive any benefit payments.

You may activate or cancel your permission at any stage throughout your claim. Please contact us should you wish to make any changes.

Do you wish for your personal information to be given out to a family member or legal representative?  Yes  No

If **YES** then please complete the following section:

The name of your appointed family member\* or legal representative

(\*Family member shall mean: husband or wife, mother or father, son or daughter only).

Their relationship to you

Their date of Birth

Their contact address

  
  


Postcode

**CLAIM FORM DECLARATION**

DATA PROTECTION ACT 1998 I hereby consent to any information you have about me being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

AND

I hereby declare that the statements in this claim form are true in every respect to the best of my knowledge and belief and that I have disclosed all information likely to influence the assessment of my claim. I consent to the seeking of information from my present employer and any doctor who has treated me or any person/organisation that is deemed necessary, to check the answers I have provided, and I authorise the giving of such information. A copy of this authorisation shall be considered as effective and valid as the original. I understand and agree that information regarding my claim may be shared with other insurers, loss adjusters and the Benefits Agency for fraud prevention purposes and that I consent to my claim being investigated as part of this process.

Signed

Date