

ACCESS TO MEDICAL REPORTS ACT 1988

Your rights under this act - Please read this carefully

We may need to obtain medical reports to support your application. Before we can ask any doctor that you have consulted to complete a report, we require your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows:

You do not need to give your permission but, if you do not, we will be unable to proceed 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 ask the doctor to keep the report for a period of 21 days for you to 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 six 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 three 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 two years, urinalyses (tests on urine), x-rays or other investigations
- Any blood pressure readings in the last three 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 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 under the Act or relating to the process of PAFS obtaining, assessing or storing medical information, please write to the Chief Underwriter at:



Business Services Centre, Westbourne House
Coolinge Lane, Folkestone, Kent CT20 3RZ
T:0870 224 7583 F: 01303 212 101

info@sterlinginsurancegroup.com www.sterlinginsurancegroup.com

Registered in London No. 2966506 Whittaker House, 2 Whittaker Avenue Richmond upon Thames, Surrey TW9 1EH
A MEMBER OF STERLING INSURANCE GROUP LIMITED

Please tick one box.

I wish to see reports before they are sent to Sterling Life

I do not wish to see reports before they are sent to Sterling Life

Claimant's Signature

Full Name

Claimant's Address

 Postcode:

Date

Contact Telephone Number:

Declaration

- I hereby certify that the foregoing information is true and correct and agree that any statement made by me and found by Sterling Insurance Group to be false shall surrender all my rights under my policy at the option of the company.
- I hereby authorise any hospital, physician, employer of any other person to furnish all information requested by the company or its representative in consideration of the claim.
- Copies of this declaration will be legally valid.
- I understand that this form will be passed to or used by member companies of Sterling Insurance Group for the purpose of my insurance. This includes underwriting, processing, claims handling and fraud prevention, which could include passing details to agents of Sterling Insurance Group to other insurers. You may also ask other insurers for information to check the information I have given.

Signed Claimant..... Date.....



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