



Claims consent form

Unum uses your personal information to enable it to effectively administer the insurance policy and also to meet its legal obligations, including complying with current data protection laws. This includes how we assess and process the claim.

Please note that if you do not provide the information necessary to enable us to effectively administer the policy and any subsequent claim then we may not be able to provide the benefits stated in the insurance policy with us.

Claims Consent and Declaration

By signing this I confirm that I have read and understood how Unum will use my information as set out in the accompanying document "Your Statutory Rights".

1. Claims Management

Medical Reports

- I consent, under the Access to Medical Reports Act 1988 (in Northern Ireland, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991) and current data protection laws, to Unum being provided with medical reports from any health professional who has attended to me. Please tick the appropriate box:

I DO wish to see medical reports before they are sent to Unum where those medical reports are from my attending GP and/or Consultant.

I DO NOT wish to see medical reports before they are sent to Unum.

Relevant Medical Records

- I consent to Unum requesting and being provided with copies of my medical records. Unum will ensure that any request will cover a time period that is appropriate to the claim. This request is made with my fully informed and explicit consent and is not a data subject access request.

I DO wish to review my medical records before they are sent to Unum.

This option will allow a 21 day period where you will have the ability to request to review your records. If you have not requested to review them in this timeframe then your GP will send them to us.

I DO NOT wish to review my medical records before they are sent to Unum.

- I consent to Unum gathering, holding and sharing personal data about me (e.g. my name, address, date of birth and financial information) with the policyholder* and their agent(s) and other organisations appointed by Unum for the purpose of assessing and administering the claim.

- I consent to Unum gathering, holding and sharing both personal and sensitive personal data about me, such as medical information.

For Group Products:

- With my employer’s Occupational Health provider, my GP and Consultants and with health professionals appointed by Unum, for the purpose of assessing this claim; and
- Sharing information about my incapacity and treatment with the *policyholder or their agent(s) as may be required for the purposes of the ongoing administration of the *policyholder’s insurance policy and for the purpose of claim management.

For Individual Products:

- With my GP and Consultants and with health professionals appointed by Unum, for the purpose of assessing this claim.

2 Policy Administration

- I consent to Unum sharing and receiving both personal and sensitive personal data, such as medical information, with other insurance companies, reinsurance companies and with third parties appointed by Unum. This will only be for the purpose of assessing and processing the claim and to enable Unum to meet its legal obligations as the insurance provider.

3. Declaration

- I declare that all information that I provide to Unum for the purpose of administering a claim will be and is true and complete to the best of my knowledge and belief, and that I have and will disclose all material information relating to the purpose of this consent form.
- I agree to let Unum know about any changes in my personal circumstances.
- I understand that if any information provided is found to be deliberately misleading, or if I fail to provide material information, any claim may be rejected or ceased, or services withdrawn.
- I understand that I can withdraw my consent at any time but that this will affect the administration of my claim and could result in no further benefits being payable.

Please Note: Information is gathered to help assess and process this claim only.

Signature

Name	<input type="text"/>		
Date of birth	<input type="text"/>	Life ID (if known)	<input type="text"/>
Signature	<input type="text"/>	Date signed	<input type="text"/>

*'policyholder' shall also refer to any new employer where a TUPE transfer has taken place.

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