

# 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 data protection laws. This includes how we assess and process the claim.

Please note that if you do not provide information necessary to enable us to do this then we may not be able to provide the benefits outlined in the policy.

## 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

• I consent, under the Access to Medical Reports Act 1988 and data protection laws, to Unum being provided with medical reports, from any health professional who has attended 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.

• I consent to Unum being provided with copies of my relevant medical information, including medical records, covering the time period over which the claim relates for the purpose of assessing the claim.

• I consent to Unum gathering, holding and sharing personal data about me; such as 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 my claim and to enable Unum to meet its legal obligations as the insurance provider.

Please leave this space blank

### 3. Regulatory and Fraud Prevention:

- I consent to Unum sharing and receiving both personal and sensitive personal data, such as medical information with third parties such as: Government Regulators, the Financial Ombudsman Service, Income Protection Claims Register, Fraud Investigation and Surveillance Companies and Law Enforcement Agencies. This will only be for lawful policy, underwriting and claim administration purposes.

### 4. Declaration

- I declare that all information that I provide to Unum for the purpose of Claims Management 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.
- 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. Information gathered for the purposes of this claim will not be used for any legal action against your GP, Consultant or any other health organisation or any of their employees.

BLOCK CAPITALS

Full Name

Date of Birth

Signature

Life ID (if known)

Date Signed

\*Policyholder – where a TUPE transfer has taken place 'Policyholder' should be replaced with 'Employer'

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