

Absence management services 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. A key service available to employers and employees is our absence management service. This aims to support individuals to return to work or, remain in the workplace with guidance from our Vocational Rehabilitation team.

Important

Before providing consent, please read the notes below carefully as it outlines your statutory rights concerning the processing and use of your personal and medical information which will be required to assess your suitability for our absence management services.

Generally, Unum will not require your medical reports or records to provide absence management services but where this is necessary, we will explain why and request your consent to obtain such information. A separate consent form and details of your statutory rights will be provided at the relevant time.

If you would like further information concerning your rights please contact the Information Commissioner on 0303 123 1113 or visit its website: www.ico.org.uk

In these notes "Health professional" includes but is not restricted to a registered medical practitioner, for example, your GP, consultant, occupational health consultant, dentist, nurse, midwife or health visitor.

How information relating to you will be processed

1. All information relating to you, will be held electronically. Information will be processed fairly and lawfully in accordance with the principles of current data protection legislation.
2. Access to information concerning you will be limited to employees, appointed advisors and contractors of Unum, for example, independent health professionals who need access in order to provide absence management services.
3. Our website at www.unum.co.uk/third-party-datasharing details the companies that we will share your personal information with relating to Unum providing absence management services.
4. Telephone conversations and emails are monitored and recorded for the purpose of training and in the interests of improving the quality of service that we provide. You will have the right to request that a call is not recorded.
5. With the exception of the circumstances detailed in this section, Unum will not discuss any information about you, including your medical condition, with anyone other than yourself without your consent. This includes your spouse, other relatives or friends or your legal advisor. In certain circumstances you may wish for Unum to discuss your absence management needs with certain parties. In this case we will obtain your express consent to do so in advance.

6. Medical and non-medical information about you will be shared with your employer in relation to your return to work and absence management services.
7. If you wish to access the information that we hold about you, you should submit a request in writing to: The Data Protection Officer, Unum, Milton Court, Dorking, Surrey, RH4 3LZ.
8. In order to meet our legal obligations, Unum will keep data for up to 7 years following conclusion of the use of Unum's absence management services, or where the use of absence management services is in connection with a claim, 7 years after the end of a claim, whatever is later.
9. You are not obliged to give your consent but if you do not then it is highly likely that we will not be able to offer absence management services.

Further details regarding how we process information about you can be found on our website at www.unum.co.uk/privacy-notice.

Absence management consent and declaration

By signing this I confirm that I have read and understood how Unum will use my information as set out above.

If you are only accessing the wellbeing check you can ignore the section called 1. Absence management services.

1. Absence management services

Where absence management services are being offered:

- I consent to Unum gathering, holding and sharing personal data about me with my Employer (where applicable).
- I consent to Unum gathering, holding and sharing both personal and sensitive personal data, such as medical information, with: third party providers appointed by Unum, and where applicable with my Employer's Occupational Health provider for the purpose of the absence management services.

Purpose 1: I consent to Unum sharing absence management reports, including recommendations and return to work plans (which may contain medical information) with my: (Please tick all the boxes that apply)

- | | |
|---|--|
| <input type="checkbox"/> Employer's Human Resources Department | <input type="checkbox"/> My Line Manager |
| <input type="checkbox"/> My Line Manager and Human Resources Department | |

Purpose 2: I consent to Unum sharing recommendations and return to work plans only with my: (Please tick all the boxes that apply)

- | | |
|---|--|
| <input type="checkbox"/> Employer's Human Resources Department | <input type="checkbox"/> My Line Manager |
| <input type="checkbox"/> My Line Manager and Human Resources Department | |

Additionally: (optional), I consent to Unum sharing recommendations and return to work plans with: (Please tick all the boxes that apply)

- | | |
|-----------------------------|--|
| <input type="checkbox"/> GP | <input type="checkbox"/> Occupational Health |
|-----------------------------|--|

In the event that Unum require additional medical evidence I note that I will be informed of the reasons for this and that I will be requested to sign a separate, new consent specifically for that purpose.

2. Wellbeing Check

- I consent to Unum gathering and holding personal information for the purpose of a Unum wellbeing check.
- I note that this information and wellbeing report will not be shared with any other party.

Declaration

- I declare that all information that I provide to Unum 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 absence management services may be withdrawn.
- I understand that I can withdraw my consent at any time but that this may affect any further absence management services available to me.

Please note: Absence Management Services-Information is gathered to assess and provide absence management services to support a return to work, or sustain your return to work. Where a claim is also being made under your employers policy this information may be included in any claims assessment.

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"/>

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We monitor telephone conversations and e-mail communications from time to time for the purposes of training and in the interests of continually improving the quality of service we provide.