

CONSENT TO SEEK A MEDICAL REPORT FROM YOUR GP

Plan / Policy / Application reference number	
Name of Life Assured	
Date of Birth (DD MM YYYY)	

Scottish Widows would like to ask for your consent to request a medical report under the Access to Medical Reports Act (1988) and the Access to Personal File and Medical Reports (Northern Island) Order 1991 (as applicable) to help us assess your application.

Things you need to be aware of before you give your consent

- If you would like to see a copy of the report before we receive it please indicate this below. You will then have 21 days from the date the report is requested to arrange an appointment with your doctor to see it.
- If you read the report and think that anything is incorrect or misleading, you may ask your doctor to amend it, or you may attach a personal statement to the report(s) before it is sent to us.
- Your doctor may decide not to show you the report if they feel it would cause physical or mental harm to you or others.
- You can request to see a copy of the report any time within six months from the date your doctor sent it to us.
- We will not request a medical form from your doctor unless they have your consent. Please be aware that without seeing a medical report, we not be able to offer you the cover you have requested.

The medical report that your doctor sends to us could include details of consultation with your doctor or health care professional, but we will only ask for information about your current or past health that is relevant to your application.

We will not ask your doctor to reveal information about:

- Negative tests for HIV, hepatitis B or C.
- Any sexually transmitted infections, unless there could be long-term effects on your health.
- Predictive genetic test results, unless there is a favourable test result which shows you have not inherited a condition your family suffers from.

Your consent

I consent, where required, for Scottish Widows to obtain medical information from any doctor I have consulted about my physical or mental health. This consent is valid for six months.

Doctor's name			
Surgery address			
Postcode		Telephone number	

I would like to see a copy of any medical report before it is sent to Scottish Widows.

Yes ☐

No ☐

Signature of Life Assured

Date of
signature

(DD MM YYYY)

Please email this to our servicing team at **Protect@scottishwidows.co.uk**

Alternatively you can post a copy to us at the following address: Scottish Widows Protect Servicing Team, PO Box 24171, 69 Morrison Street, Edinburgh EH3 1HL

