

# Canada Life

## Group Terminal Illness advance for Police Federations

### Personal Statement

#### Important

This form should be completed and signed by the Person in respect of whom benefit is being claimed. The issue of this form is not an admission of liability. Please use **BLOCK LETTERS**.

Please note that in order to satisfy a claim, the insured person's illness must meet the definition of terminal illness described within the Federation's Policy.

#### The definition is:

A definite diagnosis by the attending Consultant of an illness that satisfies both of the following:

- The illness has either no known cure or has progressed to the point where it cannot be cured and,
- in the opinion of the attending Consultant the illness is expected to lead to death within 12 months.

Canada Life will need medical confirmation of the diagnosis. Many patients are sent copies of clinical letters by their doctors and specialists and sight of these may help us to assess your claim more promptly.

#### What medical information should I provide with this form?

This could include any of the following:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> A letter from the GP confirming the history, diagnosis and treatment | <input checked="" type="checkbox"/> Copies of letters from your treating doctor or specialist |
| <input checked="" type="checkbox"/> Hospital admission and discharge letters                             | <input checked="" type="checkbox"/> Biopsy and/or histology test results                      |
|  | <input checked="" type="checkbox"/> Reports/results of any scans                              |

#### I have a lot of paperwork. Do I have to provide all letters from the specialist and doctor?

We do not need to see copies of your appointment letters or sick notes. In addition, the information we require should be in respect of the illness for which you are claiming benefit.

#### I do not have this information available. Will this prevent Canada Life from making a decision on the claim?

No. We can write to your GP and/or specialist for this information, although we will not be able to make a decision on the claim until we have received this information from them.

#### In addition we will initially require:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Where a spouse's or civil partner's benefit is being claimed, an original copy of the spouse's marriage certificate or civil partnership document. | <input checked="" type="checkbox"/> If the policy includes cover for co-habiting partners and the claim is being made for this benefit, we will require documentary evidence of the relationship, such as mortgage documentation, a utility bill or bank statement. |
|--|---|

#### Please return the completed claim form and medical information to:

Claims Management Services, Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER.

If you return your completed form via your Police Federation, but wish to keep your medical letters confidential, you may wish to pass the information to the Federation in a sealed envelope marked **Private & Confidential**.

#### Any questions

If you do have any concerns or require assistance when completing this form please contact Canada Life's Claims team on **0117 916 4463**.

# Canada Life

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### Personal statement

Please complete in **BLOCK LETTERS** where possible.

Name of Federation	<input type="text"/>
Group policy number (if known)	<input type="text"/>

### Personal details of the person suffering the illness

Full name	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	Telephone number	<input type="text"/>

### Employee details

Where the above is **not** in respect of the employee.

Full name	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	Telephone number	<input type="text"/>

### Employee bank details

Bank details for payment of benefit directly into your bank account.

Branch name	<input type="text"/>		
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Employee's account name (eg MR A N OTHER)	<input type="text"/>		
Sort code	<input type="text"/>	Account number	<input type="text"/>

If you require any assistance when completing this form,  
please contact Canada Life's Claims team on 0117 916 4463

# Canada Life

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### Claim and related details

**1** Please describe fully the nature and extent of your illness.

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**2** On what date did you first consult a medical practitioner in connection with your illness?  
(day, month, year)

--	--	--	--	--	--	--	--

Was this your usual medical attendant?

Yes  No

**3** What symptoms preceded diagnosis of the terminal illness and when did they start?

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**4** Have you undergone any tests or investigations to confirm the diagnosis?  
If 'Yes', please provide dates and details.

Yes  No

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**5** Date of diagnosis of the terminal illness (day, month, year).

--	--	--	--	--	--	--	--

**6** What treatment have you received and are you currently receiving in connection with your illness?

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### Medical consultants

1

Name of your usual General Practitioner

Address

  


Postcode

Telephone number

2

Have you consulted any other doctor or specialist, or attended a hospital either as an in or out patient?

Yes  No

If Yes, please give full details including names, addresses, telephone numbers and your hospital reference number, if known.

Name

Speciality



Address

  


Postcode

Telephone number

Hospital reference number

Date of consultation or admission (day, month, year)

Who did you see?

Date of discharge (day, month, year)

Name

Speciality



Address

  


Postcode

Telephone number

Hospital reference number

Date of consultation or admission (day, month, year)

Who did you see?

Date of discharge (day, month, year)

Name

Speciality



Address

  


Postcode

Telephone number

Hospital reference number

Date of consultation or admission (day, month, year)

Who did you see?

Date of discharge (day, month, year)

# Canada Life

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### Data Protection Notice

Any personal information provided to Canada Life Limited, (referred to as "Canada Life" in this notice) as data controller will be treated in accordance with the Data Protection Act 1998.

#### Using personal information

Canada Life uses personal information to undertake any activity relating to its policies, products and services and, where relevant, to process applications, set up and administer policies, products and services and handle any claims.

Given the global nature of Canada Life's business, it may be necessary to transfer information to countries outside the European Economic Area 'EEA' in order to provide Canada Life's services.

#### Sharing personal information

Canada Life may share personal information:

- with other Canada Life companies including those outside the EEA;
- with any of its or their service providers, reinsurers and regulators;
- with other insurers and government agencies, including without limitation Her Majesty's Revenue and Customs 'HMRC';

- with other companies, organisations and associations and credit reference agencies in order to prevent, detect or investigate crime;
- for employer-related products and services, with the employer, the trustee(s) and their agents;
- for insurance related products, with your own doctor or relevant medical professionals; and/or
- in any circumstances if permitted or required to do so by law or if Canada Life has consent to do so.

#### Accessing personal information

A person whose personal information is held by Canada Life has various rights including the right to:

- have any incorrect personal information corrected; and/or
- access the personal information Canada Life holds for which a fee may be charged.

To do so and/or if you need more information, please contact Canada Life at:

**Canada Life, Group Insurance, 3 Rivergate, Temple Quay, Bristol BS1 6ER. Telephone 0345 223 8000.**

### Access to medical reports – your rights

We may need to get medical reports in order to assess this claim in respect of you. Before we can ask any doctor that you have consulted to fill in a report, we need 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 may not be able to assess this claim in respect of you.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can 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.

#### 1 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.

#### 2 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.

#### 3 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.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to the Underwriting Manager at Canada Life.

# Canada Life

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### Your declaration and consent

I confirm that I have answered the questions in this form honestly and have taken reasonable care to ensure those answers are correct.

You should provide the answers on this form personally. If the answers are filled in by anyone else then they must be read over and agreed by you before the declaration is signed. Any amendments or alterations should be completed and initialled by you.

#### I agree to Canada Life:

- Obtaining relevant information about me, including without limitation, my physical or mental health, lifestyle, occupation duties and potentially hazardous activities from:
  - any medical professional that has attended me;
  - any medical examination or tests that Canada Life arranges;
  - any telephone interview Canada Life arranges;
  - my employer or their agent;
  - other insurers who you have applied to or may cover you for life, critical illness, sickness, disability, accident or private medical insurance.
- Using and sharing my personal information as set out in the Data Protection Notice included on this form.

**Please ensure you tick one of the following boxes in respect of your rights under the Access to Medical Reports Act 1988. If you wish to see the report you have 21 days to make arrangements to visit your doctor:**

**I DO NOT** want to see any report from my doctor before it is sent to Canada Life

**I DO** want to see any report from my doctor before it is sent to Canada Life

If you are submitting this form on behalf of another person, by signing this form you confirm that you have their consent for Canada Life to obtain, use and share their personal information as set out above.

Signature

Date

Our forms are available to download from our website: [www.canadalife.co.uk/group](http://www.canadalife.co.uk/group)

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**Canada Life**  
Group Insurance

Canada Life Limited  
3 Rivergate, Temple Quay, Bristol BS1 6ER  
Telephone 0345 223 8000

# Canada Life

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### This section to be detached and retained by the member

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