

# Telephone Data Collection

## Group Life and Group Income Protection

### To be completed by the policy holder

Employee name

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Employer name

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Policy number

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Job title

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Salary on which benefits are to be based £

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Category

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### To be read and completed by the member.

If you'd prefer to complete an electronic version of the Health and Activities form, please call us on 0800 151 3003.

#### What do you (the employee) need to do and what happens next?

- Carefully read this form and fully complete the Personal Contact details.
- Read and sign the declaration before returning this form to us at the address shown in the section headed **How to contact us**.

Where we say "Zurich" we mean "Zurich Assured Ltd" and where we say "Zurich Group" we mean that company's holding companies and any of their subsidiaries.

#### Introduction

Most group insurance policies provide cover up to a set limit without the need for evidence of health where certain conditions are met. This limit is called the automatic acceptance limit. Because you do not qualify for this automatic cover or you are entitled to cover in excess of this limit, you need to provide Zurich with details of your health and activities. You can provide these details by undergoing a telephone interview. A representative from our third party provider will contact you to arrange a convenient date and time for the interview to take place. Undergoing a telephone interview often reduces the need for further information.

#### Arranging the telephone interview

- We'll ask a representative from our third party provider to contact you to schedule the telephone interview at a time that's convenient to you. If you're not contacted within 5 working days, please call us on 0800 151 3003.
- The representative will call you back at the agreed time to undertake the interview. Please allow between 30 minutes and an hour for the call and ensure you can speak freely in a quiet and comfortable location. The interview won't be undertaken if you're driving.
- The call will be recorded and you'll be sent an email which will contain a copy of questions and answers you've given.
- If you don't receive the confirmation email within five working days following your interview, please contact Zurich on 0800 151 3003.
- You must review your answers to ensure they're accurate. If you need to make any amendments or provide us with any additional information, please email the relevant details to us at [medical.underwriting@uk.zurich.com](mailto:medical.underwriting@uk.zurich.com).

We'll then contact you to let you know if your amendment affects our underwriting decision.

#### Preparing for the telephone interview

Please have the following information about your medical history available:

- Details of any past or present medical condition (other than minor ailments such as the common cold).
- The name and dosage of any medication you are taking.
- The results of any tests or investigations, including any blood pressure or cholesterol tests.
- Details of any serious condition, for example, cancer, heart attack, stroke suffered by any member of your immediate biological family before age 60 (such as your mother, father, brothers or sisters).
- Your height and weight (please weigh yourself prior to the interview).

## How to contact us

You can write to us at Zurich Corporate Risk, Unity Place, 1 Carfax Close, Swindon, SN1 1AP. Alternatively, call us on 0800 151 3003, Monday to Friday 8.30am to 5pm. We may record or monitor calls to improve our service.

## Answering the questions – your duty to take reasonable care

- You should take reasonable care to answer all the questions honestly and to the best of your knowledge. If you don't answer the questions correctly we could restrict the amount of cover we provide or any claim may be rejected or not fully paid.
- When answering the questions during your telephone data collection interview, you must take reasonable care to ensure the information you provide is correct. So, you need to answer each question fully and truthfully.
- You must not assume that we will contact your doctor to obtain medical information.
- You must inform us in writing about anything that happens which alters any of the answers you have given during the period between the date of completion of the telephone data collection interview and the date when we communicate our underwriting decision. This is the case whether or not you seek medical advice.

## Genetic tests

The only predictive genetic test you need to tell us about is the test for Huntington's Disease for life cover of £500,000 above any automatic acceptance limit. If you are unsure about the level of any automatic acceptance limit or whether you are eligible for this limit, please call us.

If you're unsure about what genetic information you need to tell us, please call us on **0800 151 3003** and our Nominated Genetics Underwriter will advise you, or you can refer to the consumer section of the Association of British Insurer's website ([www.abi.org.uk/consumer2/disclosure.htm](http://www.abi.org.uk/consumer2/disclosure.htm)).

If you wish to tell us about a negative genetic test result, which shows that you have not inherited a genetic disorder, we will take this into account when assessing your application, provided your clinical geneticist confirms that the test result indicates a reduced risk of developing the inherited disease.

You must tell us if you have a family history of, are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

## Access to Medical Reports

If we apply to your doctor for a medical report we will need your permission under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. Your legal rights are:

- You don't have to give your consent but if you don't we may not be able to provide the proposed level of cover.
- You can ask to see the report before your doctor returns it to us; if you do, we will ask your doctor to retain it for 21 days so that you can arrange to see the report.
- You can ask your doctor for a copy of the report at any time during the six months after it has been sent to us.
- You can ask your doctor to amend the report if you consider any part of it to be incorrect or misleading.
- If your doctor refuses to make the amendments, you may add your comments to the report.
- Your doctor can refuse you access to the report if he feels it would cause physical or mental harm to you or others.

### Your medical report will ask about:

- Past and current health including consultations, treatment, operations, investigations and tests that you may have undergone at any surgery, hospital or clinic or that are pending.
- Details of any family history of disease that you have told your doctor about. Your consent will give us access to this information.

### Your medical report will not ask about:

- Negative tests for HIV, Hepatitis B or C.
- Incidences of sexually transmitted diseases unless there are long-term health implications.
- Predictive genetic tests unless there is a favourable test which shows you have not inherited a condition.

## Personal contact details

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please give details)

Full forename(s)

Surname

Previous name (if applicable)

Sex ☐ Male ☐ Female Date of birth         Marital status

Address  Postcode

Telephone no. (Evening)  Telephone no. (Daytime)

Mobile no.  Email address

We may pass your contact details to a third party so they can gather any medical evidence that we need. The third party may contact you by telephone, text message or email. By providing your contact details and signing the Declaration and consent below you accept that we may contact you by any of these means in order to clarify your responses or to collect further health information from you.

Please read this declaration carefully before signing.

Declaration and consent

- I consent to Zurich obtaining medical information from any doctor I have consulted about my physical or mental health so that Zurich may assess my state of health as part of their underwriting process.
- I agree to Zurich obtaining information from other insurers about previous applications I have made for any life, sickness, accident or private medical insurance.
- I agree that this consent form allows Zurich to obtain medical reports prior to the date the underwriting decision is communicated, or after a claim is made, to verify the accuracy of the information provided.
- I authorise those asked by Zurich to give the information outlined in the three bullet points above on production of a copy of this consent.
- I consent to Zurich passing any abnormal findings, or test results arising from any independent medical evidence obtained, to assess my application to my General Practitioner.
- I agree that the terms for providing cover, including any exclusion from cover, or any refusal or postponement of cover, resulting from a specific medical condition of which I am aware, may be communicated to my employer as the policyholder at their request. If Zurich identifies a medical condition during the assessment process which I was not previously aware of, Zurich will contact me to obtain a separate consent to notify the policyholder of the reason for the special terms. If I do not give Zurich my consent Zurich will be unable to provide the proposed level of cover.
- I agree that Zurich may share medical and other underwriting evidence with my employer, re-insurers and service providers, as appropriate, for the purposes of administering the employee benefit arrangements of which I am a member.
- I agree that Zurich may disclose limited medical or other reasons for non standard underwriting decisions to insurance intermediaries or other insurers, where asked to do so, but that this does not include any medical reports or other underwriting evidence.
- I understand that Zurich may be asked to provide copies of medical reports or other underwriting evidence beyond the limited medical or other reasons that are mentioned in the bullet point immediately above, to other insurers or insurance intermediaries and that Zurich will contact me for my consent at that time.
- I consent to my information being passed to Zurich's Chief Medical Officer, to third party life reassurers and to third party administrators arranging medical examinations.
- I declare that the information and statements I make in my telephone data collection interview and any additional forms completed or to be completed following my interview in connection with this application will be, to the best of my knowledge, true and complete.
- I will tell Zurich about any change to my personal health, family history, travel or residence, hazardous activities, alcohol consumption, smoking habits, or use of recreational drugs, which happens before the date Zurich communicates the underwriting decision, if that change makes any of my answers wrong or incomplete. I understand that if the information or statements I have given are not true, or changes in such facts are not notified to Zurich, the cover may be cancelled, or its terms changed, or a claim rejected or not fully paid.
- I confirm that I have read this declaration and consent, together with the Important notes at the front of this form, including the sections Answering the questions – your duty to take reasonable care, Genetic Tests and the information relating to my rights under the Access to Medical Reports legislation.
- I confirm that I have read the 'Data Protection Statement', which explains how the personal data I have provided will be used. You can read our 'Data Protection Statement' [here](#).
- I consent to my medical data being used in the way described.

Please take reasonable care to answer all the questions honestly and to the best of your knowledge. If you don't answer the questions correctly, your cover may be restricted, or a claim may be rejected or not fully paid.

By signing this **Declaration and consent** I agree to all of its contents.

Signature.

Date

Print name

- ☐ I do NOT want to see the medical report before it is returned to Zurich.
- ☐ I do want to see the medical report before it is returned to Zurich.

## Data protection statement

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed [here](#).

### How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via [gbz.general.data.protection@uk.zurich.com](mailto:gbz.general.data.protection@uk.zurich.com) or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

### Zurich Assurance Ltd

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