

# Discretionary entrant application for cover



## Alternative Formats

If you would like this translated or have a copy in an alternative format such as large print, braille or audio, please email us at [group.protection@landg.com](mailto:group.protection@landg.com) or call us on 0345 026 0094. Lines are open from 9am to 5pm, Monday to Friday. We may record and monitor calls. Call charges will vary.

**Part 1 of this form is completed by the employer, and Part 2 of the form needs to be signed and completed by person cover is requested for.**

## Part 1. To be read and completed by the employer

### Please complete in BLOCK CAPITALS

Our policy terms confirm the eligibility conditions for cover that we've agreed to, and when cover automatically starts once a person meets them. If the eligibility conditions require a person to join your pension, cover is conditional upon them joining when they're first able to.

Please check our policy terms if you wish to include a person before they are first eligible (an early entrant), or if they've joined your pension scheme after they were first able to (a late entrant).

You, and a person you wish to cover, need to complete this application if:

- the person is an early entrant, and our policy terms ask for this application
- the person is a late entrant, and our policy terms ask for this application

- a quote that you've accepted asks for this application before we consider the person's cover
- we have advised that this form is required to include an individual who is outside of the eligibility of the policy.

If the person's cover is above the free limit, please ignore this form and request a Member's Declaration Form is completed instead. We need to collect information about their health and pastimes before we can consider cover and this can be achieved by completing an online Member's Declaration **member's declaration**, returning a Member's Declaration form or via tele-interview.

If you're requesting Critical Illness Cover, please make sure you've shared details of the pre-existing and related conditions exclusions with the person you wish to cover.

Scheme name

Group policy no(s).

## Details of the person you wish to cover

Where the information being given for question 1.5 is not the same for all policy types, separate entries are required.

### 1.1 What is their full name?

Surname

Full first name(s)

Mr/Mrs/Miss/Ms/Mx/Other

### 1.2 Date of birth? (DD/MM/YYYY)

### 1.3 What is your current personal status?

(e.g. single, married, registered civil partner, divorced, widowed)

### 1.4 Occupation (please describe fully)

### 1.5 Scheme earnings (if applicable)

**Membership category**  
(where policy has more than one)

**1.6** Please tick against the required benefit type and state the benefit formula.

Life Assurance

☐

Dependants' Pension

☐

Group Income Protection

☐

Group Critical Illness Cover

☐

Ill Health Early Retirement Benefit

☐

**1.7** Please tell us the reason for discretionary entry, e.g. early and late entrant (see policy terms).



If we can provide cover, we'll confirm our acceptance terms in writing. We will not provide any cover before we've completed our assessment and sent our written acceptance.

**1.8** When do wish cover to start?

☐

As soon as possible

☐

From (DD/MM/YYYY)

or if later, the day Legal & General confirms its acceptance terms in writing

## Part 2. To be read and completed by the person cover is requested for



We need to know a few details about your health before we can consider covering the benefits your employer has asked us to insure under its group policy. We'll only ask for the information we need to consider cover.

This form will indicate which sections you need to fill in and sign as you go through. This will depend on the answers you give in Section A and the type of benefits your employer has asked us to cover in Part 1.

**A. Your health details** – You must complete all these questions.

**B. Critical illness cover** – You only need to complete this section if your employer has requested group critical illness cover in Part 1 question 1.6.

**C. Consent to use your information** – You must read and sign this section before we're able to consider cover.

**D. Contact details for a telephone interview** – You only need to complete this section if you've answered **Yes** to any of Section A. We may need to contact you for more information before we can consider cover.

**E. Consent to access medical reports** – You only need to read, complete and sign this section if you've answered **Yes** to any of Section A. We may need to ask your doctor or another medical practitioner who has treated you for a medical report before we're able to consider cover.

**F. Sending in your application** – Details of where to send your completed form.

Please give full and accurate answers to the questions on this form. If you don't, we might not pay benefit if there's a claim.

We take client confidentiality very seriously and follow strict guidelines regarding the medical information provided on this form and any additional medical reports we obtain. We have a confidentiality policy in place and all medical information is held securely. Access is limited to authorised individuals who need to see it. This means that you have the right to send this form in a sealed envelope, directly to the Chief Medical Officer at the address on the back of this form.

We'll only use the information provided by you on this form, your doctor and or any medical practitioner who has treated you or who we may ask you to attend, for the purpose of assessing your employer's request for cover, administering the policy and processing any subsequent claim in line with our **Privacy Policy**.

A. Your health details

Please answer all questions in section A

	Yes	No
1. Have you ever had: <ul style="list-style-type: none"><li>Any form of cancer, heart attack, angina, heart disease (including valvular disease) or stroke?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been diagnosed as having: <ul style="list-style-type: none"><li>Motor neurone disease, Alzheimer's or Huntington's disease, muscular dystrophy, cirrhosis of the liver, cystic fibrosis,multiple sclerosis, diabetes, HIV/Aids, Hepatitis B or C, dementia, cerebral palsy, Parkinson's, chronic obstructive pulmonary disease, emphysema, bipolar or psychosis (including schizophrenia)?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last six months have you consulted a doctor or healthcare professional because of: <ul style="list-style-type: none"><li>Raised blood pressure or cholesterol, an irregular or abnormal heart beat, chest pain, dizziness, loss of consciousness or shortness of breath, a blood disorder, alcohol-related illness, digestive-related symptoms, kidney or bladder disorders (isolated urinary tract infections can be ignored), anxiety, stress or depression?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last four weeks have you had any of the following signs or symptoms of illness for which you have consulted a doctor or have an appointment to see a doctor for: <ul style="list-style-type: none"><li>Fatigue that has restricted normal activity for over 10 days not known to be caused by a minor condition such as flu?</li><li>Numbness or dizziness lasting more than a day not known to be caused by a minor injury or a minor condition such as an ear infection?</li><li>A new mole or other growth on the skin or an existing one that has become itchy or painful or has changed its shape, size or colour?</li></ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Apart from anything you've already told us about, during the last 2 years have you been referred to or attended hospital or admitted overnight? (Please ignore investigations related to pregnancy or infertility where the results have been confirmed as normal.)	<input type="checkbox"/>	<input type="checkbox"/>

If you've answered 'Yes' to any of the five questions, please give us full details.

If you've answered No to all five questions, you can skip Sections D and E of this form.

B. Critical Illness cover

**You only need to complete this section if your employer has requested group critical illness cover in Part 1 question 1.6.**

The questions below ask about any children you may have. When answering these questions, please consider all unmarried children aged less than 21 who are either:

- your own,
- you have legally adopted, or
- are your stepchildren through your marriage or civil partnership and financially dependent upon you.

Your employer will confirm if your spouse or civil partner is also covered under its group policy.

	Yes	No
1. Are any of your children, or your spouse or registered civil partner (if they're eligible for cover), in a poor state of health and intend to see a doctor about any health, medical or psychiatric condition in the foreseeable future?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you aware or do you suspect that any of your children, your spouse or registered civil partner (if they're eligible for cover), are suffering from any condition that might lead to a claim under the Group Critical Illness cover policy?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'Yes' to either of the above two questions, please say why below.

Date of birth of spouse or registered civil partner (where to be insured)

(DD/MM/YYYY)

## C. Consent to use your information

### Privacy policy

Protecting your personal information is extremely important to Legal & General. Our [Privacy Policy](https://www.legalandgeneral.com/privacy-policy/) tells you how we collect and process your personal information. Please take a few minutes to read it.

<https://www.legalandgeneral.com/privacy-policy/>

**It's important you read and accept all of the following paragraphs. If you are unsure of anything or have any queries please contact us. Our details are at the end of this form.**

- I declare that to the best of my knowledge and belief, the statements in this application are true and complete. I understand that if I do not give all the requested information truthfully, completely and accurately benefit may not be paid.
- I agree to Legal & General communicating the terms for providing cover to the policyholder directly, or through the policyholder's agent. Such communications may include special terms and confirmation if they relate to an unspecified medical condition or hazardous pursuit, or an exclusion wording.
- I agree that a copy of this application shall have the validity of the original.
- I authorise my employer, where necessary, to deduct the appropriate premium from my salary/wages and to forward this to Legal & General until instructed otherwise in writing by me. I understand that any change to the premium charged for this cover will be communicated to me by my employer with appropriate notice.
- I agree to Legal & General, when necessary, disclosing my medical information (and other information collected via this application) to its reinsurer and to any doctor that Legal & General uses, including my own doctor.

By signing below, I consent to Legal & General processing my medical and health information provided for this application so they can assess this application, administer the policy and process a subsequent claim in line with Legal & General's [Privacy Policy](#). I also consent to Legal & General sharing this information, where necessary, with the reinsurers referenced in the [Privacy Policy](#).

**Name in BLOCK CAPITALS**

**Signature of employee**

**Date (DDMMYYYY)**

Please keep a copy of this form for your own information.



If you answered 'No' to all the health questions in Part A, you can ignore Part B. Read Part F to find out how to send in your application.

## D. Only complete this part if you answered 'Yes' to any of the health questions in Part A



We may need a few extra details before we can consider cover because you've answered 'Yes' to a health question in Part A. If we do, we normally gather this extra information over a telephone call. We'll ask about your medical history, lifestyle, travel, occupation and hazardous pursuits. After the call we'll send you a written copy of the conversation to the email address you give below. You'll need to check this through and tell us if you spot any mistakes. This simple approach often means we can quickly confirm an underwriting decision without needing further information and medical reports. To set up a call, you'll need to provide us with your contact details.

We may pass your information to a company who arrange and carry out telephone interviews on our behalf.

We'll also need you to sign the consent to access medical reports, which allows us to review any medical reports needed to help us confirm our medical underwriting decision. We will try to rely on the information you provide, and you must not assume that we always check information with your doctor.

If we ask you to attend a medical examination, it may be necessary to share the application information with another company that we've authorised to act on our behalf. If so, the company will make the arrangements for the examination to take place.

## 1. Your health details

To help us consider the cover you've asked for, please give further details of the health conditions that caused you to answer 'Yes' to the health questions in Part A.

## 2. Your contact details

Address

Email address

Telephone number

Mobile

Home

Work

Tick preferred  
number

Please tell us a time between 9.00am and 5.50pm Monday to Friday that would be convenient for us to call and arrange your telephone interview. Please note, you may be sent a text notification to book a telephone interview on line, alternatively we will use one of the other methods of contact that you have provided, Telephone interviews can vary in length but we suggest that you allow at least 30 minutes. If you mention a specific date, we will try to accommodate this

## E. Consent to access medical reports

### Medical consent

We need your consent in case we need to request a medical report from your General Practitioner (GP) to help us assess the request for cover.

The report your GP provides could include details of consultations with any doctor or healthcare professional, but we'll only ask for information about your health that's relevant to your application.

Legal & General may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have made. You can find out more here <https://www.legalandgeneral.com/privacy-policy/>.

**You do not have to consent; however, we may not be able to offer the cover requested without a medical report.**

If you would like to withdraw your consent for Legal & General to request a copy of your medical report, please call 0345 026 0094. By withdrawing your consent, we may not be able to offer the cover being requested for you, under your employer's policy, or the cover may be restricted.

### Valuable information to know

**You're not in the dark.** If you need to you can see the report before it's sent to us – there's a space to let us know below. From the date we request the report, you'll have 21 days to make an appointment to go through the report with your GP.

If you originally did not want to see the GP report before we receive it, you can still request a copy for up to six months after they've sent it to us.

**Your information is in your control.** You can ask your GP to amend the report before it's sent to us if you think anything isn't right or is misleading, or you can attach a personal statement to be sent to us along with the report. We're asking for this under the relevant medical act(s). You can read them, and the additional rights you have under our **Privacy Policy, and data protection regulations** here <https://www.legalandgeneral.com/privacy-policy/>.

**Your protection is our primary concern.** For this reason, your GP may choose to not show you the report if they feel it could cause harm – physical or mental – to you or others.

The medical report your doctor fills in asks about the following:

- 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

## E. Consent to access medical reports (continued)

- 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 (test on urine), x-rays or other investigations
  - Any blood pressure readings in the last three years
- Any history of disease among your parents or brothers or sisters that you have told your doctor about

### We **won't** ask your GP about:

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

### What happens after I have completed the form

We normally provide confirmation of the insurance cover under your employer's policy once we receive the completed form. Occasionally, the details you've provided need further assessment where we may also need to contact your General Practitioner (GP) or another medical practitioner for further details. We'll then confirm to your employer if:

- we can provide the insurance cover being applied for,
- if due to your personal circumstances we may only pay a claim in certain instances, or
- we're unable to provide the insurance cover being requested.

In the second and third instances above, we'll let you know the reasons why.

This form allows Legal & General to gather medical reports within 12 months from the date you sign it, or to support any claim made on the policy proceeds.

### Declaration and consent

The insurance cover arranged by my employer is governed by English Law.

I agree and accept that:

- The information I provide will be complete, truthful, and accurate.
- For the purposes of assessing my application and any subsequent claim, Legal & General will use the information in this form and any other they receive from medical professionals I am or have consulted.
- If any information I provide is not complete or accurate, Legal & General may not pay a claim.
- I will immediately inform Legal & General if there are any changes to my answers before my cover is accepted.
- Legal & General may ask me to attend a medical examination to help them assess the requested insurance cover. In these instances, Legal & General will share my personal health information with another company that they have authorised to act on their behalf to carry out the medical examination.
- Legal & General will communicate the terms for providing cover to my employer as the policyholder, or through their agent. Such communications may include terms that relate to my health and wellbeing.
- The details that I provide Legal & General may be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering as well as to verify my identity. If fraud is detected, I could be refused certain services, finance, or employment. Further details of how my information will be used by Legal & General and these fraud prevention agencies, and my data protection rights, can be found by accessing [www.cifas.org.uk/fpn](http://www.cifas.org.uk/fpn).
- I consent to Legal & General, in line with their Privacy Policy, asking any doctor I have consulted about my physical or mental health to provide a medical report so that they may assess my request for cover.
- I authorise those asked to provide a medical report when they receive a copy of this consent form. This consent is valid for 12 months from the date of signature.

## E. Consent to access medical reports (continued)

By signing and submitting this form, I consent to Legal & General processing in line with their [privacy policy](#), my lifestyle and health information that I provide, so they can:

- assess the request for cover under my employer's policy,
- administer my employer's policy, and
- process any claims under my employer's policy.

I also consent to Legal & General sharing this information, when necessary, with the Reassurers referenced in the Privacy Policy.

I authorise those asked to provide a medical report when they receive a copy of this consent form. This consent is valid for 12 months from today's date.

Yes ☐ No ☐

I would like to see the medical report before it is sent to Legal & General.

Yes ☐ No ☐

Full name:

Signature:

Date:

## F. Sending in your application

If you've answered 'Yes' to any of the health questions in Part A, please send this form via email to: [groupprotection.medicalunderwriting@landg.com](mailto:groupprotection.medicalunderwriting@landg.com) or via post to: Group Protection – Medical Underwriting Team, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS.

Please make sure your HR department is aware you have completed the form and responded to us direct.

If you've answered 'No' to all the questions in section 4, please send this form to your HR department.

# Contact us



**0345 026 0094**

We may record and monitor calls. Call charges will vary.



**[groupprotection.medicalunderwriting@landg.com](mailto:groupprotection.medicalunderwriting@landg.com)**

**[legalandgeneral.com/adviser/workplace-benefits/group-protection/](https://legalandgeneral.com/adviser/workplace-benefits/group-protection/)**



**Group Protection – Medical Underwriting Team,  
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