

# Telephone Consultation Consent form

PO Box 1411  
Sunderland  
SR5 9RB

[www.metlife.co.uk](http://www.metlife.co.uk)

## Guidance notes for the employee completing this form:

### Purpose

Your employer's group insurance policy has requested a level of benefit for you which requires an individual assessment. Completion of this Telephone Consultation Consent form will allow you to complete MetLife's Health & Lifestyle Questionnaire via a telephone call.

### What happens next

Once we have received the completed version of this form we will ask Inuvi Health Limited to conduct a telephone consultation on our behalf. For additional details regarding this process, and how this works, please see our 'Medical Underwriting made easy' guide.

We may need to request additional information to supplement the telephone consultation, either from your GP or any other medical professionals you may have seen. We may also request a medical examination to complete our review. MetLife will cover costs relating to these reports and exams. You can request a copy of any examination reports.

When all the required information has been received, we will then determine the level of cover and terms that we can offer.

### Once complete

When a decision has been made, we will update your employer. We may also notify the intermediary associated with your employer's group insurance policy. It is only our decision that will be shared and all information relating to this decision is treated in the strictest confidence.

### Further questions

If you have any questions or require help in completing this form please contact your employer or alternatively you can contact MetLife via **0800 917 1888** or [medical.underwriting@metlife.uk.com](mailto:medical.underwriting@metlife.uk.com)

### Important information

Please answer all sections in this Consent form fully, truthfully and accurately before signing and dating the declaration in Section F. If you do not, this could affect the payment of benefits under the policy, including reducing the amount payable in the event of a claim or even rejection of any claims or the policy entirely.

As part of the administration of the policy, personal data / information may be passed by us to the financial adviser or intermediary for the policy. If you prefer, you can send this form by post marked 'Confidential' direct to MetLife's Chief Medical Underwriter at MetLife, PO Box 1411, Sunderland, SR5 9RB.

## Section A: Policy details

Name of employer

Policy number(s)

## Section B: Personal details

Title

|    |     |      |    |    |                        |
|----|-----|------|----|----|------------------------|
| Mr | Mrs | Miss | Ms | Dr | Other - please specify |
|----|-----|------|----|----|------------------------|

Forename(s) Surname

Gender Date of birth (dd/mm/yyyy)

|      |        |
|------|--------|
| Male | Female |
|------|--------|

Home address

Postcode

## Contact details

Preferred email address

Preferred contact  
telephone number(s)

Preferred days and times to call

## Doctor's details

Please note that we may need to contact your GP. Please provide the full address and contact telephone number of the health centre where your medical records are held.

Doctor or GP name Surgery name

Address

Postcode

Telephone number

## Recent medical examinations

Using the questions below please indicate whether you have undergone a medical examination or health screening in the last 12 months (including those independently arranged by you or requested by another insurer or your workplace), as we may require a copy in the future.

a. Have you attended an insurance medical exam or health screening within the last 12 months?      Yes      No  
 (if yes, please also answer part b below)

b. Do you have a copy of the examination report in your possession?      Yes      No

If you do not have a copy of the examiner's report please provide the details of the company who will hold a copy in the table below:

| Company name | Policy type | Policy number |
|--------------|-------------|---------------|
|--------------|-------------|---------------|

## Section C: Insurance history

Have you ever been refused cover, charged extra, accepted at special terms, or withdrawn from any application for life, income protection, critical illness or private medical insurance?      Yes      No

If yes, please provide full details in the box provided below including type of cover, decision type, date of decision and reasons for the decision, if known.

## Section D - Data protection notice

MetLife is a data controller in respect of any personal data you provide to us. The ways in which MetLife may collect, share or process your personal data are explained in MetLife's Privacy Notice. MetLife's Privacy Notice also explains your rights regarding your personal data. A copy of MetLife's Privacy Notice is available on our website: [www.metlife.co.uk/privacy-policy](http://www.metlife.co.uk/privacy-policy)

Should you have any questions or concerns, please contact the MetLife Data Protection Officer at [dataprotectionuk@metlife.com](mailto:dataprotectionuk@metlife.com)

## Section E - Access to medical records

We may need to ask any doctor who has attended you to provide us with a medical report; however, before we can do this, we need your consent. You have certain rights under the Access to Medical Reports Act 1988 and or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. You do not have to give your consent, but if you do not, we may be unable to proceed with your assessment.

You can ask to see the report before it is sent to us. We will then tell you if we request a report from your doctor, and then inform them that you wish to see the report before it is sent to us. You will then have 21 days to contact your doctor to arrange to see this report. If you do not wish to see the report before it is sent, you can ask your doctor for a copy within 6 months of it being supplied to us.

If you consider any part of the report to be incorrect or misleading, you can ask your doctor to amend it. If your doctor refuses, you may add your own written comments. Your doctor does not have to let you see any part of the report if, in their opinion, you or others would be harmed by it, or if the report contains information about another person, unless that person consents to you seeing the report. You will be informed if any part of the report is affected in this way. If the whole report is affected, your doctor will not send it to us unless you agree.

Please note that if you do wish to see any report before received by us, then it is likely to take longer to process this form.

I do want to see any report before it is sent to MetLife.

I do not want to see any report before it is sent to MetLife.

## Section F - Declaration and consent

By signing below, I confirm that I have read and understood the explanation above, of my rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 (as applicable).

I consent to MetLife requesting my medical reports and any supporting documentation from any doctor or medical practitioner who has treated me in respect of any medical condition affecting my physical or mental health. I authorise my treating doctor and my treating medical practitioner to release copies of my medical reports and any supporting documentation to MetLife on production of this consent. I confirm that a copy or electronic copy of this form and the signed consent shall have the same validity as the original.

I consent to MetLife obtaining information from other insurers about prior applications that I have made for any life, accident, sickness or private medical insurance.

I consent to MetLife having permission to share medical and any other underwriting evidence or information with the policyholder, re-insurers, trustees, my employer, service providers, third party administrators and MetLife's Chief Medical Officer as and when required to manage the employee benefit arrangements that I am a member of.

I consent to MetLife confirming the underwriting decision, including any exclusion wordings or other special terms (but not medical reports or other underwriting evidence) to the policyholder and/or the policyholder's financial adviser.

I confirm that I have read the Data Protection section above and understand how to access MetLife's Privacy Notice.

I declare that the information disclosed by me in this Telephone Consultation Consent form is true, accurate and complete.

I understand that I must inform MetLife immediately in writing of any changes to my answers which occur prior to MetLife issuing their underwriting decision.

I understand that if I provide false, inaccurate or incomplete information in this form or at my telephone interview, or if I fail to advise MetLife of a change to my answer(s), then this could affect the payment of benefits under the policy, including reducing the amount payable in the event of a claim or even rejection of a claim entirely.

Signature of employee

Printed name

Date (dd/mm/yyyy)

### Please ensure that:

- ✓ All questions have been fully completed.
- ✓ You have ticked whether you wish to see any medical report prior to being sent to MetLife under Section E.
- ✓ You have signed and dated the form above.

### Please return this completed form to:

Email: [medical.underwriting@metlife.uk.com](mailto:medical.underwriting@metlife.uk.com)

Address: Chief Medical Underwriter, MetLife, PO Box 1411, Sunderland, SR5 9RB

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