

Early Intervention consent form

MetLife
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SR5 9RB

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www.metlife.co.uk

To be completed by the employee

Early Intervention

As part of your employer's Group Income Protection policy, you have access to an Early Intervention and rehabilitation service.

This service is provided by our Early Intervention partner, HCB Group (HCB), who will help you continue working or return to work after a period of absence due to illness or injury. Please read our Early Intervention leaflet to understand more about the service. Please complete your details below:

Your details

Full name

Name of employer

Your address

City

County

Postcode

Date of birth

D D M M Y Y Y Y

Telephone number

Email address

Why are you currently unable to work?

HCB report

If you take part in the Early Intervention process, we will share information about you, your medical health, personal data and your participation in the Early Intervention process with your employer for the purposes of your rehabilitation. If you would like to benefit from this service, please complete this form and sign the declaration at the end.

Following your referral to HCB, a report will be prepared by the HCB Case Manager and sent to your employer and to MetLife for the purpose of aiding your rehabilitation. A copy of the HCB report can also be sent to you at the same time. Please confirm in the tick boxes below whether you would like to see a copy of the report:

I do wish to see a copy of the HCB report at the same time as it is sent to my employer and to MetLife.

I do not wish to see a copy of the HCB report at the same time as it is sent to my employer and to MetLife.

Access to medical reports

Please note this section is related to us requesting medical evidence, and not the HCB report. MetLife will not request medical evidence as part of the HCB assessment, but may do so if we're asked to proceed with a claim prior to, during or following the Early Intervention process. If this is the case we may need a medical report from your doctor(s). Under the Access to Medical Reports Act 1988 or, if applicable, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, you have the following rights in respect of your medical information:

- You do not have to consent to us obtaining a medical report from your doctor and your doctor will not send it to us if you do not agree. However, if you do not consent, we may be unable to proceed with your claim.
- You can say whether you wish to see the medical report before it is sent to us. If so, you will have 21 days to contact your doctor to arrange to see the report before it is sent 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 can ask your doctor for a copy of the medical report at any time within 6 months of it being supplied to us.

Data Protection

MetLife is a data controller in respect of any personal data you provide to us. The ways in which we may collect, share or process your personal data are explained in our Privacy Notice. Our Privacy Notice also explains your rights regarding your personal data. A copy of our Privacy Notice is available on our website, www.metlife.co.uk.

Should you have any questions or concerns, please contact our Data Protection Officer at: DataProtectionUK@MetLife.com.

Declaration and consent

By signing below, I confirm that I have read and I understand 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 applying to my treating Doctors or medical practitioners to obtain medical reports and my medical notes and records.

I want to see any medical report before it is sent to MetLife

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

I consent to MetLife requesting information 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 notes and records to MetLife, and I authorise my Doctor or medical practitioner to provide a report on production by MetLife of a copy 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 confirm that I have read the Data Protection section above and understand how to access MetLife's Privacy Notice.

Name of employee

Date of signature

D D M M Y Y Y Y

Please sign here

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