

# Claim declaration and consent

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

**This form should be returned to MetLife**

**Claimant's personal details**

Name

Address

City

Country

Postcode

Telephone number

Email address

**Access to medical reports**

It may be necessary for us to ask any doctor who has attended you to provide us with a medical report, but before we can do this, we need your consent. Before signing the declaration below, you should know that 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 processing the claim. You can say whether you wish to see the report before it is sent to us.

We will then tell you if we request a report from your doctor. We will also inform your doctor 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 choose not 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 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 it is sent to us then this may cause the processing of the claim to take longer than would otherwise be the case.

**Data Protection**

MetLife is the 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](http://www.metlife.co.uk).

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

**Declaration and consent**

Please note: you are under a duty to provide true, accurate and complete information in this claim form and when providing information to MetLife in order for us to assess the claim. If untrue, misleading or inaccurate information is given by you deliberately, or recklessly, or carelessly, it may result in the claim being rejected.

By signing below, I confirm I have read and I understand the explanation above of my rights under the Access to Medical Reports Act 1988 and/or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. I consent to MetLife applying to my treating doctors or medical practitioners to obtain medical reports and my medical notes and records.

☐ I do\* ☐ I do not\* want to see any report before it is sent to MetLife. (\*Please tick as appropriate)

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 of this signed consent shall have the same validity as the original.

I declare that the information disclosed by me in this form, or in support of the claim, is true, accurate and complete. I understand that if I have provided untrue, misleading or inaccurate information deliberately or recklessly or carelessly, it may result in the claim being rejected.

Name of claimant

Date

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Signature

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