

# Telephone Consultation Consent form

Invicta House,  
Trafalgar Place,  
Brighton BN1 4FR

[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 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 a completed version of this form we will ask Medicals Direct Group 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.

On occasion we may need 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. All costs relating to such reports and exams are met by MetLife. Examination reports can also be shared with you upon request.

When all the required information has been received we will determine the level of cover that can be offered and the terms applicable.

### Once complete

When a decision has been made, we will update your employer. Please note, in some instances, 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 the 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 ensure that you answer all sections in this Telephone Consultation 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 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 in a sealed envelope marked 'Confidential' direct to MetLife's Chief Medical Underwriter at MetLife, Invicta House, Trafalgar Place, Brighton BN1 4FR.

**Section A: Policy details**

Name of employer

Policy number(s)

**Section B: Personal details**

Title

Mr	Mrs	Miss	Ms	Dr	Other - please specify
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Forename(s) Surname

Gender Date of birth

Male	Female								
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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 or may not 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). Whilst we do not require a copy of the examiner's report at this stage, we may do so in the future.

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

## Section E - Access to medical records

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 this form.

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 this form to take longer than would otherwise be the case.

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 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 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 in order to manage the employee benefit arrangements that I am a member of.

I consent to MetLife disclosing limited medical or other reasons for non-standard decisions (but not medical reports or other underwriting evidence) to insurance intermediaries or other insurers, where asked to do so.

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 if I have provided misleading information 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 the policy entirely.

Signature of employee

Printed name

Date

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**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**

Address: Chief Medical Underwriter, MetLife, Invicta House, Trafalgar Place, Brighton, BN1 4FR

**metlife.co.uk**

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