

Consent Form (Inuvi)

Privacy Notice

British Friendly (referred to as “us” or “we”), takes its privacy obligations very seriously. Any personal information provided to us, as Data Controller, by a policyholder or anyone else connected to the policy (referred to as ‘you’ or ‘your’), will be treated in accordance with current Data Protection legislation, and any successor legislation. Full details of how we will use your data can be found on our website:

www.britishfriendly.com/info/privacy-policy/

You may also write for a copy our Privacy Notice at the addresses given on the last page of this declaration.

Access to medical reports

Notice of statutory rights

Under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Access to Health Records and Reports (Isle of Man) Act 1993, we may apply for a medical report from your current GP and may apply to any doctor who has at any time attended you. The declaration you provide gives us your consent to apply for such a report if we need to.

Your rights

You do not have to give your consent but, without it, we will not be prepared to accept your application.

If you do give your consent, you can indicate whether or not you wish to see any report before it is sent to us. **If you indicate that you do not wish to see any report:**

- The doctor can forward it to us immediately and we should be able to process your application without delay.
- You can, however, still change your mind at any time within six months of this declaration and notify the doctor that you wish to see the report.
- If the doctor has already forwarded the report to us, he/she will send you a copy and, if he/she has not, he/she will give you 21 days to arrange to see the report before it is forwarded to us.

If you indicated that you do wish to see any report:

- This may delay the processing of your quotation/application.
- The doctor is allowed to charge you a fee to cover the cost of supplying you with the report.
- You should follow the procedures outlined below.

Procedures for access to reports

If you indicate now that you do wish to see any report, we will notify you if we request a medical report and we will inform the doctor of your wishes. You will then have 21 days to contact the doctor to arrange to see it.

If you do see a report, the doctor must obtain your consent to the report before sending it to us.

You have the right to request that the doctor amend any part of a report you consider incorrect or misleading and you can attach your written views on any part the doctor refuses to amend.

The doctor does not have to let you see any part of a report that he/she considers would be likely to cause serious harm to the physical or mental health of yourself or others, or that would indicate his/her intentions towards you. The doctor also does not have to let you see any part that would be likely to disclose information about, or the identity of, another person who has supplied information about you, unless that person has consented to the disclosure or the information relates to, or has been supplied by, a health professional caring for you. If the doctor does not let you see any part of the report he/she must notify you of that fact.

Care provider reports

If you are currently receiving care, your declaration gives us permission to request a report regarding your physical and mental health and welfare from the care provider.

Declaration and consent – the Annuitant or Legal Representative must read, complete and sign this document

1. I request British Friendly to provide me with terms for their Lifetime Care Plan.
2. I confirm that all statements made in the Care Fees Plan Questionnaire associated with this declaration shall be deemed to have been made directly to British Friendly.
3. I confirm that the information provided in the Care Fees Plan Questionnaire associated with this declaration whether in my own handwriting or not is true and accurate and that I have answered the questions as fully as possible. I understand that in the event incorrect information is given, British Friendly may be entitled to cancel the policy or adjust the amount of the benefit paid in connection with the plan.
4. I must inform British Friendly without delay if there is a change to my health or circumstances before the commencement of the plan. Failure to do so may result in the amendment of the terms of the plan and may invalidate any future entitlement to benefits.
5. The Lifetime Care Plan will come into force when I have accepted the terms offered, the purchase price is received by British Friendly and British Friendly has received all of the necessary proceeding requirements.
6. I agree that a copy of this consent can be treated as the original.
7. I am aware British Friendly is under no obligation to accept my application or provide me with a Lifetime Care Plan until a policy is issued.
8. I give permission for British Friendly to approach my care provider from time to time for confirmation that I am still entitled to benefit.
9. I authorise my Financial Adviser to pass on a copy of this form to British Friendly, and any third party working for British Friendly, so that they are able to offer me terms for their Lifetime Care Plan.
10. I am aware of my rights under the Access to Medical Reports Act 1988 and have read my rights under the relevant legislation governing access to medical records.
11. British Friendly, or Medicals Direct, the approved agent working on our behalf, may obtain medical and care information from any doctor and care provider who, at any time, has attended me, about anything that affects my physical or mental health and/or any insurance office to which an application has been made on my life and I authorise the giving of such information. This consent shall remain valid throughout the duration of any insurance that may be provided and after my death.
12. I give permission for my care home manager/ care provider/doctor to disclose information to British Friendly about my physical and mental health and welfare to obtain terms for a Lifetime Care Plan.
13. I give consent for my contact details or my legal representative's contact details to be shared with my doctor.

A copy of this form is available on request. This document is available in large type.

Signatures

By signing this form you are agreeing to the declarations set out above.

I provide my agreement for British Friendly to process the health information I have provided on this form, for the purpose of providing me with a personalised quote.

Do you wish to see the medical reports from your doctor before they are sent to British Friendly?

Yes

No

OR

*Print Annuitant Name:

*Annuitant DOB:

DDMMYYYY

Annuitant Signature:

Date (DD/MM/YYYY):

DDMMYYYY

Signature of
Annuitants Legal
Representative*:

Print Name of
Annuitant's Legal
Representative:

Date (DD/MM/YYYY):

DDMMYYYY

* Please ensure the **Annuitant Name** and **DOB** are completed on this consent form before sending it to us. Please also enclose a photocopy or scanned image of the legal authority to act on behalf of the annuitant e.g. Power of Attorney. Please do not send us any original documents.

We're here to help

We want to help. So if you have any questions, here are all the ways you can contact us.

Call

01234 358344

Email

careplan@britishfriendly.com

Write

Registered Office:

British Friendly Society Limited

45 Bromham Road, Bedford MK40 2AA

Go online

www.britishfriendly.com/members

British Friendly Society Limited

45 Bromham Road, Bedford, MK40 2AA

T: 01234 358344

E: careplan@britishfriendly.com

W: www.britishfriendly.com/members/