



Discounted Gift Trust Health Questionnaire & Declarations

Note: This questionnaire and declarations should be completed by applicants who wish to write their bond under a Discounted Gift Trust. All sections should be completed to allow your application to be processed without delay.

Your health questionnaire will be evaluated by Third Party Claims Management Limited, our Underwriting partner. They will contact your GP, if required, to request clarification or further evidence.

Section 1

Settlor Information

Settlor's Name

Settlor's Address

Date of birth

Name of Settlor's General Practitioner (GP)

GP's Address

GP's Telephone Number

Joint Settlor (if applicable)

Joint Settlor's Name

Joint Settlor's Address

Date of birth

Name of Joint Settlor's General Practitioner (GP)

GP's Address

GP's Telephone Number

Section 2

Health Questionnaire

You must tell us all the facts which are likely to influence our decision making. If you are in doubt as to the importance of any information, you should tell us, as failure to do so might affect the suitability of a Discounted Gift Trust. If you answer **Yes** to any question(s) please give **full** details below, continuing on a separate sheet of paper if necessary, including dates and the name of the doctor who treated you if not your usual doctor.

	Settlor	Joint Settlor
	Yes	No
1. Have you consulted a doctor for anything other than trivial ailments (coughs, cold, flu) within the last 2 years, or have you ever undergone any hospital investigations or tests?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you suffered:		
a) any nervous or mental disorders?	<input type="checkbox"/>	<input type="checkbox"/>
b) any illness lasting more than 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you Tested positive for HIV/AIDS or Hepatitis B or C? or have you been tested/treated for other sexually transmitted diseases or are you awaiting the results of such a test?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered **Yes** please provide details (for confidentiality these may be sent direct to the Chief Medical Officer).

4. Are you receiving any medical treatment or drugs from a doctor or other source?	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any risks or dangers connected with your work, hobbies or sporting activities?	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What is your height and weight (in indoor clothing, without shoes)?				
Height	ft	in	ft	in
	cm/m	cm/m	cm/m	cm/m
Weight	st	lbs	st	lbs
	kg	kg	kg	kg
7. What is your daily consumption of tobacco/alcohol?				
Tobacco	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alcohol	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have answered **Yes** to questions 1,2, 3, 4, 5 or 6 please provide further details below.

Settlor

Joint Settlor

Q1.	
Q2.	
Q3.	
Q4.	
Q5.	
Q6.	

Declarations

I/We am/are in good health (apart from what I/we have told you) and I/we agree to Third Party Claims Management Limited asking for information from any other Company to which I/we have applied for insurance. I/We agree that this Declaration and any other statement made by me/us will be used in the calculation of the discounted gift.

Signature

Date.....

Signature (Joint).....

Date.....

Access to Medical Reports

Third Party Claims Management (TPCM) may wish to approach your doctor for a medical report concerning your health. Before this is done you will be notified so that you can, if you wish, exercise your rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

Your rights

Your rights are summarised below:

- You may arrange to see the report before it is sent to TPCM or their agent or during the 6 months after that;
- You may withhold your consent to your doctor sending the report to TPCM;
- You have the right to ask your doctor to change parts of the report that you consider inaccurate or misleading. (If your doctor is not in agreement with the changes you may add your own comments to the report).

You should be aware that your doctor is able to withhold the report (or part of it) from you if he believes you would be harmed by seeing it.

DECLARATION

I/We have read the notes describing my/our rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and I/we consent to TPCM seeking information from any doctor who has attended me/us concerning my/our physical or mental health and I/we authorise the giving of that information. I/We understand I/we will be notified if such a report is requested.

I/We wish to see the report before it is sent to TPCM. Settlor Joint Settlor

Unless I/we have ticked the box above I/we confirm that I/we do **not** wish to see a copy of the report before it is sent to TPCM. I/We am/are aware that I/we may approach my/our doctor with a request to see a copy within 6 months of its completion. I agree that a copy of this form shall have the same validity as the original.

Signature **Date**.....

Signature (Joint)..... **Date**.....

Access to Medical Reports Act 1988

Guidance Notes for Insurance Applicants

With reference to your application for a Discounted Gift Trust we may require the completion of a Medical Report by any doctor(s) who have cared for you. To enable us to obtain this report, we require your consent by signing on the space provided. Before doing so, however, you should read these notes carefully, as it sets out your rights under the above Act and the procedures for dealing with the reports we apply for and receive.

You do not have to give your consent to our Chief Medical Officer being provided with the report but if consent is not given, we may be unable to proceed with your application. If you do give your consent, then you have the right to tell the doctor that you wish to see the report before it is sent to us, in which case the doctor cannot send it to us unless he has either shown it to you, or 21 days have passed without your having contacted your doctor about arrangements for you to see it. We would point out that the quicker you act, the quicker your application can be considered.

If you say that you do not wish to see the report before it is sent, the doctor must let you see a copy for a period of up to six months after it is supplied to us if you subsequently change your decision. If you ask your doctor to see a copy of the report he/she may charge you a reasonable fee to do so.

Once you have seen the report and before it is sent to us, the doctor cannot send it to us until you have given your consent to do so. You can write to your doctor asking him/her to amend any part of the report you consider inaccurate or misleading and attach to the report a statement of your views on any part where you and the doctor are not in agreement and which the doctor is not prepared to alter.

The doctor is not obliged to show you any part of the report if, in his or her opinion, that would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the doctors intentions to you, or if disclosure would be likely to reveal information about, or the identity of, another person who has revealed information about you unless that person has consented or the information relates to or has been supplied by a health professional involved in caring for you. In such cases, the doctor must notify you and you will be allowed to see the remainder of the report. If it is the whole report that is affected, the doctor must not send it to us unless you give your consent.