

Consent to processing and access to medical reports

Aviva Protection UK Limited (Aviva or we) may need to apply for a report from any doctor you've been seeing, about your physical or mental health and needs your permission to do this. The report may include details of an illness or injury you've suffered and can be sent by your doctor by post or electronically using secure software.

We'll capture your consent where you select an option and sign below. This is a legally valid way for us to obtain your permission and is legally binding (in accordance with, where relevant, the laws of Jersey, Guernsey and Gibraltar).

If you don't consent, we may not be able to continue with your application for cover.

Why we may need a report from your doctor

We may seek a medical report for the following reasons:

- To help Aviva Protection UK Limited make a decision about the insurance you've applied for and the terms and conditions of the cover that we may provide.
- To help Aviva Protection UK Limited, and our reinsurers, monitor that the information you provided was accurate within 12 months of your application for insurance with us. Incorrect or misleading information could lead to the insurance being cancelled from the start of the cover, or a risk a future claim being rejected or the benefit payable being reduced.

Confidential

Aviva Protection UK Limited. Telephone 0345 600 6820. Registered in England and Wales. Number 6367921. Registered address: Aviva, Wellington Row, York, England, YO90 1WR. Aviva Protection UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The registration number is 473752.

The laws that allow us to process your personal information

We explain below why we're seeking to process your personal information and the legal basis for doing so in accordance with data protection law. The law is the General Data Protection Regulation (EU) 2016/679 (GDPR), and in Jersey the Data Protection (Jersey) Law 2018; in Guernsey the Data Protection (Bailiwick of Guernsey) Law, 2017; and in Gibraltar the Data Protection Act 2004, as amended with respect to the GDPR.

We can process your personal information on the legal basis that we've obtained your consent, or because it's in our legitimate interests with respect to the insurance we provide, or it's necessary for us to prepare to enter into, or for the performance of rights and obligations in connection with, the insurance or contract that we may provide.

We use your information for research and analysis purposes to assess the risks we face, to develop our products, and in order to assess and verify any claims made under the insurance we provide. We also share information, where necessary, with: any doctor you've been seeing, our reinsurers in relation to the products reinsured under agreements with them and relating to the monitoring of the accuracy of information provided to us as we are obliged to do under reinsurance agreements, with other companies within the Aviva group, and our service providers, who provide services to us in relation to our products.

For further information on how we use personal information, please see our privacy policy at protection.aviva.com/privacy-policy or contact us by email DataProtectionOfficer@protection.aviva.com or by writing to **The Data Protection Officer, Aviva Protection UK Limited, PO Box 12010, Harlow, CM20 9LG.**

Your permissions

Your consent for Aviva Protection UK Limited to request a medical report

(please tick if appropriate)

I consent to any doctor, who has had responsibility for my care in relation to my health, providing a medical report or medical records to Aviva Protection UK Limited on Aviva Protection UK Limited's request. The medical report or medical records will either be obtained directly by Aviva Protection UK Limited or by an NHS approved partner.

Please note: Aviva Protection UK Limited may request a medical report within 12 months of the start of your policy. You should contact your doctor should you wish to see a copy of the report. By not ticking the box, you don't consent. If you withhold/withdraw consent allowing us to request a report from any doctor, we may not be able to proceed with your application for cover.

Your consent for Aviva Protection UK Limited to process your personal information

In certain circumstances in order to comply with data protection law, Aviva Protection UK Limited needs your consent to collect, use and disclose your personal information in relation to your application for, and administration of, the insurance we may provide. This may include details about physical or mental health, which is known as special category information. Where you have consented to the collection, use and disclosure of this personal information for the purpose described below, the relevant box is ticked.

I consent and permit Aviva Protection UK Limited to process my personal information, including special category information relating to my health, for the reasons set out in this form.

Please note: If you withhold/withdraw consent to us being able to process your information, we will not be able to continue with your application for cover.

I consent and permit Aviva Protection UK Limited to request from, and to share with, other insurers my personal information, including special category information relating to my health, about any other application for life and health insurance that I've applied for and about my application. I consent to the other insurers providing information to Aviva Protection UK Limited.

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Withholding or withdrawing your consent

You have the right to withhold or withdraw any of the above consents at any time. If you withhold or withdraw your consent, we may not be able to proceed with your application. If you want to withdraw your consent after you've given it, please contact Aviva Protection UK Limited's Data Protection Officer at the addresses given previously.

Your declaration

Where I consented to Aviva Protection UK Limited requesting a report, I give my permission to Aviva Protection UK Limited to:

- obtain medical reports within 12 months of the start of my policy; and
- send copies of any medical information obtained to my GP.

I have been notified of the reasons why Aviva Protection UK Limited wishes, and the legal basis, to process my personal information, which includes special category information relating to my health. I understand my rights and acknowledge I have completed this form. By my signature below, I confirm my selections and that this completed form is valid and legally binding.

Signed	
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Dated			
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