

FRIEN:)LY

BRITISH

MEDICAL CONSENT FORM

Please complete this application form in BLOCK CAPITALS.

Important information for all applicants which should be read carefully

Important information for all applicants

Access to Medical Reports Act 1988

We may need to obtain a medical report from your doctor to enable us to assess your application. There is no cost to you. To do this we need your consent. Before signing the declaration, you should know that you have certain rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. These are

- a) You can withhold your consent. If you do not give consent we will be unable to proceed with your application.
- b) You can see the report before it is sent to us or during six months after that. If you indicate below that you wish to see the report, we will inform you that we have requested a report before we contact your doctor. You will then have 21 days to contact your doctor to arrange access.
- c) You may ask your doctor in writing to amend any part of the report that you consider to be incorrect or misleading. If your doctor is not in agreement, your comments should be added to the report.
- d) Once you have seen the report your doctor cannot send it to us unless you consent in writing.
- e) The doctor can withhold the report from you, or part of it, if the doctor thinks you or another would be seriously harmed by reading it, or if it would be likely to reveal information about another person.
- f) Should you indicate below that you do not want to see the report, but decide subsequently that you would like to, you must advise your doctor in writing before the report is sent to us. If this happens the doctor cannot send the report to us until you have seen it or until 21 days have expired since you made the request.

Genetic Testing

We will not ask for the results of a genetic test irrespective of the amount of cover applied for.

You must however give information if you have a family history or symptoms of a genetic condition. It may be to your benefit to disclose if you have had a negative genetic test for such a condition.

Data Protection Act

The Society uses personal information held on its database in accordance with applicable data protection law.

The information you provide on this form and the telephone interview report will be used by us for underwriting and administering your policy.

If your application does not proceed, we may hold a record of your application for a limited period of time, not exceeding two

other service providers and relevant intermediaries (including your financial adviser) for the purposes of processing this application, underwriting and administering your policy, reinsurance, fraud prevention and credit control. Any information relating to your health or lifestyle will be used for underwriting and claims purposes only and may be defined as 'sensitive data' under the Data Protection Act 1998. In each case your information will be held securely and access limited to those who need to see it.		
Your details may be used so that we can inform you of any products or services which may be of interest to you. Your details will not be shared with any third parties for marketing purposes.		
Please complete: Please keep me informed: by email by post Please do not send me any information		

BFS Protect Policy - Application Form

Please complete this application form in BLOCK CAPITALS.

Declaration and Consent

Before signing this application form, you should carefully read:

- · All Important Notes and the Important Information page for all Applicants within this application form; and
- The full Policy Terms and Conditions and the membership rules of the Society.

These documents form part of our standard client agreement upon which we intend to rely. If you do not understand any point raised in these materials, please ask for further information.

I accept responsibility for the accuracy of the answers and statements given, even if they were recorded on my behalf, and confirm that they are true and complete and that they shall be the basis of the contract between me and the British Friendly Society Ltd. I further agree that if I have knowingly made any incorrect statement in this, my application, the rules of the Society will be strictly applied and my entitlement to all benefits will cease.

I understand that the Society will underwrite my application based on the information I have provided on this form and the telephone interview report, and will not assume that the Society will automatically obtain a medical report or confirm or clarify the information provided.

I consent to the Society storing and using my personal information (including any medical information) for the purposes set out above in the "Data Protection Act" section.

I have read the explanation of my rights under the Access to Medical Reports Act 1988 or Access to Personal Files and

Medical Reports (Northern Ireland) Order 1991 and consent to the Society being provided with my medical information, including copies of my medical records, from any doctor who has attended me concerning anything which affects my physical or mental health.			
I wish to see the report before it is sent to the Society.			
consent to my Financial Adviser being made aware of the details of any pecial terms or higher premiums which are applied to my policy.			
consent to my Financial Adviser seeing a copy of the tele-interview cranscript provided by Medicals Direct which I understand will be a complete record of the medical information I provided to them.			
The Society MUST be notified of any changes to the information that you have given to the Society in connection with your application, until you receive confirmation from us that your application has been accepted.			
Signed:	Date:		
Full Name:			

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