

Consent Form – Pensions or Income Protection Scheme Assessment



Before you complete this form, please read our [Privacy Notice for Products and Services](#) (QR code provided below)

Your application or review for ill health retirement or income protection benefit is being referred to Medigold Health as the Scheme Medical Adviser to your Employer, the Trustee and/or Pensions Committee.
Please complete and return this consent form in order that your application can be processed appropriately.
Please make sure that the details you provide below are correct and completed clearly and in full.



Your Details (Please make sure that you complete the following information in CAPITALS.)

YOUR FULL NAME:			
YOUR HOME ADDRESS:			
POSTCODE:		DATE OF BIRTH:	
MOBILE NUMBER:		HOME NUMBER:	
PERSONAL EMAIL: *			
<i>* If you request to see a copy of any reports, we will only forward copies to a personal email address. Please make sure that you provide a suitable personal email for this purpose and that you write this clearly. Without a suitable or clearly written personal email address, all correspondence will be posted to the home address provided above.</i>			
COMPANY NAME:		JOB TITLE:	
COMPANY CONTACT NAME:		COMPANY ADDRESS:	
WORK NUMBER:			
GP NAME:		GP ADDRESS:	
GP PHONE NUMBER:			
SPECIALIST NAME:		SPECIALIST ADDRESS:	
SPECIALIST PHONE NUMBER:			
SPECIALITY:		DATE LAST SEEN BY SPECIALIST:	

I confirm that I understand and agree that:

Medigold Health as the Scheme Medical Adviser will process my application or review and provide advice against the scheme ill health retirement or income protection criteria and, if relevant, HMRC severe ill health criteria.

Medigold Health will contact me as necessary to arrange appointments and manage my case.

The information submitted will be used by Medigold Health, including any further information obtained in relation to my application for the purpose of the assessment and any future review.

Medigold Health will provide advice to my employer, the Trustee and/or Pensions Committee.

Medigold Health will release medical information from this assessment to any doctor involved in my case.

Medigold Health may need to obtain a medical report from my GP and/or specialist in connection with this assessment.

☐ I consent to Medigold Health accessing my GP and/or specialist records for the purpose of this assessment. I understand my rights under the Access to Medical Reports Act 1988 and have read the Explanatory Notes on the Rights of Individual on the following page.

Please select **ONE** of the following options.

☐ I **do** want to see the report from my GP/specialist before it is sent to Medigold Health

☐ I **do not** want to see the report from my GP/specialist before it is sent to Medigold Health

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I consent to the release of relevant information in a summarised report by Medigold Health, including medical reports if required, as the Scheme Medical Adviser to my Employer, the Trustee and/or Pensions Committee, in the strictest confidence, in connection with this assessment.

I understand that I will be offered the opportunity to see any subsequent report prior to my employer, the Trustee and/or Pensions Committee. If I **do not** choose to see a copy of my report before my employer, the Trustee and/or Pensions Committee, it will be sent to my employer, the Trustee and/or Pensions Committee either on the same day as it is sent to me or without a copy being sent to me depending on my choice selected below:

Please select **ONE** of the following options.

- ☐ I **do not** want to have a copy of the Scheme Medical Adviser's report provided to me.
- ☐ I **do** want to have a copy of the Scheme Medical Adviser's report provided to me 2 business days before it is sent to my employer, the Trustee and/or Pensions Committee.
- ☐ I **do** want to have a copy of the Scheme Medical Adviser's report sent to me **at the same time** as my employer, the Trustee and/or Pensions Committee.

If I choose to see a copy of the report before it is sent to my employer, the Trustee and/or Pensions Committee, it will be emailed or posted to me. If I have comments to make, I must respond within **2 business days** of the email being sent to me or within **3 business days** after posting for postal requests. If I have received the report by email, I should respond to the email enclosing the report or if by post by writing to pensions@medigold-health.com. This will ensure my message is received by the right team. **If the Customer Services Team have not heard from me within these timescales, I understand the report will be issued to my Employer, the Trustee and/or Pensions Committee.**

If I have any comments about my report, this will only be considered where they relate to factual inaccuracies within the report, and if such comments are accepted by the clinician, an addendum will be added to the original report. I understand that clinicians are not able to amend their opinion and advice given within the report unless the facts change.

If, after signing this form, I choose not to allow my employer, the Trustee and/or Pensions to see the report (i.e. by withdrawing consent), they will have to make a decision based on the information that they have and without the benefit of impartial medical advice.

By signing below, I am confirming that I understand and agree to the statements listed above, and that this consent form supersedes all others.

Signature: X..... **Date: X**.....

Scanned signatures and eSignatures (from a recognised eSignature platform) will be accepted, however simple typed signatures will not.

ACCESS TO MEDICAL REPORTS ACT 1988 ("Act") Explanatory Notes on the Rights of Individuals

This is a guide to your principal rights under the Act, which is concerned with reports provided for employment (or insurance) purposes by a GP/Specialist who is, or has been, responsible for your clinical care. You have three options:

Option 1: You may consent to the application for the report and indicate that you do not wish to see the report before it is supplied. However, if you change your mind after the application has been made by the Scheme Medical Adviser you must notify your GP/Specialist in writing within 21 calendar days from the date of the application, so that you can arrange access to the report. You will then be allowed 21 days from the writing of the report in which to make arrangements to see the report. The conditions for supply are described in Option 2. Please note that you are able to see the report for up to six months after the request was initially made.

Option 2: You may consent to the application but indicate your wish to see the report before it is supplied. (To do so you must indicate on the attached form when consenting to the application for a medical report on you). The GP/Specialist will be informed by the Scheme Medical Adviser that you wish to have access to the report and will allow (21 calendar days from the writing of the report) for you to make the arrangements to see and approve it before it is supplied to your Occupational Health Service. You will be notified in writing by the Scheme Medical Adviser of the date the report was requested. If the GP/Specialist has not heard from you in writing within 21 days of the application for the report being made, the doctor will assume that you do not wish to see the report and that you consent to the report being supplied to the Scheme Medical Adviser. If you see the report and find that there is something which you consider incorrect or misleading, you can request in writing to the GP/Specialist that the report is amended, but the GP/Specialist is not obliged to do so. You can then either: -

- Withdraw consent for the report to be supplied
- Ask the GP/Specialist to attach to the report a statement setting out your own views, or
- Agree to the report being issued unchanged

The GP/Specialist is not obliged to show you any parts of the medical report which he or she believes might cause serious harm to your physical or mental health, or that of others, or which would reveal information about a third party, or the identity of a third party who has supplied the GP/Specialist with information about your health, unless the third party also consents, or that party is one which has been involved in your clinical care. In those circumstances, the GP/Specialist will inform you accordingly and your access to the report will be limited to its remaining parts.

Option 3: You may withhold your consent to an application made by your employer for a report from a GP/Specialist, but if you do withhold consent for such a report, your employer will then need to make decisions based on the facts available. This may lead to decisions being made without information that would be helpful to you.