



Consent to processing and access to medical reports

AIG Life Limited (AIG or we) may need to apply for a report from your doctor, or any medical practitioner 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 when 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 AIG make a decision about the insurance you've applied for and the terms and conditions of the cover that we may provide.
- To help AIG, 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.

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 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 AIG 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 www.aiglife.co.uk/privacy-policy or contact us by email DataProtectionOfficer@aiglife.co.uk or by writing to **Data Protection Officer, AIG Life Limited, The AIG Building, 58 Fenchurch Street, London, EC3M 4AB.**

Confidential

AIG Life Limited. Registered in England and Wales. Number 6367921. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB. AIG Life 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.

Your permissions

Your consent for AIG to request a medical report

(please tick if appropriate)

I consent to any doctor, who has or has had responsibility for my care in relation to my physical or mental health, providing a medical report to AIG on AIG's request and/or for my doctor to provide medical records to AIG on AIG's request.

Please note: AIG 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 AIG to process your personal information

In certain circumstances in order to comply with data protection law, AIG 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. If you consent to the collection, use and disclosure of this personal information for the purpose described below, please tick the relevant box.

In relation to my application

(please tick if appropriate)

I consent and permit AIG to process my personal information, including special category information relating to my physical or mental 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 AIG to request relevant special category information relating to my physical or mental health from other insurers about any other application for similar insurance that I have applied for (for example life, critical illness, sickness, disability, accident or private medical insurance) and I consent to the other insurers providing the relevant information to AIG and to AIG sharing my personal information, including special category information, with the other insurers.

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 write to Data Protection Officer, AIG Life Limited, The AIG Building, 58 Fenchurch Street, London, EC3M 4AB or email DataProtectionOfficer@aiglife.co.uk.

Your declaration

Where I have given my consent to AIG to request a report, I give AIG my permission to obtain medical reports within 12 months of the start of my policy and to send copies of any medical information you obtain to my GP. I have been notified of the reasons why AIG wishes to process my personal information, including special category information relating to my health, and the legal basis for doing so. 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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