

# Vocational Rehabilitation Services Consent Form



**Unum uses your personal information to enable it to effectively administer the insurance policy and also to meet its legal obligations, including complying with data protection laws. A key service available to employers and employees is our Vocational Rehabilitation Services.**

## Vocational Rehabilitation Consent and Declaration

By signing this I confirm that I have read and understood how Unum will use my information as set out in the accompanying document "Your Statutory Rights".

### 1. Vocational Rehabilitation Services:

Where Vocational Rehabilitation Services are deemed appropriate:

- I consent, under the Access to Medical Reports Act 1988 and data protection laws, in relation to my return to work or supporting me to remain at work, to Unum being provided with medical reports, from any health professional who has attended me. Please tick the appropriate box:

- I DO wish to see medical reports before they are sent to Unum where those medical reports are from my attending GP and/or Consultant.
- I DO NOT wish to see medical reports before they are sent to Unum.

- I consent to Unum gathering, holding and sharing personal data about me with my Employer (where applicable).
- I consent to Unum gathering, holding and sharing both personal and sensitive personal data, such as medical information, with: my GP and Consultants, with health professionals appointed by Unum, and where applicable with my Employer's Occupational Health provider for the purpose of their Vocational Rehabilitation Services.
- I consent to Unum sharing Vocational Rehabilitation Services Reports (which may contain medical information) with my:  
(Please tick all the boxes that apply)

- Employer's Human Resources Department       Employer's Occupational Health       My Line Manager

- I consent to Unum sharing recommendations and return to work plans with my: (Please tick all the boxes that apply)

- Employer's Human Resources Department       Employer's Occupational Health       My Line Manager

### 2. Policy Administration:

- I consent to Unum sharing and receiving both personal and sensitive personal data, such as medical information, with reinsurance companies and with third parties appointed by Unum for the purposes of providing Vocational Rehabilitation Services only.

### 3. Regulatory and Fraud Prevention:

- I consent to Unum sharing and receiving both personal and sensitive personal data, such as medical information and Vocational Rehabilitation Services reports, with third parties such as: Government Regulators, the Financial Ombudsman Service, Income Protection Claims Register, Fraud Investigation and Surveillance Companies and Law Enforcement Agencies. This will only be for lawful policy, underwriting and claim administration purposes.

Please leave this space blank

#### 4. Declaration

- I declare that all information that I provide to Unum for the purpose of Vocational Rehabilitation Services will be and is true and complete to the best of my knowledge and belief, and that I have and will disclose all material information relating to the purpose.
- I agree to let Unum know about any changes in my personal circumstances.
- I understand that if any information provided is found to be deliberately misleading, or if I fail to provide material information, any claim may be rejected or ceased, or services withdrawn.
- I understand that I can withdraw my consent at any time but that this may affect Unum's ability to provide Vocational Rehabilitation Services.

**Please Note:** information is gathered for the purpose of Unum's Vocational Rehabilitation Service only. Information gathered for the purposes of this service will not be used for any legal action against your GP, Consultant or any other health organisation or any of their employees.

Full Name	<input type="text" value="(BLOCK CAPITALS)"/>	Date of Birth	<input type="text"/>
Signature	<input type="text"/>	Life ID (if known)	<input type="text"/>
Date Signed	<input type="text"/>		

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