

# Group Income Protection

## Application



This plan will be insured by Aviva Life & Pensions UK Limited and administered by Aviva Health UK Limited.

Please complete all sections of this form and tick boxes where appropriate.

**All material facts must be disclosed. Failure to do so may invalidate the policy. A material fact is one which is likely to influence an Insurer in the assessment of the application. If in any doubt as to whether a fact is material, then it should be disclosed to the Insurer.**

Please attach any additional information on a separate sheet signed and dated accordingly. Please complete in BLOCK CAPITALS in **black** ink.

If you are applying for a Group Income Protection Flexible Benefits scheme, please do not complete this form - instead, please complete our Group Income Protection Flexible Benefits Application Form.

**Policy Number**  
(if known)

### PLEASE ENSURE THIS IS COMPLETED CORRECTLY

**Illustration number including variation**

**Illustration number** – illustration number being accepted, including variation number e.g. 12345/1

**Premium Frequency** Annual  Quarterly   
Direct Debit only   
Monthly   
Direct Debit only

Commencement Date

Anniversary Date   
(we will assume this to be one year from Commencement Date if blank)

**Commencement Date – We cannot accept cover without a commencement date. We must have a future commencement date before we can assume risk.**  
**Annual/Monthly** – Would you like to pay your premium once a year by cheque or Direct Debit, or monthly/quarterly by Direct Debit? If any of the details of this application form differ from those on the illustration, the illustration may be revised/withdrawn.

**Note:** Premiums are payable from the commencement date regardless of the medical underwriting position.

## 1. Employer's Details (the Employer will be the Policyholder)

Full name (registered name where applicable)

Policy name if different from above

Type of entity: (tick if applicable)

Registered company  Partnership  Other (please state)

Registered number (where applicable)

Company Authorised Signatory  Position in Company

Registered office address (where applicable)

Business Correspondence Address (if different from above)

Telephone No

Participating/associated companies

**Full Name** – The registered business name of the employing company.

**Policy name** – The name you give your scheme.

**Other** – Please tick 'other' if the Employer is a: Sole Trader, Charity, Friendly Society, Public Sector (please state if you are of any other status).

**Registered number** – You will have a registered number if you are a Public Limited Company (PLC) or Limited Company.

**Participating/associated companies** - This policy is set up to insure the employees/partners of the policyholder, or wholly owned/related businesses for example a parent company and its wholly owned subsidiary that is registered with Companies House.

Companies that are not legally related to the policyholder/principal employer are not permitted to join this scheme.

## 1. Employer's Details, continued (the Employer will be the Policyholder)

Nature of business/es

Has a full breakdown of occupations and locations been provided?

Yes

No

If no, please complete the below tables.

If yes, has this changed from the illustration?

Yes

No

If yes, please complete the below tables. If no, please proceed to section 2.

(Continue on a separate sheet if necessary)

Occupation (title)	Duties	Percentage of scheme
		%
		%
		%
		%
		%

Location(s) including those overseas (Continue on a separate sheet if necessary)

Location	Percentage of scheme
	%
	%
	%
	%
	%

**Occupation** eg: (title) – Sales Representative (duties) with 19,000 business miles or (title) Manager (duties) office and site based.

**Percentage of scheme** – The percentage of those occupations in the scheme.

**Must total 100%.**

**Location(s)**

eg: London 50%  
Birmingham 35%  
Glasgow 15%

**Must total 100%.**

## 2. Eligibility Conditions for employees

Select option from category a) - d) below.

Is membership:

**a)** Compulsory for all employees?

Yes

No

OR

**b)** Compulsory for all Pension Scheme members?

Yes

No

If yes, please provide the % take-up rate of all eligible members

 %

OR

**c)** Compulsory for all employees of a defined category?

Yes

No

If yes, please give defined category

OR

**d)** Other, please describe

If (d), please provide the % take-up rate of all eligible employees

 %

**% take-up** – the percentage of employees who are eligible to join the pension scheme and have joined the scheme.

**Defined category** – Is the scheme compulsory for all within a defined category? For example you may restrict cover for Senior Managers only.

**% take-up** – the percentage of employees who are eligible to join this scheme (d) and have joined.

Any additional Service Qualification - if there is not one, please state **'NONE'**

(Please note if this is not completed we will assume there is no Service Qualification)

**Service qualification** – You may state, for example, that employees may have to work for the company for one year before qualifying for GIP.

Is cover provided for part-time employees?

Yes

No

If yes, what is the minimum hours per week?

(Please note if this is not completed we will assume there is no minimum)

Minimum entry age:

NOTE: If this section is not completed, we will assume a minimum entry age of 16.

**Minimum entry age** – for example, you may restrict entry for staff under a certain age. Minimum is 16.

When can new members join the scheme?

Daily

Anniversary only

When are increases in salary/benefit effective from?

Daily

Anniversary only

**Salary increases/new members** – do you want salary increases and new members to be covered immediately, or at the anniversary date?

### 3. Scheme Details (Please refer to your illustration)

Does the accepted Illustration (as stated on the first page of this form) accurately detail the following:

**a) The benefit basis:**

Basic Benefit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Employer Pension Contributions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Not applicable
Employee Pension Contributions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Not applicable
National Insurance Contributions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Not applicable
Lump Sum multiple	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Not applicable
Pay Direct option	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Not applicable

If you have answered no to any of these, please provide details:

**b) The scheme termination age(s)**  Yes  No

If no, please provide details:

**c) The deferred period(s)**  Yes  No

If no, please provide details:

**d) The escalation rate(s)**  Yes  No  Not applicable

If no, please provide details:

**e) The benefit term(s)**  Yes  No

If no, please provide details:

### 4. Is a Continuation Option required?

 Yes  No

If yes, we will need to issue a revised illustration if this was not included on the illustration.

### 5. Definition of salary

Definition of scheme salary

Definition of pensionable salary

*(only complete if any Pension Contributions are to be covered. If this is not completed we will assume that this is the same as the definition of scheme salary.)*

**Basic Benefit** – The percentage of salary to be covered, or the flat amount of benefit to be covered

**Pension Contributions** – If Pension Contributions (Employer and/or Employee) are covered, the percentage of pensionable salary to be additionally covered, the flat amount of pension benefit to be covered, or the stated pension benefit to be covered.

**National Insurance Contributions** – If Employer's National Insurance contributions are covered, these will be covered on either a contracted in, contracted out (money purchase/defined contribution), or contracted out (final salary/defined benefit) basis. Please note National Insurance Contributions are calculated based on basic benefit.

**The termination age(s)** – The age at which cover or benefit will cease

**The deferred period(s)** – The number of consecutive weeks of incapacity which must pass before a claim may be admitted

**The escalation rate(s)** – The percentage amount of benefit will increase annually in the event of a claim.

**The benefit term(s)** – the maximum duration a claimant can receive benefit - this may be until the termination age, or limited to 2, 3, 4 or 5 years.

**Lump Sum multiple** – the multiple of salary or benefit used to calculate a lump sum

**Pay Direct option** – If covered, the choice of paying benefit directly to an incapacitated former employee

**Continuation Option** – Refer to the Technical Guide for more information.

**Definition of scheme salary** – The definition of salary used to calculate basic benefit

**Definition of pensionable salary** – The definition of salary used to calculate pension contributions

**Please note** – Dividends cannot form part of the definition of salary



**7a. Membership Details** To be completed for 19 lives or less (if 20+ lives please complete section 7b).

Have the membership details changed since the illustration was issued?  Yes  No

Is there any other risk related information that has not yet been disclosed?  Yes  No

*(for example, a significant change in a member's occupation or location)*

If you have answered yes to either of the above questions, please complete the below section.

If you have answered no to both questions, please move on to section 8.

**PLEASE USE SEPARATE SHEET IF NECESSARY.**

Name	Sex	D.O.B	Annual salary/benefit	Occupation	Category	Location
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20+ lives, please complete section 7b:						
<b>Any other relevant membership information</b>						

**7b. Membership Details** To be completed for 20 lives and more:

Where the scheme is **Unit Rate** costed, please give totals as at the Commencement Date. If any of the figures differ from the illustration, please attach a revised membership list and note that a revised illustration may be prepared.

No. of lives

Total salary roll £

Are these figures different to the illustration we provided  Yes  No

**IMPORTANT: Please ensure that you notify us of any members who were not Actively at Work on the relevant date. Actively at Work is defined on page 3 of the Technical Guide GPI015.**

**Please note that we will assume that all members were Actively at Work on the relevant date if we do not receive any advice to the contrary. If any relevant information is not provided, the validity of future claims may be affected.**

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## 8. Declaration

We agree that this application and declaration, any medical or other information relating to the persons to be insured, any attached schedule and such other information as may from time to time be submitted by us or on our behalf, shall be part of any resulting contract between you and us. We wish to apply for a policy on terms to be issued by you.

We also agree to give notice to Aviva Health UK Limited of any change of occupation of an insured person or should any insured person intend to reside outside the United Kingdom or Channel Islands.

Any exceptions to the above should be stated here.


I declare that the particulars given on this form, any other information supplied and any statements made by me in connection with this application are, to the best of my knowledge and belief, correct and complete.

I declare that I have not withheld any information material to this application, whether subject of an application form question or not and that if I fail to provide information or if I provide information that is incorrect or misleading, then this could lead to the loss of all or part of the benefits either when the plan is issued or when a claim is made.

On behalf of all persons to be covered we confirm consent to the computer and other processing and use (which may be in any part of the world) of personal and medical details by the data controllers and relevant third parties (including disclosure to the Policyholder and to relevant intermediaries and medical providers) for the purposes of this application, policy administration, service provision, reinsurance and claims validation (including fraud prevention). The data controllers are Aviva Health UK Limited, Aviva Insurance Limited and Aviva Life & Pensions UK Limited.

Policyholders' signature(s)

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Date

/ /
-----

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Date

/ /
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Position in company


Notes

*The Insurer reserves the right to call for evidence of age at any time. No benefit is payable in respect of any incapacity occurring before the commencement date of any resulting policy. A copy of this application will be available on request. A copy of our standard Policy Wording is available on request.*

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## For Intermediary's use only

Intermediary's name and address


Telephone Number

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Intermediary Ref:

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# Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form including official use only box and send to:

Aviva Health UK Limited, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3RY.



Service User Number 

8	5	3	8	2	0
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### Name and full postal address of your bank/building society

To: The Manager	Bank/Building Society
Postcode	

### Name of account holder(s)

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### Branch sort code

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### Bank/building society account number

--	--	--	--	--	--	--	--	--	--

### Reference number

--	--	--	--	--	--

### Signature(s)

X
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X
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For Aviva Health UK Limited official use only  
This is not part of the instruction to your Bank/Building Society

Tick your preferred payment option:  Monthly  Quarterly  Annual

Please note that we may retain the Direct Debit Instruction until the policy is activated, at which point it will be processed.

**Instruction to your bank/building society.**  
Please pay Aviva Health UK Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Aviva Health UK Limited and, if so, details will be passed electronically to my bank/building society.

### Date

X	DD / MM / YYYY
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Banks/Building Societies may not accept Direct Debit instructions for some types of account. This guarantee should be detached and retained by the payer.

## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Aviva Health UK Limited will notify you 7 working days in advance of your account being debited or as otherwise agreed. If you request Aviva Health UK Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Aviva Health UK Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when Aviva Health UK Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.





Aviva Health UK Limited. Registered in England Number 2464270. Registered Office 8 Surrey Street Norwich NR1 3NG.  
This insurance is underwritten by Aviva Life & Pensions UK Limited. Registered in England Number 3253947,  
Registered Office 2 Rougier Street York YO90 1UU.  
Authorised and regulated by the Financial Services Authority.  
Aviva Health UK Limited, Head Office: Chilworth House Hampshire Corporate Park Templars Way Eastleigh Hampshire SO53 3RY.  
[www.aviva.co.uk/health](http://www.aviva.co.uk/health)

