

# Application Form

## Group Income Protection



**This form is for a Group Income Protection policy with Aviva Life & Pensions UK Limited.**

The responsibility for the completion of this form is with the policyholder of the Policy. This form can be used for both traditional employer paid policies and flexible benefit policies.

Please complete this form in BLOCK CAPITALS in black ink if completing by hand.

Please return this form to: Aviva Group Protection, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3RY.

**All the information you give us will be treated in strict confidence.**

It's important that you answer all the questions on this application form fully, truthfully and accurately. If you don't answer all the questions fully, truthfully and accurately this could affect how much we pay out if a claim is made and could mean we won't pay the claim at all.

As policyholder, you have to complete and sign this form on behalf of all the people to be insured. If you are unsure about any of the information we ask for, you should check with the person who it relates to. If any of the details you provide on this application form are different to those on the illustration, we may revise or withdraw the illustration.

This application, together with your policy wording and policy schedule forms your contract of insurance with Aviva. We recommend that you keep a record of all the information that you have given us regarding this application.

<b>Illustration number including variation(s)</b>	<input type="text"/>	<b>Illustration number</b> – the illustration number you wish to accept, including the variation number, for example '12345/1'
Start date	<input type="text" value="DDMMYYYY"/>	<b>Start date</b> – we cannot accept cover without a start date. We must have a future start date before we can assume risk.
Anniversary date <i>(if different from above)</i>	<input type="text" value="DDMM"/>	
Payment of premiums	Annually By cheque <input type="checkbox"/> Annually By Direct Debit <input type="checkbox"/> Half-yearly Direct Debit only <input type="checkbox"/> Quarterly Direct Debit only <input type="checkbox"/> Monthly Direct Debit only <input type="checkbox"/>	<b>Payment</b> – would you like to pay your premium once a year by cheque or Direct Debit, or monthly/quarterly/half-yearly by Direct Debit?
<b>1. Principal Employer's details</b>		
Full name <i>(registered name where applicable)</i>	<input type="text"/>	<b>Full name</b> – the registered business name of the employer or otherwise.
Policy name if different	<input type="text"/>	<b>Policy name</b> – the name you give your policy. Please note that our system can only show a maximum of 80 characters.
To identify the nature of the Principal Employer please tick the relevant box below		
A limited company or plc	<input type="checkbox"/>	A limited liability partnership <input type="checkbox"/>
A partnership	<input type="checkbox"/>	An unincorporated body (such as a charity) <input type="checkbox"/>
Other – please advise	<input type="text"/>	

## 1. Principal Employer's details, continued

Registered company number <i>(where applicable)</i>	<input type="text"/>
Registered office address <i>(where applicable)</i>	<input type="text"/>
	Postcode
Business correspondence address <i>(if different from above)</i>	<input type="text"/>
	Postcode
Telephone number	<input type="text"/>
Participating companies	<input type="text"/>
	<input type="text"/>

**Participating companies** – cover can only be provided for employees/partners of the policyholder, or wholly owned/associated businesses; for example, a parent company and its wholly owned subsidiary that is registered with Companies House.

## 2. Illustration correct?

Does the illustration that you want to accept (the one you have quoted on the first page of this form) accurately describe the benefits you want the policy to provide and correct policy cease age(s)?

Yes  No

If **no**, please provide details in the box below. Depending on the change, we may need to provide a further illustration.

**The cease age(s)** – the age at which members will no longer be covered by the policy. The maximum age available is 70.

## 3. Authorised Individuals

**Please list below those individuals who you wish to act on behalf of the Policyholder for the Group Income Protection policy. Unless instructed otherwise, Aviva will assume that the authorised individuals will be able to deal with; the day to day administration; make changes to appointment of intermediaries; make changes to policy cover.**

Aviva reserves the right to obtain confirmation, at any time, that the authority given on this form remain in force. Where Aviva is dealing with the benefit of a member of the policy who is also a policyholder, we will only act upon the instructions of a joint policyholder and not an authorised individual. All liability remain with the policyholder(s) of the policy. Any payments made in accordance with the provisions of this authority will be a good and sufficient discharge to Aviva Life & Pensions UK Limited.

Name	Position in Company
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 4. Declaration

I agree to give notice to the administrator, Aviva Life & Pensions UK Limited, if any insured person's occupation changes to an occupation not already included in the membership or if any insured person intends to live outside the United Kingdom or Channel Islands.

I have checked that the information provided to produce the illustration numbered on the first page and questions answered in this application are truthful, accurate and complete. I understand that if I don't answer all the questions fully, truthfully and accurately this could affect how much is paid out on a claim and could mean a claim is not paid out at all.

I agree on behalf of the policyholder and the membership of the policy to accept and conform to the terms of the policy when issued and in particular to pay the premium for all persons insured by the policy in accordance with the policy wording.

On behalf of all persons to be covered, I/we have ensured they are aware of their right to object to its use by Aviva, for the purpose of data processing by 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 relevant intermediaries and medical providers) for the purposes of:

- this application and decide if Aviva can offer cover and on what terms
- administer the policy
- process and underwrite any claims under the Policy
- help detect and prevent fraudulent activity

### Data Protection

As part of this application we collect and process personal data about members. You acknowledge that each party will be a separate and independent data controller in relation to the personal data processed for the purposes of the policy. You agree that the data protection provisions set out in the Policy Wording apply.

Authorised Signatory  
Director/Secretary/  
Designated Member  
registered at Companies  
House, Partner or  
authorised signatory

Date

D		D	M		M	Y		Y		Y		Y
---	--	---	---	--	---	---	--	---	--	---	--	---

Print name

Position in company

Second authorised  
Signatory (if required)  
Director/Secretary/  
Designated Member  
registered at Companies  
House, Partner or  
authorised signatory

Date

D		D	M		M	Y		Y		Y		Y
---	--	---	---	--	---	---	--	---	--	---	--	---

Print name

Position in company

**Please now check you have completed ALL questions. Print off a copy if completed online (you may also wish to keep a copy for your records), sign the form and return.**



# Group Protection Direct Debit Mandate



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

Please fill in the whole form and send to: Aviva Group Protection, PO Box 3240, Norwich, NR1 3ZF.

Name of account holder(s)

Service User Number	1	6	9	4	2	0
---------------------	---	---	---	---	---	---

Bank/Building Society account number

Branch sort code

Name and full postal address of your Bank/Building Society

To: The Manager	Bank/Building Society
-----------------	-----------------------

Postcode
----------

Reference number

Signature(s)

For Aviva Life & Pensions UK Limited official use only  
This is not part of the instruction to your Bank/Building Society.

Please tick your preferred payment option:

Monthly  Quarterly

Half-yearly  Annual

### Instruction to your Bank/Building Society

Please pay Aviva Life & Pensions 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 Life & Pensions UK Limited and, if so, details will be passed electronically to my bank/building society.

Date

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 Life & Pensions UK Limited will notify you 7 working days in advance of your account being debited or as otherwise agreed. If you request Aviva Life & Pensions 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 Life & Pensions 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 Life & Pensions 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.