

DECLASSIFIED on 27 February: Contracts
 Finder Publication - For information
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Application Form

Master Trust Group Life



This form is for a Master Trust Group Life policy with Aviva Life & Pensions UK Limited. This policy will be administered by Aviva Life & Pensions UK Limited.

The responsibility for the completion of this form is with the prospective Policyholder (i.e. the participating employer whose employees are to be covered under the policy). If you are applying for a Group Life flexible benefits policy, please do not complete this form - you will need our Group Life flexible benefits application form (GEN4972) instead. As this is an application for a Master Trust policy, it is not the responsibility of the policyholder to appoint a trustee. FIDMans Trustees Limited are the trustees for the Master Trust.

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

Please return this form to: Aviva Group Protection, PO Box 3240, Norwich, NR1 3ZF.

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 form 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 to us regarding this application.

Policy number(s) (if known)	<input type="text"/>	
Illustration number including variation	160581-2	Illustration number - the illustration number you wish to accept, including the variation number, for example '12345/1'
Start date	0 1 1 2 2 0 1 6	Start date - we cannot accept cover without a start date. We must have a future start date before we can assume risk.
Anniversary date (if different from above)	U S V M	
Payment of premiums	Annually <input checked="" type="checkbox"/> By cheque <input type="checkbox"/> Half-yearly <input type="checkbox"/> Direct Debit only <input type="checkbox"/> Quarterly <input type="checkbox"/> Direct Debit only <input type="checkbox"/> Monthly <input type="checkbox"/> Direct Debit only <input type="checkbox"/>	Annually <input type="checkbox"/> By Direct Debit <input type="checkbox"/> Payment - would you like to pay your premium once a year by cheque or Direct Debit, or monthly/quarterly/half-yearly by Direct Debit?
Please select the type(s) of Mastertrust policy you require:		
The Master Trust policy registered with HMRC as a Registered Occupational Pension Scheme in accordance with Part 4, Chapter 2 of the Finance Act 2004	<input checked="" type="checkbox"/>	
The Excepted Master Trust policy to cover Excepted benefits that meet the conditions as set out in Section 480 of the Income Tax (Trading and Other Income) Act 2005	<input type="checkbox"/>	

1. Participating Employer's details

Full name (registered name where applicable) **BPTDS Limited**

Policy name if different

To identify the nature of the Principal Employer please tick the relevant box below:

A limited company or plc

A partnership

A limited liability partnership

An unincorporated body (such as a charity)

Other - please advise

Registered company number (where applicable) **10344843**

Registered office address (where applicable)

Fao Company Chief Executive Officer Caxton House
8-12 Tophill Street
London **Postcode SW1H 9NA**

Business correspondence address if different from above

Postcode

Telephone number **02074495080**

Additional Participating companies **BPOTS Limited**

Nature of business(es) **Information Technology Company**

Have you given Aviva a full breakdown of occupations and locations? Yes No

If no, please submit electronic data with this supplied for each member.

If yes, has this changed from the illustration? Yes No

If yes, please submit electronic data with this updated for each member.

If no, please go to section 2.

Full name - the registered business name of the employer or otherwise.

Policy name - the name you give your policy. Please note that our system can only show a maximum of 80 characters.

Additional 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.

Occupations - we need each member's occupation/job title.

Location(s) - we need the full postcode for each office location where members are based, or the location if members are based overseas.

2. Eligibility conditions for employees

Select one option below

Is membership of the policy:

a) compulsory for all employees

Yes No

Or

b) compulsory for employees of a defined category?

Yes No

If yes to option b, please give defined category/categories below (continue on the Additional Information section on page 9 if necessary)

Category	Definition of Category	Any additional service qualification
1		
2		
3		
4		
5		
6		

Definition of category – where the same level of cover is provided to all members within a specified category such as directors, sales staff or full time employees. Cover can be restricted to specific categories or levels of cover can be different per category. Please note if you only provide cover for certain categories of employees, it is your duty to ensure you are complying with employment and equality laws.

Service qualification – the period of time that employees have to work for the company in order to become eligible for cover, for example 3 months. If there is no service qualification period then enter 'none'.

If any category is linked to pension scheme membership, please confirm the take-up rate for the relevant pension scheme(s)

%

Take-up rate – the percentage of eligible people who have opted to be members of the relevant pension scheme(s).

What is the minimum entry age for the policy each category?

Category	Minimum entry age
1	18
2	
3	
4	
5	
6	

Minimum entry age – the minimum entry age that we allow is 16.

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

Yes No

If no, please provide details in the box below.

The cease age(s) – the age at which members will no longer be covered by the policy. The maximum age available is 75.

When can new members join the policy? Please tick one option for each relevant category.

If membership of the policy is for all employees, then tick against category 1.

Category	Daily	Monthly	Anniversary date only	Closed to new members
1				
2				
3				
4				
5				
6				

New members – do you want new members to be covered under the policy on the day they were first eligible, at the beginning of the following month or on the anniversary date of the policy?

3. Policy Details

Does the illustration that you want to accept (the one you have quoted on the first page of this form) accurately describe:

the lump sum benefit basis?

Yes No

If no, please provide details in the table below (continue on the Additional Information section on page 9 if necessary)

Category	Multiple of salary	(or) Fixed amount
1		
2		
3		
4		
5		
6		

Benefit basis – how will the benefit be calculated? This could be for example, 4 x salary or a fixed benefit of £50,000.

4. Definition of salary

You do not need to complete this section if the benefit basis of the policy is in fixed amounts (for example a fixed benefit of £50,000). If this is the case, please move on to the Excepted Benefits section at the bottom of the page. If there is more than one salary definition on the policy, then please advise the information requested below, in the Additional Information section on page 9. Please complete sections 4.1, 4.2 and 4.3.

4.1

a) Basic annual salary

b) Basic annual salary plus fluctuating emoluments

c) P50 earnings

d) Other, please define

4.2 Are fluctuating emoluments included in the above salary definition? Yes No

If yes, please tick which apply below

Profit related pay (Whether subject to income tax or not)

Taxable benefits in kind

Taxable bonuses

Directors' fees

Commission

Overtime

Dividends

Other, please define

4.3 'As at' options:

a) At the date of death*

b) At the previous anniversary date

c) For the previous policy year

d) For the previous tax year

e) Other

Definition of salary – the definition of salary used to calculate benefit. Please ensure you tick the salary definition, any additional fluctuating emoluments included within the definition and the 'as at' date this applies to.

Fluctuating emoluments – these are employee earnings not paid on a fixed basis but are additional to their basic salary.

'As at' options – what date the salary definition applies to in the event of a claim.

*We are unable to offer "date of death" as a salary definition for Single Premium calculated policies (19 lives or fewer). Please select an alternative definition.

4. Definition of salary, continued

Does a cap apply to the policy? Yes No

If yes, which of the following cap(s) apply:

HMRC notional cap

Lifetime allowance

Employer specified cap £

Cap – amount by which the salary or benefits will be restricted for the calculation of benefits.
 HMRC notional cap – the cap may change with the tax year (the continued operation of the earnings cap under pre 6 April 2006 tax legislation).
 Lifetime allowance – this is the tax threshold above which benefits become subject to a lifetime allowance charge.

Excepted Benefits

Do you require members to be covered for Excepted benefits that are outside of a registered policy?

Yes No

If yes, is the Excepted cover provided for:

a) benefits above a certain threshold? If so please advise: £

b) benefits over the lifetime allowance?

c) all policy benefits?

d) a defined category/categories? Please advise:

Excepted benefits – provides a lump sum benefit and is designed to meet the criteria for an Excepted Group Life policy as defined in section 480 of the Income Tax (Trading and Other Income) Act 2005. The lump sum benefit provided from this policy does not count towards a member's Lifetime Allowance.

5. Policy history

Is the policy currently insured for Group Life with another insurer?

Yes No

If no, please continue to section 6.

Have you given Aviva the (full policy and claims history) details of all previous medical underwriting decisions and all the information requested in the tables in this section and is it still up to date?

Yes No

If yes, go to section 6. If no, please complete the tables below.

Please provide details of the previous 5 years' policy and claims history.

Lump sum policy and claims history (if applicable):

	Insurer	Policy year	Number of lives insured	Total lump sum insured	Number of claims	Total amount of claims (£)
1				£		£
2				£		£
3				£		£
4				£		£
5				£		£

Has any existing policy member been medically underwritten? Yes No

If yes, please advise below. This must include members who have been accepted at ordinary rates, members who have any loadings or exclusions applied to any of their benefit or had any of their benefit declined, restricted (including due to non-provision of medical evidence) or postponed with a previous insurer (continue on the Additional Information section on page 9 if necessary).

Member's name	Date of birth	Date when last underwritten	Underwriting decision	Benefit to which decision applies	Benefit immediately prior to switch
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£

6. Additional risk details

6.1 Actively at work (AAW)

If applied to the policy, have you given Aviva confirmation that all relevant members are actively at work?

Yes No

If no, please provide details in the table below of any member who is not actively at work (continue on the Additional Information section on page 8 if necessary).

If yes, is the information still up to date?

Yes No

If yes, please continue to section 6.2

If no, please supply details in the table below of any member who is not actively at work (continue on the Additional Information section on page 8 if necessary).

Name	Date of birth	Date absence commenced	Nature of illness/injury

Actively at work (AAW) – a member is actively at work if they are:

- following their normal occupation
- working their normal number of contracted hours
- working at their normal place of business or at a location where the business needs them to travel
- not working against medical advice

Where the actively at work conditions cannot be satisfied, no cover will be offered until the person has been actively at work for 5 consecutive working days.

Any AAW provision/requirements will normally be stated in the 'risk terms' section of the illustration. This will usually be requested for any policies of 19 members or fewer.

6.2 Long term absentees

Have you given Aviva the full long term absentee information, including all the information requested in the table below?

Yes No

If no, please supply details in the table below of any member who is currently absent from work due to illness or injury and has been for more than three continuous months (continue on the Additional Information section on page 8 if necessary).

If yes, is the information we were provided with correct on the date the illustration was issued?

Yes No

If yes, please continue to section 6.3

If no, please supply details of any member who is currently absent from work due to illness or injury and has been for more than three continuous months (continue on the Additional Information section on page 8 if necessary).

Name	Date of birth	Date absence commenced	Nature of illness/injury

Long term absentee – a member who is not actively at work and has been absent from work for more than three continuous months immediately before the start date.

Any long term absentee information requested will normally be stated in the 'risk requirements' section of the illustration

Policy Authorisation

This form should be used to provide individuals with authority to act on behalf of the Policyholder under a Master Trust Group Life Policy. Aviva Life & Pensions UK Limited reserves the right to obtain confirmation, at any time, that the authority given on this form remains in force. Any payments made in accordance with the provisions of this authority will be good and sufficient discharge to Aviva Life & Pensions UK Limited. We the Policyholder, instruct Aviva Life & Pensions UK Limited to accept our authority to act upon the instructions of the persons detailed below for the duties specified, on behalf of the Policyholder. This instruction will remain in force until such time that we advise Aviva otherwise, in writing.

Authorised Signatory Details

Print name Position in company Signature Date	REDACTED	Authorised Duties <input checked="" type="checkbox"/> Day to day administration <input checked="" type="checkbox"/> Completion of claim form <input checked="" type="checkbox"/> Make changes to appointment of intermediaries <input checked="" type="checkbox"/> Make changes to policy cover
Print name Position in company Signature Date	 	Authorised Duties <input type="checkbox"/> Day to day administration <input type="checkbox"/> Completion of claim form <input type="checkbox"/> Make changes to appointment of intermediaries <input type="checkbox"/> Make changes to policy cover
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Print name Position in company Signature Date	 	Authorised Duties <input type="checkbox"/> Day to day administration <input type="checkbox"/> Completion of claim form <input type="checkbox"/> Make changes to appointment of intermediaries <input type="checkbox"/> Make changes to policy cover

Declaration

We, the Policyholder of the policy declare that:

- The information given is, to the best of our knowledge and belief, true and accurate
- We will advise Aviva immediately of any change of employer, or other changes affecting the status of the employer, or the registered status of the policy.
- We 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.
- We 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 we confirm consent to 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, policy administration, service provision, reinsurance and claims validation (including fraud prevention).
- I agree to participate in the Aviva Registered/Excepted (delete as appropriate) Benefits Group Life Insurance Trust ("the Master Trust") and agree to be bound by and observe the provisions of the Declaration of Trust and Rules dated 1st February 2015 which established the Master Trust. I acknowledge and accept that our participation in the Master Trust will take effect from the date on which the policy, to which this application relates, starts.

Customer Due Diligence - Prevention of Money Laundering

In accordance with EU and UK legislation relating to the prevention of money laundering we are obliged to verify the identity and address of all parties (e.g. employer, third parties including beneficial owners) to this contract. In the case of legal arrangements we are also required to establish the identity of any controllers that are not named parties as well as individuals who have a specified beneficial interest in the contract. Where a financial adviser or Aviva representative is involved they will let you know of any evidence you need to produce.

Data Protection

Information you supply may be used for the purposes of administration of the contract by any company within the Aviva Group, by reinsurers, by third parties who provide services to Aviva and by your insurance intermediary. It may be transferred to any country including those outside the European Economic Area for any of these purposes. Aviva Group may also use information for marketing activities such as market research or contacting you by post, telephone, e-mail, fax or other means regarding your insurance, investment and financial needs.

Authorized Signatory
Director/Secretary/Designated
Member registered at:
Companies House, Partner or
authorized signatory

Print name

Position in company

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

Print name

Position in company

Date

2 2 1 1 2 0 1 8

REDACTED

Date

2 1 1 1 2 0 1 8

REDACTED

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.

For Intermediary use only

Intermediary name

Address

Telephone number



Group Life 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 and full postal address of your Bank/Building Society

To: The Manager Bank/Building Society

Postcode

Name of account holder(s)

Branch sort code Signed

Bank/Building Society account number X

Reference number X

Service User Number 6 2 9 5 8 7

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

Please tick your preferred payment option: Monthly Annual
Half-yearly Quarterly

Please note that we may retain the Direct Debit Instruction until the policy is activated, at which point it will be processed. If this is a joint account, both sign if necessary.

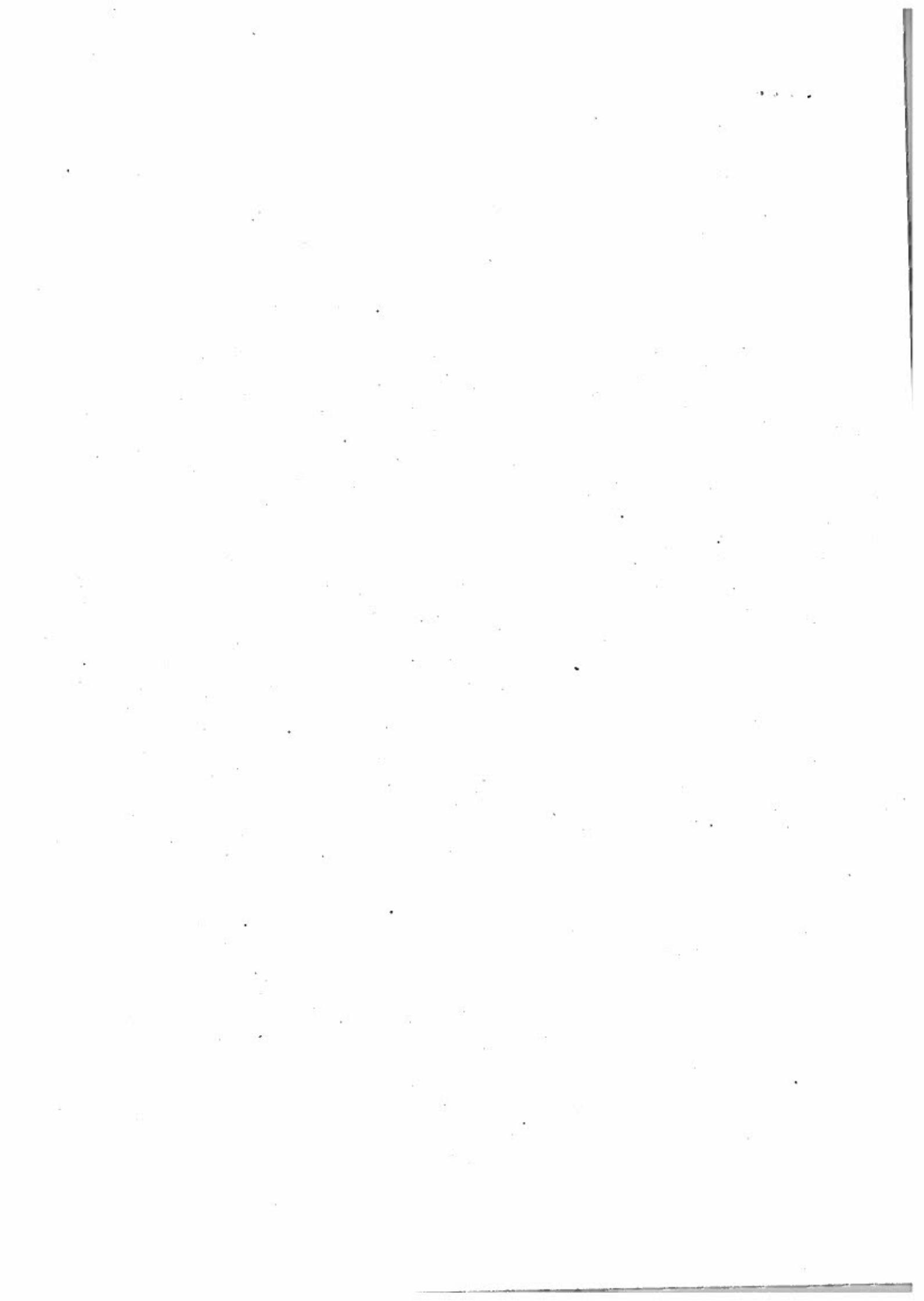
Instruction to your Bank/Building Society
Please pay Aviva Health UK Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Aviva Health UK Limited and, if so, details will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

Date X / /

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 5 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.



6. Additional risk details continued

6.3 Overseas Travel

Have you given Aviva the full travel information requested in the table below?

Yes No

If no, please provide full details of all employees who travel by air including names, countries visited, and the duration of visits and the maximum number of employees travelling on the same flight, so we can advise what terms are available (continue on the Additional Information section on page 8 if necessary).

If yes, is the information we were provided with correct on the date the illustration was issued?

Yes No

If yes, please continue to section 6.4

If no, please provide full details of all employees who travel by air including names, countries visited, and the duration of visits and the maximum number of employees travelling on the same flight, so we can advise what terms are available (continue on the Additional Information section on page 8 if necessary).

Name	Date of birth	Countries visited	Number of visits	Duration of visits

What is the maximum number of employees travelling on the same flight?

0

6.4 Overseas Secondment

Please provide details of any members working overseas including foreign nationals. Cover will be subject to prior agreement by Aviva and will be subject to members having a UK contract of employment (continue on the Additional Information section on page 8 if necessary).

Name	Date of birth	Country of residence	Expected length of stay	Do they pay UK tax?