

DECLASSIFIED on 27 February: Contracts
Under Publication - for information purposes
only

Application Form

Group Income Protection



This form is for a Group Income Protection policy with Aviva Life & Pensions UK Limited.
This policy will be administered by Aviva Health UK Limited.

The responsibility for the completion of this form is with the policyholder of the Policy. If you are applying for a Group Income Protection flexible benefits policy, please do not complete this form - you will need our Group Income Protection flexible benefits application form (GEN2257) instead. Please complete this form in BLOCK CAPITALS in black ink if completing by hand.

Please return this form to: Aviva Group Risk, 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.

Policy number(s) (if known)	<input type="text"/>	
Illustration number Including variation(s)	189502-7	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)	<input type="text"/>	
Payment of premiums	Annually By cheque <input checked="" 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"/>	Payment - would you like to pay your premium once a year by cheque or Direct Debit, or monthly/quarterly/half-yearly by Direct Debit?

1. Principal Employer's details

Full name (registered name where applicable)	BPTDS Limited	Full name - the registered business name of the employer or otherwise.
Policy name if different	<input type="text"/>	Policy name - 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 checked="" type="checkbox"/>
A partnership	<input type="checkbox"/>
A limited liability 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 (where applicable)	10344843
Registered office address (where applicable)	Fao Company Chief Executive Officer Caxton House 8 - 12 Tothill Street London Postcode SW1H 9NA
Business correspondence address (if different from above)	 Postcode
Telephone number	02074495860
Participating companies	BPDTS Limited
Nature of business(es)	Information technology entity

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.

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 10 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 that 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	16
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 70.

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New members – do you want new members to be covered under the policy immediately, 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 following:

a)

Basic benefit	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
Employer pension contributions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Employee pension contributions	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
National insurance contributions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Lump sum multiple	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Pay direct option	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

If no, please provide details in the box below.

b) The deferred period(s)? Yes No

If no, please provide details:

c) The escalation(s) rate? Yes No N/A

If no, please provide details:

d) The benefit term(s)? Yes No

If no, please provide details:

Is a continuation option required? Yes No

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 out basis for final salary/ defined benefit pension scheme members or a contracted in basis for all other members with National Insurance contribution cover. National Insurance contributions are calculated based on basic benefit.

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.

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 rate at which 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 cease age, or limited to 2, 3, 4 or 5 years.

Continuation Option – this can be used to switch cover (for basic benefits only) to an individual policy. Please refer to the Technical Guide for more information.

4. Definition of salary

Please complete sections 4.1, 4.2 and 4.3 (only sections 4.1 and 4.3 for equity/fixed share partners).
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 10.

4.1)

Employees:

- a) Basic annual salary
- b) Basic annual salary plus fluctuating emoluments averaged over the last 3 years
- c) Annual pre-sacrificed salary
- d) Annual pre-sacrificed salary plus fluctuating emoluments averaged over the last 3 years
- e) Annual post-sacrificed salary
- f) Annual post-sacrificed salary plus fluctuating emoluments averaged over the last 3 years
- g) Other, please define:

Equity/Fixed share partners (if included in the policy):

- a) Annual gross personal taxable earnings from his or her business averaged over the last 3 years
- b) Other, please define (as previously agreed with Aviva)

4.2) If fluctuating emoluments are included in the above salary definition, please tick which apply below. Please note this is in reference to employees only.

Employees:

P11D value of benefits in kind

If only certain P11D value of benefits in kind are to be included then please advise which ones*:

- Taxable bonuses
- Profit related pay
- Shift allowance
- Commission
- Region allowance (such as London Weighting)
- Overtime

Other, please define:

4.3) 'As at' options:

- a) At the date of incapacity
- b) At the previous anniversary date
- c) Other:

Where pension contributions are insured, is the definition of pensionable salary the same as above?

Yes No N/A

If no, please state the definition of salary to apply to the pension contribution benefit.

Does a salary cap apply to the policy?

Yes No

If yes, does it use the HMRC notional cap?

Yes No

If the HMRC notional cap is not to be used, please advise the employer specified cap

£

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 (employees only) and the 'as at' date this applies to.

Please note – dividends cannot form part of the definition of salary.

Please note – in the event of a claim, a member's income benefit plus pension benefit funded by salary sacrifice, cannot exceed 80% of a member's salary. Any member whose total income benefit plus employee pension benefit funded by salary sacrifice, exceeds 80% of their salary will have these benefits capped accordingly.

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

P11D value of benefits in kind – benefits provided and expense payments made to employees by employers that are not put through the payroll. For example car and fuel allowance, living accommodation or payments made on behalf of the employee. *You may wish to only include certain benefits, if all are to be included then please leave the box blank.

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

Pensionable salary – the definition of salary used to calculate pension contributions

Salary cap – amount by which the salary 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).

5. Policy history

Is the policy currently insured for Group Income Protection with another insurer?

Yes No

If no, please continue to section 6.

If yes, 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.

	Insurer	Policy year	Number of lives insured	Total salary / benefit roll (delete as applicable)	Number of claims	Total amount of claims (£)
1				£		£
2				£		£
3				£		£
4				£		£
5				£		£

Has the benefit basis changed during the above policy history period? Yes No

If yes, please advise

Please provide details of individual claims (include any pending or declined claims and continue on the Additional Information section on page 10 if necessary).

Gender M/F	DOB	Annual amount of claim	Nature of incapacity	Date incapacity started	Date claim ceased (if applicable)	Settlement paid (if applicable)
		£				£
		£				£
		£				£
		£				£
		£				£

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 10 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 continued

6.2 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 including member details, countries visited, and the frequency and duration of visits, so we can advise what terms are available (continue on the Additional Information section on page 10 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 provide full details of all employees who travel including member details, countries visited, and the frequency and duration of visits, so we can advise what terms are available (continue on the Additional Information section on page 10 if necessary).

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

6.3 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 10 if necessary).

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

Policy Authorisation Form



Group Income Protection

This form should be used to provide individuals with authority to act on behalf of the Policyholders under a Group Income Protection policy.

If more than three signatories are required, please complete another Policy Authorisation Form and submit together.

Aviva Health UK Limited reserves the right to obtain confirmation, at any time, that the authority given on this form remains 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 signatory. All liability remains with the Policyholder(s) of the policy.

Any payments made in accordance with the provisions of this authority will be good and sufficient discharge to Aviva Health UK Limited.

Policy name	BPTDS Ltd
Policy number(s)	Quote number 169502-7

Authorised Signatory Details

Print name		<input checked="" type="checkbox"/> Day to day administration <input checked="" type="checkbox"/> Make changes to appointment of Intermediaries <input checked="" type="checkbox"/> Make changes to policy cover
Position in company	REDACTED	
Signature		
Date		
Print name		<input type="checkbox"/> Day to day administration <input type="checkbox"/> Make changes to appointment of Intermediaries <input type="checkbox"/> Make changes to policy cover
Position in company		
Signature		
Date		
Print name		<input type="checkbox"/> Day to day administration <input type="checkbox"/> Make changes to appointment of Intermediaries <input type="checkbox"/> Make changes to policy cover
Position in company		
Signature		
Date		

Policyholder Signatures (two directors or partners must sign)

We the Policyholders, instruct Aviva Health UK Limited to accept our authority to act upon the instructions of the persons detailed above for the duties specified, on behalf of the Policyholders. This instruction will remain in force until such time that we advise Aviva otherwise in writing.

Policyholder name	REDACTED	Policyholder name	REDACTED
Signature		Signature	
Date		Date	

Aviva Health UK Limited. Registered in England Number 2484270. Registered Office 8 Surrey Street, York YO1 3JG. Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 308139.
 This insurance is underwritten by Aviva Insurance Limited, Aviva Life & Pensions UK Limited. Registered in England No 3253947
 2 Rougier Street, York, YO90 1UR. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 185895.
 www.aviva.co.uk/health

7. Declaration

I agree to give notice to the administrator, Aviva Health 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 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 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).

Authorised Signatory
Director/Secretary registered
at Companies House or HM
Finance Director

Print name

Position in company

Second authorised
Signatory (if required)
Director/Secretary registered
at Companies House or
HM Finance Director

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.

For intermediary use only

Intermediary name

Address

Telephone number

Date

2 | 2 | 1 | 1 | 2 | 0 | 1 | 6

REDACTED

Date

2 | 1 | 1 | 1 | 2 | 0 | 1 | 6

