

Solutions Application Form



Please tick group size appropriate to your policy: 2-49 group members 50-249 group members

Please read through the following before completing this application in BLOCK CAPITALS and in black ink.

Sections 1-7 should always be completed together with section 8 (where applicable). If you have chosen to pay by Direct Debit please also complete the Direct Debit instruction.

All information supplied will be treated in strict confidence.

Solutions is a product for business entities (usually companies) and for their employees and the employees' dependants. A minimum number of two group members must be covered.

All material facts relating to these questions 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 and acceptance of the application. If you are in any doubt as to whether a fact is material then it should be disclosed.

As proposer you must answer all questions and sign the declarations on behalf of the company and all persons to be insured. A copy of this application will be supplied to you on request within three months of completion. You should keep a record (including copies of all letters) of all information supplied to us for the purpose of entering into this contract. Premium rates and policy terms will be reviewed annually by the insurer.

Under the law of England the parties are free to choose the law which will govern the contract. In the absence of agreement to the contrary, the contract will be subject to the law of England.

Commencement date

The inception date of this policy will generally be the date on which this application is received and accepted at Aviva Head Office. However, if you require a different inception date (to take account of the expiry of current contracts elsewhere) you may do so by completing the commencement date box in section 1.

- Where the policy has 50 or more employees, the policy wording for this product has been written on the basis of Medical History Disregarded. This means that no pre-existing condition (if otherwise eligible) will be excluded from cover.
- Where different underwriting has been selected this will be confirmed on your Policy Statement and the cover guide section of the Member Guides sent to your group members.
- Where the policy has between 2 and 49 group members, the product has been written on the basis of Full Medical Underwriting.
- Where different underwriting has been selected and special terms apply these will be confirmed on your Policy Statement and the Policy Schedules sent to your group members.

The other underwriting options available are detailed overleaf.

Explanation of underwriting terms and requirements

Full Medical Underwriting (FMU)

Benefits will not be available for treatment of any pre-existing condition or related condition unless the pre-existing condition or related condition was fully disclosed to us in writing on our prescribed application and we have not expressly excluded treatment relating to it.

If your group members are to be fully medically underwritten they will be required to complete a Group Member Application Form providing us with details of their medical history and that of their dependants (if appropriate).

Continued Medical Exclusions (CME) and Continued Moratorium (CMORI)

For CME and Continued Moratorium underwriting, in order to transfer your group members from their previous scheme, we require their previous insurance certificates. These must confirm the medical exclusions (if any) applicable to each person (CME) or the commencement date of the previous moratorium (Continued Moratorium). The certificates should also confirm the following information:

Group member's surname, first name, date of birth, sex, home address and the same information for his/her dependants. If not, you must supply us with a full membership listing. For policies with 2-49 group members we have enclosed a form for your use (see section 11).

You must supply us with your group members' certificates and if different benefits apply to different categories of employee you must confirm which category is applicable to the group member.

Continued Medical Exclusions (CME - only available where the group members have previously been fully medically underwritten)

Benefits under this policy will not be available, in relation to insured persons who are able to supply their previous insurer's medical certificate, for any disease, illness or injury or any related condition excluded on the previous insurer's member certificate. The previous insurer's member certificate must expire no earlier than the date of entry. Please note if loadings have been applied instead of exclusions, these members will have to complete an application form and may be fully medically underwritten.

Moratorium

A two year moratorium clause applies to all insured persons. This means that benefits under the policy will not be available for treatment of any pre-existing condition or of any other disease, illness or injury related to or associated with it if:

- the insured person had symptoms of, medication or treatment for or advice about such a pre-existing condition within five years before his or her date of entry, and

- there has not been a clear two year period after the date of entry during which the insured person has been free of medication for, treatment for, or advice about such a pre-existing condition or related / associated disease, illness or injury.

Continued Moratorium (CMORI)

In relation to insured persons who were previously medically insured by the company and are able to supply their previous insurer's member certificate, benefits under the policy will not be available for treatment of any pre-existing condition or of any other disease, illness or injury related to or associated with it if:

- the insured person had symptoms of, medication or treatment for or advice about such a pre-existing condition within five years before his or her moratorium start date and
- there has not been a clear two year period after the original moratorium start date during which the insured person has been free of medication for, treatment for, or advice about such a pre-existing condition or related / associated disease, illness or injury.

The previous insurer's member certificate must expire no earlier than the date immediately preceding the date of entry.

Please note the continued terms described above refer only to the specific medical terms applicable to each individual. Other terms may vary, please refer to the Policy Wording for full details.

Where CME or CMORI has been selected for 2-49 group members, exclusions from cover section 1a will be amended accordingly.

Medical History Disregarded (MHD - minimum of 20 group members underwritten on this basis)

If your policy has less than 49 group members, you have chosen MHD and the scheme was previously insured, we require each group member's previous insurance certificate. These must confirm that the group member's cover was Medical History Disregarded. The certificates should also confirm the group member's surname, first name, date of birth, sex, home address and the same information for his/her dependants (if applicable). If not, a full membership listing must be supplied, we have enclosed a form for your use (see section 11). Where MHD has been selected for a scheme of less than 49 group members, exclusions from cover section 1a is deleted.

Proposer - Name of the person who will sign this application form on behalf of the Policyholder.

Registered number - You will only have a registered number if you are a PLC, limited company or a LLP.

For other business entities (such as a sole trader or partnership) evidence of your status is required, such as a copy of your letterhead (please attach to this form)

Full business description - ie manufacturer of machine parts.

Commencement date - It is important you read the section '**Commencement date**' on the front page.

Administrator name - Name of the person who will administer the policy on behalf of the company.

All correspondence will be addressed to the group administrator.

Please note that we may deal with any person who is apparently authorised to represent the company (e.g. a director, partner, officer or senior manager) in addition to/or instead of the person nominated as group administrator.

Participating companies - Names of the companies whose employees (and their dependants) are to be covered by this policy. A participating company can only be the policyholder or a subsidiary of the policyholder.

For Aviva purposes a company is a 'subsidiary' of the policyholder if it is registered as a company at Companies House and the policyholder (or another subsidiary of the policyholder) holds all or most of the issued share capital in it (or as otherwise specifically agreed in writing).

Previous medical insurance - Please refer to your previous insurer's policy documents.

Illustration date - We may have sent you more than one illustration. Please be specific as to which illustration you wish to proceed with.

1. Details of company applying to be the policyholder

Full name of proposer	Mr, Mrs, Miss, Ms, other	Surname
Company name	Registered number	
Trading name if different		
VAT No: (if applicable)		
Business address (please ensure postcode is shown)		
	Postcode: (must be completed)	
Contact details	Telephone:	Fax:
Email address		
Full business description		
Commencement date (see notes on page 1)		

2. Details of group administrator

Name of group administrator	Mr, Mrs, Miss, Ms, other
Position in company	
Email address	

3. Details of participating companies, include policyholder if policyholder's employees are to be covered by the policy

Company name	
Registered number	
Full business description	
Company name	
Registered number	
Full business description	

If more than 2 companies are to be included on this policy, please tick the box and provide details on a separate sheet of paper.

Proposer's declaration

I declare that (name of policyholder)

holds all or most of the issued share capital in all of the other companies named in Section 3 above.

Signature of proposer Date DD / MM / YYYY

4. Previous medical insurance

Please complete this section if you have previously had private medical insurance for your group members. If not go to question 5

Policy number	<input type="text"/>
Date cover expires/ expired	<input type="text"/> DD / MM / YYYY
Insurer	<input type="text"/>

5. Illustration details

Illustration number	<input type="text"/>
Illustration date (if known)	<input type="text"/> DD / MM / YYYY

Options -

1. Psychiatric Cover
2. GP referred services
- 3a. Extended Hospital List
- 3b. Signature Hospital List
- 3c. Trust Care Hospital List (**not available for policies with more than 50 employees**)
- 3d. Fair+Square Hospital List
4. Dental & Optical
5. Six Week Option
6. Member Excess (£50/£100/£150/£200)
7. Selected Benefit Reduction
8. Reduced Out-patient Cover

Category name - You may have up to three categories, e.g. Director, Manager, Staff.

Note - For companies with 2-5 group members only 1 category can be chosen.

Number of group members - Write in the total number of group members per category and their breakdown by family status.

Underwriting terms - It is important that you read the section 'Explanation of underwriting terms & requirements' on the inside front cover page.

Email - Our preferred method is by email.

Company funded - How much the employer pays for the dependants cover.

The company must fund 100% of the group members' premium.

Schemes with 2-49 group members - For schemes transferring from another private medical insurance company on CME, CMORI or MHD terms, and for new schemes looking for MHD underwriting terms, the Declaration must be completed.

If you have ticked 'Yes', please provide details of the condition on a separate sheet. To enable us to make a decision, we need information such as the date of diagnosis, treatment details (dates, treatment received or planned) and the current status regarding the condition (for example, is it cured? Is it controlled?)

6. Benefit options

Details of persons to be covered Define categories of group members to be included. Minimum of three group members each category	Options											Channel Islands	No. of employees in cat.	Please tick if you wish to provide cover for families of group members			
	Core cover	1 (28/45*)	2	3a	3b	3c	3d	4	5	6 (50/100/150/200*)	7			8	Spouse		
	<input checked="" type="checkbox"/>																
	<input checked="" type="checkbox"/>																
	<input checked="" type="checkbox"/>																

*Please specify

Category name

Category name	No. of group members	Single	Married	Family	Single parent family

7. Underwriting options

Underwriting terms FMU CME Moratorium Continued Moratorium MHD

For schemes with 2-49 group members with CME/MHD, Moratorium or Continued Moratorium please complete the Membership Listing (Section 11) if all the group members' certificates are not available.

If more than one form of underwriting, please specify underwriting for each category of group member e.g. Directors MHD, Managers FMU.

Membership details - to be completed for schemes with more than 50 group members only

Please indicate format used to provide membership details email apps paper list

Dependants' subsidy - to be completed for schemes with more than 50 group members only

Please state % company funding for dependants' premium* (i.e paid by the company without reimbursement by group members/dependants)

% spouse % dependants

*If different categories of group members' dependants are to be funded differently please provide details

Transferring cover from another insurer - declaration

Please note: this declaration is very important. Please **answer** the questions carefully. If your scheme has 10 or more group members you need to answer question 1. If your scheme has between 2 and 9 group members you need to answer both questions.

1) Are you aware of any person to be covered by this application who has received treatment or advice relating to:

any type of cancer, or Yes No

any type of heart or circulatory condition Yes No

in the last 2 years?

2) Are you aware of any person to be covered by this application who has received treatment or advice relating to any:

psychiatric, or mental, illness or condition Yes No

in the last 2 years?

OR Yes No

knee problems Yes No

back problems Yes No

shoulder problems, or Yes No

arthritis Yes No

in the last 6 months?

Proposer's signature

Date

DD / MM / YYYY

To be completed if Travel Insurance is required. Travel insurance is a separate product and you will be invoiced separately for this.

If you choose Travel Insurance it has to be taken for all members covered under the Solutions policy. This cannot be purchased as a stand alone product. If chosen this cover replaces Solutions Emergency Overseas Cover benefit.

8. Travel Insurance

Travel Insurance Winter sports cover

Only available to policies with 50 or more employees

Travel Insurance is an annual payment of either

Chaps Cheque (Please tick as appropriate)

9. How to pay - Payment must be made from the **business bank account**.

Please tick one of the methods listed below

Direct Debit annually not available for policies with more than 50 group members monthly quarterly

If selected please complete the instructions to your bank on the perforated slip attached to this application

Cheque annually

If selected please make the cheque payable to Aviva Health UK Limited, and attach to this application.

10. Declaration

- a) I declare that I will advise if there are any changes in the information given on this application which occur between the date of signing and the date of commencement of cover under the policy.
- b) I declare that to the best of my knowledge and belief the information given in this application is true and complete.
- c) 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 (a copy of which is available on request) and in particular (but without limiting the above):
 - i) to pay the premium for all persons insured by the policy in accordance with the Policy Wording;
 - ii) that all group members to be covered are either the sole proprietor, a partner, a registered director or an employee of a participating company and that the participating companies will not recover any part of the premium relating to group members from those group members.
 - iii) notify Aviva without delay of all changes in membership of the policy.
- d) I confirm that I have read and understood page 1 of this form.
- e) On behalf of all persons to be covered I confirm consent to the computer and other processing and use of personal and medical details by the data controllers and relevant third parties (which may include disclosure to the policyholder, participating companies, relevant intermediaries and medical service providers) for the purposes of this application, policy administration, service provision, reinsurance, claims validation and fraud prevention. (Processing may be in any part of the world although we will ensure that adequate standards of data protection within the meaning of English law apply. The data controllers are Aviva Health UK Limited, Aviva Insurance UK Limited and Aviva Life & Pensions UK Limited. Also, relevant details of persons to be covered may be processed in order to tell them from time to time (by post, telephone, email, fax or other means) about products or services which may be of interest from Aviva Group and connected providers. Any person not wishing to receive such contact may write to Aviva, FREEPOST, Mailing Exclusion Team, PO Box 6412, Derby, DE1 1SB.)

Proposer's signature Date

Position held in company

For agent's use only

Agent's name and address

Agency reference



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.



1. The Manager of Bank/Building Society

Full address of your Bank/Building Society

Postcode

2. Name of account holder(s)

3. Sort code

4. Account number

5. Reference number

Please note that Aviva Health UK Limited may retain the Direct Debit Instruction (DDI) until the policy is activated, at which point the DDI will be processed.

Service User Number: 8 5 3 8 2 0

For Aviva Health UK Limited official use only
This is not part of the instruction to your Bank/Building Society
6. Tick your preferred payment option:
Monthly Quarterly Annually

7. **Instruction to the 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 sent electronically to my Bank / Building Society.

Signature(s) Date

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 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.

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This insurance is underwritten by Aviva Insurance UK Limited. Registered in England Number 99122,
Registered Office 8 Surrey Street Norwich NR1 3NG.
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

