

Solutions application form



Please tick price rating appropriate to your policy: age rated experience rated

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

Please complete sections 1-10 and remember if you're going to pay by Direct Debit to complete the Direct Debit instruction.

You'll need to supply us with a membership listing, you can either complete section 11 (for age rated schemes) or send us your own listing.

You can return this form by email to directhealthadmin@aviva.com or by post to Health Admin, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3RY.

If you have any queries, please contact us on 0800 0151 080. Calls may be monitored and/or recorded.

All information supplied will be treated in strict confidence.

Solutions is a private medical insurance product available to companies or business entities with between 1-249 employees.

By completing this application you confirm that all people to be covered have the legal right to reside, and will be physically living, in the UK, Channel Islands or Isle of Man for the duration of the policy year other than trips abroad totalling no more than three months during the policy year. You must tell us as soon as possible if this ceases to be the case and we may cancel cover for that member.

It's important that you answer all the questions on this application form fully, truthfully and accurately. This includes all known medical conditions and treatment details where requested for all intended members on the policy. This is so we can determine what your policy will cover and the price. If you don't this could affect how much we pay if a member makes a claim and could mean we won't pay their claim at all.

Explanation of underwriting terms and requirements

Full Medical Underwriting (FMU)

We do not cover treatment of any pre-existing condition, or any related condition unless the group member (and their dependants if appropriate) tell us of that condition in writing when they complete their group member application form and we don't apply an exclusion for it.

Any medical exclusions we apply will be shown on their policy schedule.

Even if you've already provided information in a previous policy or application, you must provide it to us again on this application form.

The applicant must answer all questions and sign the declarations on behalf of the company and all people to be insured. If you would like a copy of the application form please let us know. Please keep a copy of all information supplied to us in connection with this application, including letters and other correspondence, as these may be important contractual documents.

We'll review premium rates and policy terms on a yearly basis.

Please contact us straight away if any of the information on this form changes before the policy starts.

Start date

The start date of the policy will be the date we receive and accept the application at Aviva Healthcare Head office. If you would like a specific start date, to coincide with the expiry of an existing contract with another provider, please put this in the date box in section 1.

- If the policy is experience rated the policy wording for this product will be written on a Medical History Disregarded basis, (please see below). Meaning that we do not apply any personal medical exclusions to your policy as a result of pre-existing conditions.
- If you have different underwriting this will be shown on your policy statement and in the cover guide included in the member booklets.
- If the policy is age rated, the product will be written on a Full Medical Underwriting basis (please see below).
- If you have different underwriting and any special terms apply these will be shown on your policy statement and the member's policy schedule.

We may review their personal medical exclusion(s) if they ask us to. If we do apply an exclusion when they join the policy or review a medical exclusion at the renewal date, we will let them know when the medical exclusion may be reviewed again, if they ask us.

We will not alter or remove a medical exclusion if the excluded medical condition (or any related conditions) is likely to need treatment in the future. There are some medical exclusions that we will not review, for example, a chronic condition.

Continued overleaf...

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

For both CME and CMORI underwriting we require the members previous insurance certificates so that we can transfer them from their previous scheme. These must confirm the medical exclusions (if any) applicable to each person. These are shown on the member's policy schedule. The terms and conditions of this policy may be different to those of the previous policy. The certificates should also confirm the following information:

Group member's surname, first name, date of birth, gender, home address and the same information for their dependants. If not, you must supply us with a full membership listing. For age rated policies we have enclosed a form for your use (see section 11).

Please send us the member certificates as soon as possible 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)

For members who were fully medically underwritten on another policy and are transferring to Solutions.

For members who supply their previous insurer's medical certificate, benefit under this policy will not be available, 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 member's start date on this policy. If loadings have been applied instead of exclusions, these members will have to complete an application form and may be fully medically underwritten. We may add exclusions on your policy for relevant conditions based on the answers you have provided in the declaration section of your application.

Moratorium (Mori)

We do not cover treatment of any pre-existing condition, or any related condition, if a member had:

- symptoms of,
- medication for,
- diagnostic tests for,
- treatment for, or
- advice about

that condition in the five years before they joined the policy.

However, we will cover a pre-existing condition if members do not have:

- medication for,
- diagnostic tests for,
- treatment for, or
- advice about

that condition during a continuous two year period after they join the policy.

Continued Moratorium (CMORI)

For members who were insured on a moratorium basis on another policy and are transferring to Solutions.

We do not cover treatment of any pre-existing condition, or any related conditions, if a member had:

- symptoms of,
- medication for,
- diagnostic tests for,
- treatment for, or
- advice about

that condition in the five years before their initial date of cover. Their initial date of cover is the date they started cover with the first insurer (provided there has been no break in cover since then).

However, we will cover a pre-existing condition if they do not have:

- medication for,
- diagnostic tests for,
- treatment for, or
- advice about

that condition during a continuous two year period after their initial date of cover.

The terms and conditions of this policy may be different to those of the previous policy.

The previous insurer's member certificate must expire no earlier than the member's start date.

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 age rated group members, exclusions from cover section 1a (found in the policy wording) will be amended accordingly.

Medical History Disregarded (MHD - minimum of 15 group members underwritten on this basis for policies not previously insured)

We do not apply any personal medical exclusions to members as a result of pre-existing conditions with the exception of policies switching to us where it has been agreed as part of the switch declaration process.

The terms and conditions of this policy may be different to those of the previous policy.

If your policy is an age rated scheme, the scheme was previously insured and you are choosing MHD underwriting, 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 their dependants (if applicable). If not, a full membership listing must be supplied (please use the form in section 11). Where MHD has been selected for an age rated scheme, exclusions from cover section 1a (found in the policy wording) is deleted.

Once the policy is existing, the policy must have a membership of a least 15 group members and all group members to be MHD in order for you to add new (virgin) members on MHD underwriting. If the policy has less than 15 group members all on MHD underwriting, then any new (virgin) members will need to be underwritten on FMU/Mori underwriting.

Applicant - 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 (for example, latest accounts, insurance certificates) may be requested by Aviva, which you agree to provide promptly on request.

Full business description - What does the business do and type of entity, for example - manufacturer of car parts, limited company. Entities such as trusts, landed estates and overseas entities not registered in the UK are not eligible for Solutions PMI cover.

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

1. Details of company applying to be the policyholder

Full name of applicant	Mr, Mrs, Miss, Surname Ms, other
Company name	
Trading name if different	
Registered No. and/or VAT No: (if applicable, if no VAT/CHN number, please explain the reasons why)	
Business address (please ensure postcode is shown)	Postcode: (must be completed)
Contact details	Telephone:
Email address	
Full business description	
Start date (see notes on page 1)	

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.

Where we consider appropriate and at our discretion we may deal with any person we believe is 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.

2. Details of group administrator

Full name of group administrator	Mr, Mrs, Miss, Surname Ms, other
Position in company	
Email address	

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).

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.

Applicant'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 applicant Date DD / MM / YYYY

Print name

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

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	DD / MM / YYYY
Insurer	<input type="text"/>

Have you ever had any insurance with Aviva denied or cancelled before?

Yes No Policy number (if available):

We may cancel the policy, or decline to provide cover, if you had previous insurance with Aviva that we cancelled for any reason. We may also cancel current or future policies.

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

5. Illustration details

Illustration number

Illustration date (if known) / /

Options –

1. Mental health
2. Routine and GP referred services
3. Hospital List – Key/Extended/Signature/Trust **(not available for policies with more than 99 employees)**
4. Dental & Optical
5. Six-week option
6. Member excess (£50/£100/£150/£200/£250/£500)
7. Selected benefit reduction
8. Reduced out-patient cover (£0, £1,000, £1,500)

Category name – You may have up to three categories, e.g. director, manager, staff.

Note – For companies with 1-5 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.

6. Benefit options

Details of people to be covered Define categories of group members to be included. Minimum of three group members each category	Options – if you don't select a hospital list your policy will include the Expert Select hospital option										Please tick if you wish to provide cover for families of group members		
	Core cover	1 (28/45*)	2	3 (Key/Extended/Trust/Signature*)	4	5	6 (50/100/150/200/250/500*)	7	8 (0/1,000/1,500*)	Channel Islands	No. of employees in cat.	Spouse	
	<input checked="" type="checkbox"/>												
	<input checked="" type="checkbox"/>												
	<input checked="" type="checkbox"/>												

*Please specify

Category name	No. of group members	Single	Self + Partner	Family	Single parent family
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

7. Underwriting options

Underwriting terms FMU CME Moratorium Continued Moratorium MHD

For age rated schemes group members with CME/MHD, Moratorium or Continued Moratorium please complete the membership listing (found in section 11 of this form) 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 (in section 11) e.g. Directors MHD, Managers FMU.

Email – Our preferred method is by email.

Membership details - to be completed for schemes with more than 100 group members only

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

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

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

Dependants’ subsidy - to be completed for schemes with more than 100 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

Age rated 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 are transferring on a CME basis we reserve the right to exclude additional symptoms or conditions according to the information provided in the declaration.

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?)

Transferring cover from another insurer - declaration

This declaration is very important. Please answer the questions fully, truthfully and accurately. If you don’t this could affect how much we pay if a member makes a claim and could mean we won’t pay their claim at all. If your scheme has between 1 and 9 group members you need to answer both questions. If your scheme has more than 9 group members you need to answer question 1.

- 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 in the last 2 years? Yes No
- 2) Are you aware of any person to be covered by this application who has received treatment or advice relating to any:
 - any type of heart or circulatory condition, or
 - psychiatric, or mental, illness or condition in the last 2 years? Yes No
 - OR
 - knee problems Yes No
 - back problems Yes No
 - shoulder problems, or
 - arthritis in the last 6 months? Yes No

Applicant’s signature Date / /

Print name

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

Please tick one of the methods listed below

Direct Debit yearly monthly every three months (quarterly)

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

Cheque yearly

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

9. Important notes

Privacy Notice

Aviva Health UK Limited and Aviva Insurance Limited are the main companies responsible for your Personal Information (known as the controller). Where the cover was taken out online, directly with Aviva, then Aviva UK Digital Limited will also be a controller for the sale and distribution of the product.

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health or criminal convictions).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases.

This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our full privacy policy at aviva.co.uk/privacypolicy or requesting a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention. We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, and to predict the likelihood of certain events arising, e.g. to assess insurance risk or the likelihood of fraud.

We may carry out automated decision making to decide on what terms we can provide products and services, deal with claims and carry out fraud checks. More information about this, including your right to request that certain automated decisions we make have human involvement, can be found in the "Automated Decision Making" section of our full privacy policy.

We may use Personal Information we hold about you across the Aviva group for marketing purposes, including sending marketing communications in accordance with your preferences. If you wish to amend your marketing preferences please contact us at contactus@aviva.com or by writing to us at: Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD. More information about this can be found in the "Marketing" section of our full privacy policy.

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the "Data Rights" section of our full privacy policy or by contacting us at dataprt@aviva.com.

From time to time, we would like to tell you about other products or services which we believe may interest you. If you are happy for us to do this please tick the relevant boxes below. You can opt out at any time.

Post Email SMS Phone

You can change your marketing preferences at any time by e-mailing us at contactus@aviva.com or writing to us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD. If you are registered for MyAviva you can change your marketing preferences at any time from within your account.

10. Declaration

- a) I declare that I will tell you if there are any changes in the information given on this application which occur between the date of signing and the date cover starts under the policy.
- b) I have answered the questions fully, truthfully and accurately and I understand that if I don't correctly declare medical conditions and treatment (where requested), this could affect how much Aviva will pay if a member makes a claim and could mean Aviva won't pay their claim at all. I have checked any answers or statements on this form that are not in my own handwriting and they are correct.
- 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 people 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 page 1 of this form.
- e) I am aware that Aviva Health UK Limited may add new exclusions to member's policies for the treatment of any disease, illness or injury (whether or not diagnosed) or any related condition based on the information I have declared, or that is required to be declared, under section 7 of this application
- f) I agree on behalf of all people to be covered to Aviva processing all information associated with my application and resulting policy as set out in the important notes section of this application.
- g) All people to be covered the legal right to reside, and will be physically living, in the UK, Channel Islands or Isle of Man for the duration of the policy year other than trips abroad totalling no more than three months during the policy year.
(You are signing this form on behalf of all people to be covered. You must inform them how their data, including medical information, will be used).

Applicant's
signature

Date

DD / MM / YYYY

Print name

Position held in
company

For agent's use only

Agent's name and
address

Agency reference

1.1. Membership listing - Solutions age rated

CME/MHD/MORI/CMORI. Please state the number of continuation pages accompanying this application form in this box.

Please note: If any dependants are also eligible to be covered as an employee of your company, please complete a new line with their details.

Group member name

Title & Surname
First Name
Date of Birth
Occupation/role within company

Title & Surname
First Name
Date of Birth
Occupation/role within company

Title & Surname
First Name
Date of Birth
Occupation/role within company

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First Name
Date of Birth
Occupation/role within company

Title & Surname
First Name
Date of Birth
Occupation/role within company

Names of dependant(s) to be covered

Title & Surname
First Name
Date of Birth

Title & Surname
First Name
Date of Birth

Title & Surname
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Title & Surname
First Name
Date of Birth

Home address (main residence)

Postcode

Postcode

Postcode

Postcode

Postcode

Postcode

Postcode

Underwriting terms

Specify options selected CME MHD Cont. Mori-Moratorium

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick	Please tick	Please tick	Please tick	Please tick
Category:				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick	Please tick	Please tick	Please tick	Please tick
Category:				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick	Please tick	Please tick	Please tick	Please tick
Category:				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick	Please tick	Please tick	Please tick	Please tick
Category:				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick	Please tick	Please tick	Please tick	Please tick
Category:				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick	Please tick	Please tick	Please tick	Please tick
Category:				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick	Please tick	Please tick	Please tick	Please tick
Category:				



INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY
TO PAY BY DIRECT DEBIT



Please fill in the whole form using a ball point pen and send it to: Aviva Health UK Limited, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3RY.

Name and full postal address of your Bank or Building society

To The Manager	Bank/Building Society
Address	
Postcode	

Service user number

8	5	3	8	2	0
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Instruction to your Bank or 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.

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort code

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

Reference

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Signature(s)

Date

Banks and 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 seven 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.


Need this in a different format?

Please get in touch if you would prefer this application (**GEN7465**) in large print, braille or as audio.

How to contact us?

 0800 158 3348

 contactus@aviva.com

 aviva.co.uk

Aviva Health UK Limited. Registered in England, Number 2464270. Registered Office: 8 Surrey Street, Norwich, NR1 3NG.
Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 308139. A wholly owned subsidiary of Aviva Insurance Limited.
This insurance is underwritten by Aviva Insurance Limited. Registered in Scotland, No. SC002116. Registered Office: Pitheavlis, Perth, PH2 0NH.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Firm Reference Number 202153.
Aviva Health UK Limited acts as agent of Aviva Insurance Limited for the purposes of: (i) receiving premium from our clients; and (ii) receiving and holding claims money and premium refunds prior to transmission to our client making the claim or entitled to the premium refund.

