

# Customer Information Form - Solutions



## Helping you gather the right details for a quote

This form helps you to collect the information needed to request a quote from Aviva. It's a data collection tool - not a quote, offer or recommendation - and should be used to guide conversations with customers.

## Important information

The information collected will be used to request a quote from Aviva. Aviva is not responsible for the accuracy or completeness of the data provided.

## Data protection

Before completing this form, please make sure you've:

- Complied your data protection obligations under the [Terms of Business](#).
- Obtained consent from the customer to share any health information with Aviva, where appropriate.
- Shown the customer a copy of [Aviva's privacy policy](#) so they understand how their personal information will be used.

## About the company:

Company Name:  
(Enter the full registered name)

Company Postcode:  
(Where the majority of staff are based)

Preferred start date:  
(DD/MM/YYYY)

Payment method:

Monthly

☐

Quarterly

☐

Annually

☐

Aviva Agency code:  
(If you're unsure, check your Agency details)

## If they're switching from another provider

If your client already has cover, please complete the section below and attach their current and renewal terms if available. This helps us check their details and find the best plan.

Are you the holding broker?:

Yes

☐

No

☐

Current Insurer:

Current premium:  
(£)

Current number of members:

Renewal premium:  
(£)

Renewal number of members:

Renewal product/Level of cover:  
(Company, renewal product and  
level of cover)

## Membership details

Use the Excel spreadsheet provided to enter details for each member (up to 199).  
This helps us understand who needs cover and what options apply.

Need help with codes? You'll find a guide on the next page.

### Steps to follow:

1. [Name](#) – Full name of each member
2. [Date of Birth](#) or [Age](#)
3. [Underwriting](#) – (e.g. FMU, NMORI, CME)  
You can check pages 33-34 in the [Solutions Pre-Sales Guide](#) for an explanation of underwriting options
4. [Family status](#) – (e.g. S = Single, M = Married)
5. [Options](#) – refer to the guide  
You can check pages 25-27 in the [Solutions Pre-Sales Guide](#) if you're unsure which options apply
6. [Variations 1-4](#) – Add any additional details

## How to send it to us

Attach the spreadsheet to the same email when sending this form to [HCQUOTE@aviva.com](mailto:HCQUOTE@aviva.com).

## Quick reference guide – codes and cover options

### Underwriting codes

Code	Description
FMU	Full Medical Underwriting
NMORI	New Moratorium
CME	Continued Medical Exclusions
CMORI	Continued Moratorium
MHD	Medical History Disregarded

### Family status codes

Code	Description
S	Single
SP	Single Parent
M	Married
F	Family

### Cover options

Code	Description
1a	Psychiatric Cover – 28 days
1b	Psychiatric Cover – 45 days
2	GP Referred
3	Hospital List Key
3a	Hospital List Extended
3b	Hospital List Signature
3c	Hospital List Trust
3d	Hospital List Expert Select
5	Dental & Optical
6a	Six Week Option
6b	£50 Excess
6c	£100 Excess
6d	£150 Excess
6e	£200 Excess
6f	£250 Excess
7	£500 Excess
8a	Selected Benefit Reduction
8b	No Out-patient
8c	£1,000 Out-patient
8d	£1,500 Out-patient

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