

Group Income Protection Application Form for Aviva Pension Trust for Independent Schools (APTIS)



**This form is for a Group Income Protection policy for schools under the APTIS arrangement.
This policy will be administered by Aviva Life & Pensions UK Limited.**

The responsibility for the completion of this form is with the policyholder of the Policy.

Please complete the form electronically and send this to **groupprotectionquotes@aviva.com** or **melanie.jarred@aviva.com**

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 the 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.

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.

If you require any assistance with this form or the completion of this form, please contact us at **groupprotectionquotes@aviva.com** or on 0800 051 3472.

Calls to and from Aviva may be recorded and/or monitored.

Start date	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Anniversary date (if different from above)	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td></tr></table>	D	D	M	M				
D	D	M	M						
Payment of premiums	Annually <input type="checkbox"/> By Bank Transfer	Annually <input type="checkbox"/> By Direct Debit							

Start date – we cannot accept cover without a start date. We must have a future start date before we can assume risk.

1. Participating school's details

Full name (registered name where applicable)

Policy name if different

To identify the nature of the participating school please tick the relevant box below

A limited company or plc

☐

A limited liability partnership

☐

A partnership

☐

An unincorporated body (such as a charity)

☐

Other – please advise

Registered company number (where applicable)

Registered office address (where applicable)

<input type="text"/>
<input type="text"/>
Postcode

Business correspondence address (if different from above)

<input type="text"/>
<input type="text"/>
Postcode

Phone number

Participating companies

<input type="text"/>
<input type="text"/>

Full name – the registered business name of the school or otherwise.

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

Participating companies – cover can only be provided for employees of the policyholder, or wholly owned/associated businesses; for example, a parent company and its wholly owned subsidiary that is registered with Companies House.

2. Cover selected

Please select who you wish to cover and the level of cover you require:

Teachers

☐ **Option A** – 50% of basic salary payable for up to 3 years; after 39 weeks absence and including cover for pension contributions at 15% of basic salary.

☐ **Option B** – As option (A) except benefits payable for up to 5 years

☐ **Option C** – As option (B) but with the addition of a lump sum after 5 years' benefit payments. The lump sum is 2x the annual benefit at the end of 5 years. In most cases this will be broadly 2 x 50% of salary.

Non-teaching staff

☐ **Option A** – 50% of basic salary payable for up to 3 years; after 39 weeks absence and including cover for pension contributions at 15% of basic salary.

☐ **Option B** – As option (A) except benefits payable for up to 5 years

☐ **Option C** – As option (B) but with the addition of a lump sum after 5 years' benefit payments. The lump sum is 2x the annual benefit at the end of 5 years. In most cases this will be broadly 2 x 50% of salary.

☐ **No cover**

Basic salary – Is defined as the actual basic salary and not Full Time Salary Equivalent.

3. Authorised Individuals

Please list below those individuals who you wish to act on behalf of the Policyholder for the Group Income Protection policy. Unless instructed otherwise, Aviva will assume that the authorised individuals will be able to deal with; the day to day administration; make changes to appointment of intermediaries; make changes to policy cover.

Aviva reserves the right to obtain confirmation, at any time, that the authority given on this form remain 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 individual. All liability remain with the policyholder(s) of the policy. Any payments made in accordance with the provisions of this authority will be a good and sufficient discharge to Aviva Life & Pensions UK Limited.

Name	Position in school/company

4. Authorised mailbox

Please insert an electronic mailbox that is to be used for day to day administration of the scheme. You will need to ensure that access to your mailbox is restricted only to individuals authorised to view any sensitive employee data.

5. Declaration

- 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.
- The information given is, to the best of our knowledge and belief, true and accurate. We understand that if we 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.
- 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, I/we have ensured they are aware of their right to object to its use by Aviva, for the purpose of 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 and decide if Aviva can offer cover and on what terms
 - administer the policy
 - process and underwrite any claims under the Policy
 - help detect and prevent fraudulent activity

Data Protection

As part of this application we collect and process personal data about members. You acknowledge that each party will be a separate and independent data controller in relation to the personal data processed for the purposes of the policy. You agree that the data protection provisions set out in the Policy Wording apply.

**Authorised
Signatory Director/
Secretary
registered at Companies
House, or authorised
signatory**

Date signed

D	D	M	M	Y	Y	Y	Y
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Print name

Position in company/
school

**Second authorised
Signatory (if required)
Director/Secretary
registered at Companies
House, or authorised
signatory**

Date signed

D	D	M	M	Y	Y	Y	Y
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Print name

Position in company/
school

What happens next?

Please ensure that:

- You have completed all questions, and
- You have signed and dated the declaration, and
- If applicable, you have completed the Group Protection Direct Debit Mandate.

The email address to send your completed form to is:

groupprotectionquotes@aviva.com or melanie.jarred@aviva.com



Group Protection 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 of account holder(s)

Service User Number

1	6	9	4	2	0
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Bank/Building Society account number

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Branch sort code

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Name and full postal address of your Bank/Building Society

To: The Manager	Bank/Building Society
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Postcode

Reference number

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Signature(s)

X

X

Instruction to your Bank/Building Society

Please pay Aviva Life & Pensions 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 Life & Pensions UK Limited and, if so, details will be passed electronically to my bank/building society.

Date

X	DD / MM / YYYY
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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 Life & Pensions UK Limited will notify you 7 working days in advance of your account being debited or as otherwise agreed. If you request Aviva Life & Pensions 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 Life & Pensions 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 Life & Pensions 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.