

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



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

The prospective Policyholder is responsible for the completion of this form (i.e the participating school whose employees are to be covered under the policy). As this is an application for a policy under Aviva's Master Trust Group Life policy, it is not the responsibility of the Policyholder to appoint a trustee. Zedra Governance Ltd are the Trustees for the Aviva Master Trust.

Please complete the form electronically where possible, but however you choose to complete the form please 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 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 need 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 form 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 to 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**. Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

Start date

D	D	M	M	Y	Y	Y	Y
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Anniversary date

(if different from above)

D	D	M	M
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Payment of premiums

Annually

By Bank Transfer

☐

Annually

By Direct Debit

☐

Monthly

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.

PLEASE NOTE: The start date cannot be before you have enrolled at least one member into the APTIS pension scheme.

Please select the type(s) of Mastertrust policy you require:

The Master Trust (dated 1st February 2016) policy registered with HMRC as a Registered Occupational Pension Scheme In Accordance with Part 4, Chapter 2 of the Finance Act 2004

☐

The Excepted Master Trust (10th March 2023) policy to cover Excepted benefits that meet the conditions as set out in Section 480 of the Income Tax (Trading and Other Income) Act 2005

☐

If you are unsure what to select, please refer to the 'What it is and How it Works' Employer Guide

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)*

Postcode

Business correspondence address *(if different from above)*

Postcode

Phone number

Participating companies

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.

2. Cover selected

Please select who you wish to cover and the level of cover you require (tick one box for teachers and one box for non-teaching staff):

Teachers

3x salary ☐ 4x ☐ 5x ☐ 6x ☐ 7x ☐
8x ☐

Non-teaching staff

3x salary ☐ 4x ☐ 5x ☐ 6x ☐ 7x ☐
8x ☐ No cover ☐

For zero-hours staff, do you require cover to be:

£10k flat benefit ☐ Multiple of P60 earnings ☐

For part-time staff, do you require cover to be based on:

basic annual salary ☐ full-time equivalent salary ☐

Selecting cover -

If you wish, you can select differing levels of cover for teaching and non-teaching staff.

3. Authorised Individuals

Please list below those individuals who you wish to act on behalf of the Policyholder under the Group Life policy. Unless we are told otherwise, Aviva will assume those authorised below will be able to:

- deal with the day to day administration;
- make changes to appointment of intermediaries;
- make changes to policy cover; and
- release payment of claims.

Aviva reserves the right to obtain confirmation, at any time, that the authority given on this form remains in force. All liability remains with the Trustees 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.

Full name	Position in school/company	Email address	Contact number

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, the Policyholders of the policy declare that:

- The information given is, to the best of our knowledge and belief, true and accurate
- We will advise Aviva immediately of any change of school, or other changes affecting the status of the school, the registered status of the policy.
- We agree to give notice to 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, Channel Islands or Isle of Man.
- 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
- I agree to participate in the Aviva Master Trust as indicated on Page one of this application form and agree to be bound by and observe the provisions of the Declaration of Trust and Rules which established the Master Trust. I acknowledge and accept that our participation in the Master Trust will take effect from the date on which the policy, to which this application relates, starts.

Customer Due Diligence - Prevention of Money Laundering

In accordance with EU and UK legislation relating to the prevention of money laundering we are obliged to verify the identity and address of all parties (e.g. Trustees, employer, third parties including beneficial owners) to this contract. In the case of legal arrangements we are also required to establish the identity of any controllers that are not named parties as well as individuals who have a specified beneficial interest in the contract. Where a financial adviser or Aviva Representative is involved they will let you know of any evidence you need to produce.

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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Full 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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Full 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 is:

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

Need this in a different format?

Please get in touch if you'd prefer this document (**GR01191 02/2025**) in large print, braille or as audio.

 **0800 0513472**

 **groupprotection@aviva.com**

 **[aviva.co.uk](https://www.aviva.co.uk)**

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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: groupprotection@aviva.com 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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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.

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)

Date

D	D	M	M	Y	Y	Y	Y
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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.