

Aviva Whole of Life Insurance+

Application and data capture form



How to fill out this form

You can use this form as a paper application or as data capture. There can be a maximum of two policyholders and two lives covered for each policy. The policyholders and lives covered don't have to be the same people. You should complete a separate 'product details' section for each contract and number them for further use in the form, you may also want to send a copy of your quote with this form to: Aviva, PO Box 520, Norwich, NR1 3WG.

Please note:

- Section 7 is an additional health questionnaire. You must complete this section if you answer yes to any question in section 6, other than for asthma. Please complete an additional health questionnaire for each condition disclosed in section 6.
- Section 9 is an additional family history questionnaire. You must complete this section if you answer yes to any question in section 8.

Please complete this section for each family history disclosed in Section 8.

- If you are using this for data capture, you do not need to send the form to us. If a declaration is required please ensure you return section 20.
- Using Aviva's interactive underwriting by applying online is the most effective way to apply for our products, it also offers an uplift in commission.

As part of the application process, Aviva asks all customers to give consent for us to request a medical report from their doctor under the Access to Medical Reports Act 1988 (AMRA). We also need your GP details. If you choose not to give consent, or if you're unable to, we will not be able to go ahead with your application. This doesn't stop you from applying to other companies for cover. A report can be sent electronically using secure software or in the post.

Placing policies under trust

Data capture: If you are using this form for data capture and a policy is to be placed under trust, you can post the paper trust form(s) or you can complete online for discretionary and survivor trusts at the point when inputting the application data. You will need

to speak with the applicant(s) at the time of completing the trust details online.

Paper application: If you are using this form as a paper application and a policy is to be placed under trust, please complete an appropriate paper trust form(s). You can either return along with the application or at a later date.

Form use: Application Data capture

Changes before the contract comes into force

Until we confirm when the cover will start you must notify us immediately of any change in the circumstances relating to the health, activities, occupation or residence of the person(s) covered which would change any of the

answers or information provided in this application form. This includes attending any medical appointment or consultation after submitting the application. Any changes may affect the terms and extent of the benefit we can offer. We reserve the right to offer amended terms or decline cover.

Important information

You must answer all the questions fully, truthfully and accurately. Please remember that we'll use the answers given to assess the terms and the extent of benefits we can offer. Even if information has already been provided in a previous application, it must be provided to us again as our systems may not identify the previous information. In order for us to provide a decision on applications, we will ask questions about build, medical history and other risk factors relevant to the products being applied for. We will use these

answers to determine whether we can offer cover and on what basis. This includes questions regarding mental health conditions, where these are relevant to the products being applied for. If incorrect or incomplete information is provided this may result in the policy being amended or cancelled, may reduce the amount payable in the event of a claim, or may result in the non-payment of a claim.

We have a confidentiality policy in place, which means we hold medical information securely and access is limited to authorised individuals who have a need to see it.

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Section 1 – Account information

Adviser use – For paper application only - please answer all the questions in full. We cannot work from the quote you sent to the client.

Account code	<input type="text"/>
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Panel ID	<input type="text"/>
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Intermediary Case Reference Number	<input type="text"/>
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Adviser name	<input type="text"/>
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Company name	<input type="text"/>
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FCA number	<input type="text"/>
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Contact name	<input type="text"/>
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Contact phone number	<input type="text"/>
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Contact email address	<input type="text"/>
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Was advice given?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Indemnity commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Commission style	<input type="checkbox"/> Initial
	<input type="checkbox"/> Initial and renewal
	<input type="checkbox"/> No commission

For initial commission only

Commission type	<input type="checkbox"/> Required	<input type="checkbox"/> Sacrificed
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Commission basis	Lautro points <input type="checkbox"/>	Percentage of entitlement <input type="checkbox"/>
	Enter Lautro points <input type="text"/>	Enter percentage of entitlement <input type="text"/> %

Apply these commission details for all	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If the application contains multiple policies and you don't want the same commission details for each policy, please give us the commission details on a separate paper including the associated number you have allocated to that policy in section 3.

If you're using this form as a paper application, we'll automatically put the policy pack in the post to your client(s). You may also want to send a copy of your quote with this form.

Section 2 – Personal details

	First life covered	Second life covered	
1. Title	<input type="text"/>	<input type="text"/>	
2. Name	First name <input type="text"/>	First name <input type="text"/>	
	Middle name <input type="text"/>	Middle name <input type="text"/>	
	Last name <input type="text"/>	Last name <input type="text"/>	
3. Date of birth	<input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	<input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	
4. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Occupation	<input type="text"/>	<input type="text"/>	
6. What is your relationship to the first life covered?	Spouse	<input type="checkbox"/>	<input type="checkbox"/>
	Civil partner	<input type="checkbox"/>	<input type="checkbox"/>
	Live in partner	<input type="checkbox"/>	<input type="checkbox"/>
	Co-mortgagee	<input type="checkbox"/>	<input type="checkbox"/>
	Lender/Guarantor (Personal Loan Protection)	<input type="checkbox"/>	<input type="checkbox"/>
7. Smoking, tobacco and nicotine use <i>We need accurate information about your client's use of cigarettes, cigars, a pipe or any other tobacco or nicotine products including nicotine gums, patches, inhalers, tablets, lozenges, sprays and electronic products, even if only on an occasional basis. It's an important factor in our assessment of terms and payment of claims. We may carry out tests to confirm use.</i>	Never used	<input type="checkbox"/>	<input type="checkbox"/>
	Regular, occasional or social use	<input type="checkbox"/>	<input type="checkbox"/>
	Completely stopped within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
	Completely stopped more than five years ago	<input type="checkbox"/>	<input type="checkbox"/>
	Completely stopped more than three years ago	<input type="checkbox"/>	<input type="checkbox"/>
	Completely stopped more than 12 months ago	<input type="checkbox"/>	<input type="checkbox"/>
8. Phone number	Mobile <input type="text"/>	Mobile <input type="text"/>	
	Home <input type="text"/>	Home <input type="text"/>	
9. Email	<input type="text"/>	<input type="text"/>	
10. Address <i>The policyholder (and life covered, if different), must be a resident of the UK, Channel Islands, Isle of Man or Gibraltar</i>	Address line 1 <input type="text"/>	Address line 1 <input type="text"/>	
	Address line 2 <input type="text"/>	Address line 2 <input type="text"/>	
	Town/City <input type="text"/>	Town/City <input type="text"/>	
	County <input type="text"/>	County <input type="text"/>	
	Postcode <input type="text"/>	Postcode <input type="text"/>	
11. Pre-sale underwriting reference	<input type="text"/>		

Section 3 – Product details: Whole of Life Insurance+

Please number the policies you apply for in the space provided as this may be needed in sections 20 and 23(4).

	No. <input type="text"/>	No. <input type="text"/>
Life covered	<input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both	<input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both
Policyholder	<input type="checkbox"/> As above <input type="checkbox"/> First policyholder <input type="checkbox"/> Second policyholder	<input type="checkbox"/> As above <input type="checkbox"/> First policyholder <input type="checkbox"/> Second policyholder
Cover Basis <i>If you are applying for a joint life policy please confirm whether on a first death or second death basis</i>	<input type="checkbox"/> First Death <input type="checkbox"/> Second Death	<input type="checkbox"/> First Death <input type="checkbox"/> Second Death
Premium frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Cover <i>Minimum cover amount is £30,000</i>	Cover amount <input type="text"/> <u>OR</u> Premium <input type="text"/>	Cover amount <input type="text"/> <u>OR</u> Premium <input type="text"/>
Options	Waiver of premium <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both Deferred period – first life <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months Deferred period – second life <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Increasing cover Increasing cover rate <input type="checkbox"/> 3% <input type="checkbox"/> 5% <input type="checkbox"/> RPI	Waiver of premium <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both Deferred period – first life <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months Deferred period – second life <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Increasing cover Increasing cover rate <input type="checkbox"/> 3% <input type="checkbox"/> 5% <input type="checkbox"/> RPI
Will this replace an existing Aviva policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give existing Aviva policy number	<input type="text"/>	<input type="text"/>

Section 4 – Policyholder details

1. Are the lives covered the same as the policyholders?	<input type="checkbox"/> Yes Go to Section 5 <input type="checkbox"/> No Fill out below		
	First policyholder	Second policyholder	
2. Title	<input type="text"/>	<input type="text"/>	
3. Name	First name <input type="text"/>	First name <input type="text"/>	
	Middle name <input type="text"/>	Middle name <input type="text"/>	
	Last name <input type="text"/>	Last name <input type="text"/>	
4. Date of birth	<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"/>	
5. Phone number	Home <input type="text"/>	Home <input type="text"/>	
	Mobile <input type="text"/>	Mobile <input type="text"/>	
6. Email <i>Not required if policyholder is a company</i>	<input type="text"/>	<input type="text"/>	
7. Address	Address line 1 <input type="text"/>	Address line 1 <input type="text"/>	
	Address line 2 <input type="text"/>	Address line 2 <input type="text"/>	
	Town/City <input type="text"/>	Town/City <input type="text"/>	
	County <input type="text"/>	County <input type="text"/>	
	Postcode <input type="text"/>	Postcode <input type="text"/>	
8. What is the policyholder's relationship to the first life covered?	Spouse Civil partner Live in partner	First policyholder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Second policyholder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. What is the policyholder's relationship to the second life covered?	Spouse Civil partner Live in partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please use section 23(4) for further policyholders.

IMPORTANT: You must answer all questions fully, truthfully and accurately. Failure to do so may result in your policy being amended or cancelled, may reduce the amount payable in the event of a claim, or may result in the non-payment of a claim. You do not need to tell us about any predictive genetic test results unless this application, together with any existing cover, will total over £500,000 of life insurance. If your cover is over this limit, we only need to know about predictive genetic tests for Huntington's disease. You can tell us about any negative predictive genetic tests results, because it may help your application.

Section 5 – Lifestyle

Please note: sections 5 to 13 (inclusive) refer to the lives covered so the questions should be answered by them, not the policyholder, if different.

		First life covered	Second life covered
<p>1. How much alcohol do you drink in an average week?</p> <p><i>We need you to give us accurate information about your alcohol usage and let us know if you've been advised to reduce it, because it's an important factor in our assessment of terms and payment of claims.</i></p>	Number of pints of ordinary strength beer, lager or cider (Less than 5% strength)	<input type="text"/>	<input type="text"/>
	Number of pints of strong, premium beer, lager or cider (5% strength or more)	<input type="text"/>	<input type="text"/>
	Number of glasses of wine	<input type="text"/>	<input type="text"/>
	Number of single measures/shots of spirits or bottles of alcopops	<input type="text"/>	<input type="text"/>
	None, I do not drink alcohol	<input type="text"/>	<input type="text"/>

<p>2a. Have you ever attended, or been advised to attend, a support service or had therapy, treatment or counselling with the aim of reducing your alcohol intake?</p>	<p>First life covered</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Second life covered</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>If yes, please provide details of what occurred, when the advice, treatment or support was last given and details of any blood tests or scans you have had due to your alcohol consumption.</p>	
	<p>First life covered</p> <div style="border: 1px solid black; height: 150px;"></div>	<p>Second life covered</p> <div style="border: 1px solid black; height: 150px;"></div>

<p>2b. Has a doctor, or other health or social worker, been concerned about your drinking or suggested that you cut down?</p> <p><i>There is no need to tell us about standard advice to reduce your alcohol intake because of pregnancy only.</i></p>	<p>First life covered</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Second life covered</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>If yes, please advise who told you to reduce your alcohol consumption and when this was, the reason for the advice and what your alcohol consumption was at that time.</p>	
	<p>First life covered</p> <div style="border: 1px solid black; height: 150px;"></div>	<p>Second life covered</p> <div style="border: 1px solid black; height: 150px;"></div>

Section 5 – Lifestyle *continued*

3. If you are a regular, occasional or social smoker, or you have given up in the past 12 months, which of the following tobacco or nicotine products do you currently use?

If you only use other tobacco or nicotine products, including electronic products, or have given up in the last 12 months, please enter zero.

Cigarettes:
 Per day

Cigarettes:
 Per day

Small cigars
or cigarillos:
 Per day

Small cigars
or cigarillos:
 Per day

Large cigars
including
panatelas:
 Per day

Large cigars
including
panatelas:
 Per day

4. During the last ten years, have you used any of the following: *Your answer is confidential and we'll only use it to assess your application and in the event of a claim.*

- Recreational drugs, for example cannabis, cocaine, ecstasy, heroin etc.
- Stimulants, sedatives, tranquillisers or anabolic steroids that have not been prescribed by a doctor

• Methadone First life covered
 Yes No

Second life covered
 Yes No

If yes, please advise the drug(s) that you used and for each drug advise how long you were taking this for and when you last used the drug:

First life covered

Second life covered

First life covered

Second life covered

5. Height

Feet Inches
OR Metres

Feet Inches
OR Metres

6. Weight – *If pregnant, please give weight immediately before pregnancy.*

Stones Pounds
OR Kilos

Stones Pounds
OR Kilos

First life covered

Second life covered

Answer only if you are male

7a. What is your trouser size?

Please select the nearest size. If you wear more than one size, please choose the size you wear most frequently.

- Up to 34 inches or 86cms
- 36 inches or 91cms
- 38 inches or 97cms
- 40 inches or 102cms
- 42 inches or 107cms
- 44 inches or 112cms
- Over 44 inches or 112cms

- Up to 34 inches or 86cms
- 36 inches or 91cms
- 38 inches or 97cms
- 40 inches or 102cms
- 42 inches or 107cms
- 44 inches or 112cms
- Over 44 inches or 112cms

First life covered

Second life covered

Answer only if you are female

7b. What is your dress, skirt, or trouser size?

If you're pregnant, please give your size immediately before pregnancy. If you wear more than one size, please choose the size you wear most frequently.

- Up to size 10
- Size 12
- Size 14
- Size 16
- Size 18
- Size 20
- Over size 20

- Up to size 10
- Size 12
- Size 14
- Size 16
- Size 18
- Size 20
- Over size 20

Section 6 – Personal medical history

If you're using this form as non-interactive data capture or paper application and answer yes to any question in section 6 other than questions for asthma, please fill out section 7. If you have not answered yes to any question in this section, please move to section 8.

For all to answer	First life covered	Second life covered
1. Have you ever had:		
1a. Any disease or disorder of the heart, aorta or arteries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. Stroke, transient ischaemic attack, brain haemorrhage, brain aneurysm or brain damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c. Diabetes, pre-diabetes, impaired glucose tolerance (IGT) or raised blood sugar?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1d. Any neurological condition, for example multiple sclerosis, optic neuritis, paralysis, cerebral palsy, Parkinson's disease or any form of dementia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1e. Cancer, Hodgkin's disease, lymphoma, leukaemia, melanoma, or a cyst or tumour of the brain or spine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1f. A positive test for HIV, hepatitis B or hepatitis C?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For all to answer	First life covered	Second life covered
2. Within the last ten years have you:		
2a. Required hospital treatment for a mental health condition, been referred to or seen by a psychiatrist, or have you attempted suicide or self-harmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b. Been prescribed medication or required surgery or monitoring for ulcerative colitis, Crohn's disease or Barrett's oesophagus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c. Had any of these symptoms? <ul style="list-style-type: none"> • Blurred or double vision • Numbness, persistent pins and needles or loss of muscle power • Balance problems or dizziness • Tremor • Facial pain 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For all to answer	First life covered	Second life covered
3. Within the last four years have you had any of the following or required treatment for any of the following:		
3a. Any mental health condition including anxiety, stress, depression, insomnia or an eating disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. Asthma, chronic obstructive pulmonary disease (COPD), or any other condition affecting your lungs or breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

You don't need to tell us about hay fever or symptoms related to Coronavirus (COVID-19) unless the symptoms have not fully resolved.

Section 6 – Personal medical history *continued*

If you have asthma:

3c. In the last five years, have you been admitted to hospital for more than 24 hours because of asthma?

Yes No

Yes No

3d. How many days have you taken oral steroid tablets in the last two years?

Days

Days

3e. How many days have you taken off work because of asthma in the last two years?

Days

Days

For all to answer

3f. Raised blood pressure or raised cholesterol?

Yes No

Yes No

You don't need to tell us about fully resolved pregnancy related high blood pressure.

3g. A lump, growth, polyp or tumour?

Yes No

Yes No

3h. Chest pain, or an ECG or any other heart investigations?

Yes No

Yes No

Answer only if you're applying for waiver of premium

3i. Any problems with your eyes or ears?

Yes No

Yes No

You don't need to tell us about sight problems corrected by glasses or contact lenses, laser eye treatment for short/long sight or cosmetic reasons, simple earache and ear infections that have resolved leaving no continuing hearing loss.

3j. Lupus, fibromyalgia, gout, any form of arthritis or hypermobility disorder?

Yes No

Yes No

3k. Any pain, restriction in movement or injury to your joints, ligaments, tendons or muscles? (This may include your neck, back or shoulders)

Yes No

Yes No

4. Apart from anything you've already told us about, **within the last two years have you:**

4a. Been prescribed any medication or treatment for a continuous period of four weeks or more, or had any counselling?

Yes No

Yes No

You don't need to tell us about the oral contraceptive pill, medication or treatment for pregnancy, marriage or couples counselling, or minor accidents or injuries providing they have not prevented you from performing your daily activities or kept you off work for two weeks or more).

4b. Been referred to a medical professional or specialist? (Regardless of whether you attended)

Yes No

Yes No

4c. Had, or been advised to have any tests, investigations or follow-up appointments with a medical professional? (Regardless of whether you attended)

Yes No

Yes No

Answer only if you're applying for waiver of premium

4d. Been absent from work or unable to perform your daily activities due to illness, disorder or injury for more than two weeks at a time?

Yes No

Yes No

Section 6 – Personal medical history *continued*

5. Apart from anything you've already told us about:

5a. Are you waiting for the results of any test or investigation?

Yes No

Yes No

You don't need to tell us about routine well man/woman clinic appointments, employment medicals, private health medicals or routine fertility or pregnancy monitoring.

5b. **In the last three months** have you had any of these symptoms, even if you have not consulted a doctor?

- Unexplained weight loss
- A lump, growth or cyst
- Bleeding from the bowels or change in bowel habit
- Blood in your urine
- Persistent tiredness or fatigue
- A persistent cough lasting more than three weeks
- A mole or skin blemish which has changed

Yes No

Yes No

5c. **In the last month** have you experienced any symptoms for which you have not yet sought medical advice?

Yes No

Yes No

You don't need to tell us about routine pregnancy or fertility appointments.

Answer only if you're applying for waiver of premium

5d. Are you currently unable to work or do you have any condition that restricts your ability to perform your occupation or your normal daily activities?

Yes No

Yes No

Section 7 – Additional health questionnaire

Only fill out this section if you're using this form as a non-interactive data capture or paper application and have answered yes to any question in section 6 other than questions for asthma. Please complete section 7 for each separate condition and continue on a separate sheet available in Section 23(7) if necessary.

You only need to provide details of any condition once, even if it relates to more than one question in section 6.

	First life covered	Second life covered
1. In section 6, which question(s) did you answer yes to? For example 1a, 2b etc	<input type="text"/>	<input type="text"/>
2. Condition	<input type="text"/>	<input type="text"/>
3. Are you currently taking or have you been advised to take any medication for this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the medication: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the medication: <input type="text"/>
4. Does this condition restrict you from carrying out any routine daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the restrictions: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the restrictions: <input type="text"/>

		First life covered	Second life covered
5. When did you last take any time off due to this condition?	Currently off work Within the last three months Between three months and a year ago More than a year ago No time off work	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. If you have taken time off, how many days have you taken off work because of this condition in the last two years?		<input type="text"/> Days	<input type="text"/> Days
7. When did you last experience any symptoms of this condition?	Currently experiencing symptoms Within the last six months More than six months ago, but within the last year More than one year ago Never experienced symptoms	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 7 – Additional health questionnaire *continued*

<p>8. If you have experienced symptoms, please give details of the symptoms.</p>	<p>First life covered</p>	<p>Second life covered</p>										
<p>9. When were you diagnosed with this condition?</p>	<p>No diagnosis made Within the last three months Between three months and a year ago More than a year ago</p>	<table border="1"> <thead> <tr> <th>First life covered</th> <th>Second life covered</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	First life covered	Second life covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First life covered	Second life covered											
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<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<p>10. Are you under any form of follow up or awaiting investigations or referral for this condition?</p>	<table border="1"> <thead> <tr> <th>First life covered</th> <th>Second life covered</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"> <p>If yes, please provide full details including when and where you were first seen or will be seen, and if applicable, when and where you were last seen, how often you are followed up and the type of investigations awaited:</p> </td> </tr> <tr> <td><div style="height: 150px;"></div></td> <td><div style="height: 150px;"></div></td> </tr> </tbody> </table>		First life covered	Second life covered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, please provide full details including when and where you were first seen or will be seen, and if applicable, when and where you were last seen, how often you are followed up and the type of investigations awaited:</p>		<div style="height: 150px;"></div>	<div style="height: 150px;"></div>		
First life covered	Second life covered											
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No											
<p>If yes, please provide full details including when and where you were first seen or will be seen, and if applicable, when and where you were last seen, how often you are followed up and the type of investigations awaited:</p>												
<div style="height: 150px;"></div>	<div style="height: 150px;"></div>											
<p>11. Is there any further information you would like to provide regarding this condition?</p>	<table border="1"> <thead> <tr> <th>First life covered</th> <th>Second life covered</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"> <p>If yes, please provide the further information here:</p> </td> </tr> <tr> <td><div style="height: 150px;"></div></td> <td><div style="height: 150px;"></div></td> </tr> </tbody> </table>		First life covered	Second life covered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, please provide the further information here:</p>		<div style="height: 150px;"></div>	<div style="height: 150px;"></div>		
First life covered	Second life covered											
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No											
<p>If yes, please provide the further information here:</p>												
<div style="height: 150px;"></div>	<div style="height: 150px;"></div>											

Please go to section 23(7) to complete the information for other conditions. You can click [HERE](#) to take you there if completing electronically.

Section 8 – Family history

If you are aged 50 or over please move to section 10.

	First life covered	Second life covered
1. Have any of your natural parents, brothers or sisters been diagnosed with, or died from, any of the following before age 60? <i>You do not need to tell us about half-brothers or half-sisters</i>		

For all to answer

Heart attack, angina or stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colon or bowel cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor neurone disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alzheimer's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscular dystrophy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Huntington's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Polycystic kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cardiomyopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answer only if you are female

Breast or ovarian cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------	--	--

For all to answer

Don't know as I have no further contact with family members or don't know as I am adopted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

2. Apart from anything you've already told us about:

For all to answer

Have you had or been offered screening for any condition that runs in your family (even if you didn't attend or haven't attended yet)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to ' Have you had or been offered screening for any condition that runs in your family (even if you didn't attend or haven't attended yet)? '	Please confirm the condition that runs in your family and provide details of your screening programme, including the results to date.	

For non-interactive data capture or paper application only: If you have answered yes to any of the questions in this section, please fill out section 9. If not, please move to section 10.

Section 9 – Additional family history

Only fill out this section if you're using this form as a non-interactive data capture or paper application, and have answered yes to any question in Section 8.

	First life covered	Second life covered
1. Condition	<input type="text"/>	<input type="text"/>
2. Number of family members affected with this condition	<input type="text"/>	<input type="text"/>
3. Please provide the relationship of the relative(s) affected and their age at diagnosis	<input type="text"/>	<input type="text"/>

If you are unsure of the exact age at diagnosis, please give the approximate age to the best of your knowledge. If there are more than two family members, please continue on a separate sheet.

If there are any further types of family history from Section 8, please disclose them on a separate sheet.

For all to answer

4. If you have answered yes to ' colon or bowel cancer ,' are you under any form of follow up or screening programme regarding your family history?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please give full details including the result of any investigations and dates:			
<input type="text"/>		<input type="text"/>		

Answer only if you are female

5(a). If you have answered yes to ' breast and ovarian cancer ', are you under any form of follow up or screening programme regarding your family history?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please give full details including the result of any investigations and dates:			
<input type="text"/>		<input type="text"/>		
5(b). If you have a family history of breast cancer , have you ever undergone investigations, had treatment for, or been diagnosed with any form of breast lump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Please provide full details about this history, including when this was diagnosed, type of lump (if known), details of any treatment, whether the breast lump(s) is present and whether you are under any review or follow-up.			
<input type="text"/>		<input type="text"/>		
5(c). If you have a family history of breast cancer , have any of your grandparents or aunts been diagnosed with breast cancer before the age of 60?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 10 – Residency, travel & sports

First life covered

Second life covered

1. During the last three years, have you spent more than 90 days in total in Africa, the Caribbean, Russia, Thailand or Ukraine?

You should add together the days spent in these regions but you can ignore holidays lasting less than 1 month and postings as a member of HM Forces.

Yes No

Yes No

If yes, please detail countries visited, time spent there and dates of travel:

2. During the next 12 months, do you intend to spend more than 30 days outside of the UK, EU, other Western European countries, North America, Australia or New Zealand?

You can ignore holidays lasting less than one month, business trips of up to one week provided they do not total more than 12 weeks and postings as a member of HM Forces.

Yes No

Yes No

3. If you answered **yes** to question 2, in the next 12 months do you expect to spend more than six months outside the UK?

Yes No

Yes No

If yes, please provide details of the countries you intend to visit, how long you will stay and the dates you will be travelling

If no, please tell us the names of the countries you intend to reside in or travel to:

Section 10 – Residency, travel & sports *continued*

For all to answer	First life covered	Second life covered
4. Do you take part in any of the following activities?		
Underwater diving	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mountaineering or rock climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flying (other than as a fare paying passenger), hang gliding or paragliding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motorcar or motorcycle sport	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parachuting, skydiving or BASE jumping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer only if you're applying for waiver of premium		
Caving or potholing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Powerboat racing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trans-ocean sailing or offshore racing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full contact martial arts, combat sport or boxing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any extreme sport, for example bungee jumping (other than one-off bungee jumps), white water rafting, cliff or free diving etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 11 – Occupation

Please note, if you're using this form for interactive data capture purposes, not all of these questions may appear when inputting into the interactive online system.

If you're retired and over 50, please move to section 12.

Answer only if you are aged 50 or under

1. Are you a member of the Armed Forces Reserves or Territorial Army?

First life covered

Yes No

Second life covered

Yes No

For all to answer

2. Which industry or service do you work in?

Armed Forces

Yes No

Yes No

Flying other than as a fare paying passenger or as a member of the armed forces

Yes No

Yes No

Commercial underwater diving

Yes No

Yes No

Working on a fishing vessel or trawler

Yes No

Yes No

Tunnelling below ground

Yes No

Yes No

Quarrying

Yes No

Yes No

Mining

Yes No

Yes No

Working offshore on an oil or gas platform

Yes No

Yes No

Working outside at heights over 15 metres (50 feet) for more than 25% during a typical week

Yes No

Yes No

Merchant marine

Yes No

Yes No

Prison service

Yes No

Yes No

Police service

Yes No

Yes No

Sports professional

Yes No

Yes No

Answer only if you are aged 60 or under

3. Are you likely to travel as part of your occupation to countries where there are areas of internal conflict or insecurity (other than as a member of the Armed Forces)?

First life covered

Yes No

Second life covered

Yes No

If yes, please provide full details, including the countries you will be travelling to and the reason for the travel:

If you're unsure about the security situation in a country you may visit, please check on the government website at gov.uk/foreign-travel-advice and click on travel advice by country. If the Foreign and Commonwealth Office advises against any travel to any part of the country you should answer the question as 'Yes'.

Section 11 – Occupation *continued*

Answer only if you are retired and are aged 50 or under

First life covered

Second life covered

4. Please confirm when you retired, whether your health influenced your retirement, and if so, please tell us about the medical condition.

--	--

Answer only if you are applying for waiver of premium

First life covered

Second life covered

5. Is your work clerical/administrative and based in an office environment for at least 75% of a typical working day?

Yes No

Yes No

If no, does your job involve carrying, lifting, working with machinery or tools?

Yes No

Yes No

If yes, please advise what percentage of your normal working day is spent carrying out manual duties:

%

%

6. Does your occupation require you to drive (other than commuting to and from work)?

Yes No

Yes No

If yes, what is your annual business mileage?

Less than 10,000 miles

Less than 10,000 miles

10,001 to 25,000 miles

10,001 to 25,000 miles

25,001 to 40,000 miles

25,001 to 40,000 miles

More than 40,000 miles

More than 40,000 miles

Section 12 – Overall cover

	First life covered	Second life covered
1. Apart from this application, have you applied to Aviva for life insurance within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, excluding this application, what is the total amount of life insurance cover that you hold with Aviva?	£ <input type="text"/>	£ <input type="text"/>
2. Including this application, will the total amount of life insurance with Aviva or any other company, be more than £1,500,000 (£750,000 if houseperson, unemployed, student or retired)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, go to section 13. If yes, ignoring any existing insurance plans that will be definitely cancelled or replaced by this application and any other applications currently being made that will definitely be cancelled if this application is put into force, how much life insurance will you have when this cover is put into force?	£ <input type="text"/> You'll need this figure in Section 20	£ <input type="text"/> You'll need this figure in Section 20

Section 13 – Doctor's details

Please complete this section so we know who to contact if we need medical information. For more details, please refer to Section 17.

	First life covered	Second life covered
1. Name	Doctor's name <input type="text"/> OR Surgery name <input type="text"/>	Doctor's name <input type="text"/> OR Surgery name <input type="text"/>
2. Surgery address	Address line 1 <input type="text"/> Address line 2 <input type="text"/> Town/City <input type="text"/> County <input type="text"/> Postcode <input type="text"/>	Address line 1 <input type="text"/> Address line 2 <input type="text"/> Town/City <input type="text"/> County <input type="text"/> Postcode <input type="text"/>
3. Phone number	<input type="text"/>	<input type="text"/>

IMPORTANT: Before going any further, please ensure you have answered all questions in sections 5-13 fully, truthfully and accurately. Failure to do so may result in your policy being amended or cancelled, may reduce the amount payable in the event of a claim, or may result in the non-payment of a claim.

Section 14 – Payment details



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



Aviva Life & Pensions UK Limited,
Wellington Row, York, YO90 1WR

Please fill in the whole form using a ball point pen and send it to: Aviva Life & Pensions UK Limited, PO Box 520, Norwich, NR1 3WG.

Name and full postal address of your Bank or Building society

To The Manager	Bank/Building Society
Address	
Postcode	

Service user number

2	9	4	0	1	6
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Instruction to your Bank or 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(s) of Account Holder(s)

Bank/Building Society account number

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

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 is not part of the Instruction to your Bank or Building Society and must be detached by Aviva Life & Pensions UK Limited before submission to the Paying Bank.

Account holders address	Address
Preferred payment day (Between 1st and 28th)	Postcode

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 five 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.



Section 14 – Payment details



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



Aviva Life & Pensions UK Limited,
Wellington Row, York, YO90 1WR

Please fill in the whole form using a ball point pen and send it to: Aviva Life & Pensions UK Limited, PO Box 520, Norwich, NR1 3WG.

Name and full postal address of your Bank or Building society

To The Manager	Bank/Building Society
Address	
Postcode	

Service user number

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Branch Sort code

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Reference

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Signature(s)

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Section 15 – Important information

The policy conditions and policy summary for the product you are applying for are important and you should take time to read them.

You should have already received these documents but if you have not please ask your financial adviser for a copy.

Section 16 – Data protection

Privacy Notice

Aviva Life & Pensions UK Limited is the main company responsible for your Personal Information (known as the controller).

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](https://www.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

Section 17 – Medical reports

Please read this section carefully as it tells you how we'll obtain your medical information if we need it.

As part of the application process, Aviva asks all customers to give consent for us to request a medical report from their doctor under the Access to Medical Reports Act 1988 (AMRA). We also need your GP details. If you choose not to give consent, or if you're unable to, we will not be able to go ahead with your application. This doesn't stop you from applying to other companies for cover. A report can be sent electronically using secure software or in the post.

A report may be needed to help Aviva make a decision about the insurance you've applied for or within 12 months of your policy starting to help Aviva monitor the quality of customer information provided.

Aviva accepts the vast majority of applications based on customer information alone without obtaining upfront medical evidence. After the policy has started, we will obtain a doctor's report for a selection of these customers, to ensure the application questions have been answered accurately. We call this post-issue sampling, and the possible outcomes of this are:

- The policy will remain in force on the original terms.
- If evidence is received showing that the policy would have been offered on different terms, the policy will be amended to reflect this.
- If evidence shows information that means we wouldn't have offered a policy, the policy will be cancelled, and premiums refunded.

Aviva will tell you if it needs to ask your doctor to prepare a medical report and will use the consent you give to do this. Your doctor will

use your medical records to complete a medical report. Usually the report will be sent directly to us. However, you can ask to see it before it's sent to us. We'll use the report to assess your application, for audit purposes or in the event of a claim.

What we'll ask for

We'll ask your doctor:

- for information about your medical history, including details of any relevant illnesses, trauma, hospital admissions, medical consultations, referrals, tests or investigations and treatments you may have had
- about your current health including any care, medication or treatment you're receiving and the results of any referrals or tests you're waiting for.

We won't ask your doctor:

- for information about any negative tests for HIV, hepatitis B or C, or any sexually-transmitted diseases unless there could be long term effects on your health
- about any predictive genetic test results unless this application, together with any existing cover, will total over £500,000 of life insurance. If your cover is over this limit, we only need to know about predictive tests for Huntington's disease. You can tell us about any negative predictive test results, because it may help your application.

You can find two copies of the Aviva Access to Medical Reports Declaration in Section 21.

Section 18 – Residency

Please read this section carefully as it tells you the residency criteria that you need to fulfil in order to apply for the policy. At the time you complete the application, both you and the life covered must:

1. be in the UK, the Channel Islands, the Isle of Man or Gibraltar, with a legal right to live in that jurisdiction, and
2. consider your main home as being in the UK, the Channel Islands, the Isle of Man or Gibraltar and have no current intention of moving anywhere else permanently.

You need to tell us if you move outside of the UK, the Channel Islands, Isle of Man or Gibraltar and your main residence is in another territory. Laws in the territory you become resident in may affect your

ability to continue to benefit fully from the features of your policy. We may need to change, reduce or remove any of your policy terms. We'll give you details once you've told us. You should seek your own independent advice to consider your options if you move to another territory.

Regardless of what is set out elsewhere in the policy terms we will not be obliged to exercise any of our rights and/or comply with any of our obligations under this policy, if to do so would cause, or be reasonably likely to cause, us to breach any law or regulation in any territory.

Section 19 – Financial crime

To verify your identity and prevent financial crime, your information may be used by any company within the Aviva group. It may also be shared with third parties who provide services to us, and any other organisations, where required to by law and regulation.

We may record any searches carried out. These, and any suspicion of financial crime, may be used to help other companies with verification and identification. The search isn't a credit check and your credit rating shouldn't be affected.

Section 20 – Declaration to Aviva Life & Pensions UK Limited ('Aviva')

Policy numbers:

1.	2.	3.
4.	4.	6.

You only need to complete the declaration if you're using this form as an application form.

- **If you're a life covered and a policyholder** – you should read part 1 and part 2 of the declaration.
- **If you're a life covered only** – you should read part 1 of the declaration then sign, date and return it to us. Not applicable for Income Protection+.
- **If you're a policyholder only** – you should read part 3 of the declaration (over the page) then sign, date and return it to us. Not applicable for Income Protection+.

Part 1 – If you're a life covered please read this section.

I confirm:

- The answers I've provided about my health and lifestyle are truthful, accurate and complete.
- I'm aware that if any of the information I've provided is not truthful, accurate or complete, and this might have reasonably affected their decision to provide cover, Aviva may amend or cancel the policy, may reduce the amount payable in the event of a claim, or may not pay a claim.
- I'll check my answers to the health and lifestyle questions in the personal details confirmation form sent to me, and will let Aviva know within 14 days if anything is incorrect. If I don't receive this document within 10 days then I'll contact Aviva so that they can send me another one.
- I'll let Aviva know if any of my answers to the health and lifestyle questions change before they confirm when cover will start. I am aware that any changes may result in alterations to the cover, premium or benefits offered.
- I've read the important information about how medical information can be obtained from my doctor, either for the purposes of assessing my application, or for audit purposes, and I agree to give my written consent to such information being obtained, if required.
- I understand that Aviva may need to seek medical information in the event of a claim and I also agree to provide my authority for this.
- I give my authority for Aviva, and any company within the Aviva group, to seek relevant information from other insurers if I've applied, or am currently applying, for a policy with them.
- I've read the Data protection section, which explains how my personal data will be held and used, and am happy to continue with this application.
- I'm currently living in the UK, Channel Islands, Isle of Man or Gibraltar and meet the residency criteria in section 18.

Part 2 – If you're both a policyholder and a life covered, please read this section (in addition to Part 1 above).

I confirm:

- I'm aware of the importance of reading the Policy Conditions and Policy Summary for the policy or policies I am applying for and that these documents, together with my Policy Schedule, the personal details confirmation, this declaration and any information given in the application process, will apply to my policy.
- I understand that the Policy Conditions are written subject to the laws of England.
- I'm currently living in the UK, Channel Islands, Isle of Man or Gibraltar and meet the residency criteria in section 18.
- I've read the Financial crime section and understand Aviva, or a company within the Aviva group of companies, may need to verify my identity and address using the services of a third party company.
- I understand that it may be necessary to assess my application and that cover will not start until Aviva has accepted my application, received a Direct Debit mandate and confirmed when cover will start.

First life covered

Name

Signature

Date

Second life covered (if any)

Name

Signature

Date

Section 20 – Declaration to Aviva Life & Pensions UK Limited ('Aviva') *continued*

Part 3 – If you're a policyholder only please read this section.

I confirm:

- I'm aware of the importance of reading the Policy Conditions and Policy Summary for the policy or policies I am applying for and that these documents, together with my Policy Schedule, the Personal details confirmation, this declaration and any information given in the application process will apply to my policy.
- I understand that the Policy Conditions are written subject to the laws of England.
- I'm currently living in the UK, Channel Islands, Isle of Man or Gibraltar and meet the residency criteria in section 18.
- I've read the Financial crime section and understand Aviva, or a company within the Aviva group of companies, may need to verify my identity and address using the services of a third party company.
- I've read the Data protection section, which explains how my personal data will be held and used, and am happy to continue with this application.
- I understand it may be necessary to assess my application and that cover will not start until Aviva has accepted my application, received a Direct Debit mandate and confirmed when cover will start.
- I understand cover is provided on the basis that the answers provided by the life or lives covered are truthful, accurate and complete.
- I'm aware that if any of the information the life or lives covered have provided is not truthful, accurate or complete, and this might have reasonably affected their decision to provide cover, Aviva may amend or cancel the policy, may reduce the amount payable in the event of a claim, or may not pay a claim.

If the policyholder is an individual, please sign below.

First policyholder Name <input type="text"/> Signature <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Second policyholder (if any) Name <input type="text"/> Signature <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Third policyholder (Trustee applications only) Name <input type="text"/> Signature <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fourth policyholder (Trustee applications only) Name <input type="text"/> Signature <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If you're applying as trustees of an existing trust, please state the name and date of that trust.

Name of trust	Date of trust
---------------	---------------

If there are more than four trustees then please use a separate piece of paper for their signatures and include with this application. The following statement should be included '**Continuation of application made by trustees of <name of trust>**'.

Trust Registration Trusts may need to be registered with HMRC. If this application is being made by the trustees of a trust that has been registered, or needs to be registered, then Aviva will need to see evidence of the registration before proceeding with the application. Registration is the trustee's responsibility. If the trust does not need to be registered then we will need written confirmation of this before proceeding with the application.

You can find more information about the Trust Registration Service on the **Government website**. If you're unsure about what you need to do, you should speak to your financial adviser.

If this application is being made by the Trustees of an existing Trust, we will generally write to the first Trustee as named on the Trust form. It is the responsibility of the first named Trustee to keep the other Trustees informed. However, there may be circumstances where we need to communicate with all Trustees. We will still only act on the instructions of all Trustees.

Confidential financial questionnaire

IMPORTANT: You must answer all questions fully, truthfully and accurately. Failure to do so may result in your policy being amended or cancelled, may reduce the amount payable in the event of a claim, or may result in the non-payment of a claim.

Section 21 – Financial information section

Only fill out this section if you need to give us financial information. The financial information we require depends on the cover amount(s) you provided in section 12 (Questions 2):

Up to £1,500,000 life insurance	No financial information is routinely required. For housepersons and non-earners (eg student, retired, unemployed), we'll need our full financial questionnaire if the overall cover exceeds £750,000 life insurance.
£1,500,001 to £2,500,000 life insurance	Please complete the short financial questionnaire that follows.
>£2,500,000 life insurance	Please complete our full financial questionnaire - which can be downloaded from: http://www.aviva-for-advisers.co.uk/adviser/site/public/contact-us/protection

(We will consider a copy of the fact find instead, for overall cover up to £3m life insurance)

Where the total cover with Aviva and/or Friends Life exceeds £4m life insurance	Full financial questionnaire and appropriate supporting evidence: <ul style="list-style-type: none">● Copy of P60 (or equivalent) if personal/family cover.● Loan offer letters if related to new loans, or latest statements for existing loans.● Solicitor or accountant's letter confirming potential liability and how it has been calculated if cover is IHT related. (But let us know if this is not readily available.)
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Are you able to provide this information now? Yes No

If **no**, please either post the short or full financial questionnaire to Aviva, PO Box 520, Norwich, NR1 3WG or e-mail it to protection@aviva.com, in which case please add application number:

Section 21 – Short financial questionnaire

Please complete this section and the questions & declaration(s) that follow.

Reason for the application(s)
(complete for all that apply)

If you answer **“yes”** to any of the questions asked in this short questionnaire, then you will also need to complete our full financial questionnaire.

First life covered

Second life covered (if any)

IHT	What is the current IHT liability, taking into account any reliefs that are available?	£ <input type="text"/>	£ <input type="text"/>
	Will the amount of cover exceed the liability or could the proceeds of this policy become payable before the liability arises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other reason?		Complete our full financial questionnaire	Complete our full financial questionnaire

Section 21 – Short financial questionnaire *continued*

Declaration & signatures (To be completed if this form is sent to us after the application is submitted).

IMPORTANT: You must answer all questions fully, truthfully and accurately. Failure to do so may result in your policy being amended or cancelled, may reduce the amount payable in the event of a claim, or may result in the non-payment of a claim.

Declaration: All the information on this questionnaire, and all other declarations relating to it, is truthful, accurate and complete.

Additional declaration by each policyholder wishing to insure the life of another person - I agree that this questionnaire, and all other declarations relating to it, will form the basis of the contract with Aviva.

Signature of first life covered

Name

Signature

Date

Signature of second life covered (if any)

Name

Signature

Date

Additional signature required if the policyholder is not the life covered, or the life covered is not an authorised signatory for the policyholder

Name

Signature

Date

Details of person signing as policyholder

Name

Signature

Date

IMPORTANT: Before going any further, please ensure you have answered all questions in section 21 fully, truthfully and accurately. Failure to do so may result in your policy being amended or cancelled, may reduce the amount payable in the event of a claim, or may result in the non-payment of a claim.

Section 22 – Aviva Access to Medical Reports declaration

FOR FINANCIAL ADVISER USE ONLY

Application reference

B	A	P								
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Authority for Aviva to approach your doctor to obtain medical information in connection with your application.

What you need to do

Please read the following information (in particular, **Your rights under the Access to Medical Reports Act 1988** section on the back of this form before signing as it contains details of your rights and what information we will and will not request.

You should complete sections 1 and 2 of this form and send back to us as quickly as possible to ensure we can make a decision on your application.

Please return the form to:

The Chief Medical Officer

Aviva

PO Box 520

Norwich

NR1 3WG

Section 1 – Your details

Your full name

Your date of birth

D	D	M	M	Y	Y	Y	Y
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Section 2 – Declaration

I confirm that:

- I've read the contents of this consent form, including **Your rights under the Access to Medical Reports Act 1988** section. I know what information Aviva needs, and why.
- I give my consent to Aviva seeking (i) a medical report from any doctor I've consulted under AMRA and/or (ii) any other information which is relevant to the assessment of my application.
- I give my consent to any doctor I've consulted to release and provide to Aviva any information concerning my physical and/or mental health which Aviva considers is relevant to the assessment of my application. Aviva will use this form as proof that I've given them my consent to request other relevant information from my doctor.
- My consent is valid for 12 months from the date of this consent form, or until the assessment of my application has been completed.

Please confirm whether you want to see the report before it is sent to us.

Yes I want to see the report

No I don't want to see the report

Signature

Today's date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Section 22 – Aviva Access to Medical Reports declaration

continued

Your rights under the Access to Medical Reports Act 1988:

Before we can ask a doctor to give us a medical report, you need to give your consent under the Access to Medical Reports Act 1988 (or if you live in Northern Ireland or the Isle of Man, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Act 1993 respectively) (collectively referred to as “AMRA”).

This is specific legislation which allows insurers, like Aviva, to obtain a medical report with your consent.

We may need to ask for additional information (such as specialist letters or test results) from your doctor to give us the information we need to fully assess the application.

Please be assured that we'll only ask for, and take into account, the medical information that we need to in relation to your application. We respect the confidentiality and privacy of your information and will ensure that your medical information isn't kept for longer than is necessary and is safe in our hands. We may also need to send it to other third parties, such as reinsurers, to help assess your application.

Your rights under this Act are as follows:

- You can change your mind at any time before your doctor sends the medical report to us. Just contact the team on **0800 2851 098/+44 1603 603 479** or your doctor directly. However, if you do withhold/ withdraw your consent, we may not be able to go ahead with your application. Where your policy has already been set up, withholding/ withdrawing your consent may result in your policy being cancelled and premiums refunded.
- You can ask to see the report before your doctor sends it to us. If this is the case, we'll tell the doctor you wish to see the report. Your doctor will keep the report for 21 days so you can arrange to see it. If you've not made arrangements to see the report within this time, your doctor will send it to us, unless you withdraw consent for us to access the report.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. If you ask to see a copy of the report at a later date, you can speak to your doctor, or ask us. If you ask us, we may need to consult with your doctor before providing a copy of the report.
- If you think any part of the report isn't correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask them to attach a statement outlining your views, which will then accompany the report. Or, you can withdraw your consent and ask your doctor not to send your medical report to us.
- In some circumstances the doctor may decide, in the interests of your health, or to respect the interests of other persons, that you

should not see all or part of the medical report. The doctor will tell you of this and you will have the right to see any remaining part of the report. If the doctor decides that you should not see any of the report, it may be that they will not give it to us without your consent.

Detail about the type of information that will be provided in the GP's medical report:

Our preference is to request an electronic report using secure software. Electronic reports are more comprehensive and can be requested and returned to us more quickly. We would request a manual (paper) report if your GP doesn't have the software to produce an electronic report.

For electronic reports:

The medical report your doctor completes will contain the following, where applicable:

- Details of major conditions which impact on your long-term health, for example:
 - Malignancy (cancer), cardiovascular (heart) disease and diabetes.
 - Neurological conditions, such as Multiple Sclerosis or Alzheimer's Disease.
 - Suicidal thoughts or attempts at suicide.
 - Conditions related to drug or alcohol misuse or smoking.
- Details of referrals from the last 10 years, for example a referral to a specialist at a hospital.
- Details of relevant medical consultations you have had over the last 10 years. (Information from consultations not considered relevant to your application, for example details regarding uncomplicated pregnancy, or minor conditions such as acne or chicken pox, will not be included in the report).
- Details of investigations such as biopsies, blood tests, electrocardiograms (heart tests), urinalyses (tests on urine), x-rays or other investigations from the last 10 years.
- Copies of any hospital letters from the last 5 years.
- Medication prescribed within the last 5 years.
- Details of blood pressure, cholesterol and height / weight recordings in the last 3 years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

For manual reports:

The medical report your doctor fills in asks about the following:

- Your current health including any care, medication or treatment you are currently receiving.

Section 22 – Aviva Access to Medical Reports declaration

continued

- The results of referrals or tests you are waiting for.
- Any time off work in the last three years.
- Your past health including details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your doctor or any other medical adviser, therapist or counsellor, in particular if you have a history of:
 - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
 - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
 - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
 - suicidal thoughts or attempts at suicide; or – conditions related to drug or alcohol misuse or smoking or chewing tobacco
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years or
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

In both reports we will not ask your doctor to reveal information about:

- Negative tests for HIV, hepatitis B or C;
- Any sexually-transmitted diseases unless there could be long-term effects on your health.
- Any predictive genetic test results (except genetic tests for Huntington's disease, but only when the total amount of your life cover is more than £500,000.)

If this information is included, we'll disregard it. If your doctor does include reference to other unfavourable predictive genetic test results, we will not take these into account when assessing your application or considering a claim.

If your doctor includes reference to favourable genetic test results, we can take these into account if they show that you haven't inherited a condition your family suffers from.

If you have any questions about your rights under the Act or the process of getting, assessing or storing medical information, please write to: **Chief Medical Underwriter, Aviva, Wellington Row, York, YO90 1WR.**

The information you and your doctor provide about your health may result in us:

- Setting premiums at standard rates
- Increasing premiums above standard rates,
- Applying exclusions, or
- Refusing to provide insurance or, where insurance has already been provided, cancelling your policy.

Section 22 – Aviva Access to Medical Reports declaration

continued

FOR FINANCIAL ADVISER USE ONLY

Application reference

B	A	P								
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Authority for Aviva to approach your doctor to obtain medical information in connection with your application.

What you need to do

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You should complete sections 1 and 2 of this form and send back to us as quickly as possible to ensure we can make a decision on your application.

Please return the form to:

The Chief Medical Officer

Aviva

PO Box 520

Norwich

NR1 3WG

Section 1 – Your details

Your full name

Your date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Section 2 – Declaration

I confirm that:

- I've read the contents of this consent form, including **Your rights under the Access to Medical Reports Act 1988** section. I know what information Aviva needs, and why.
- I give my consent to Aviva seeking (i) a medical report from any doctor I've consulted under AMRA and/or (ii) any other information which is relevant to the assessment of my application.
- I give my consent to any doctor I've consulted to release and provide to Aviva any information concerning my physical and/or mental health which Aviva considers is relevant to the assessment of my application. Aviva will use this form as proof that I've given them my consent to request other relevant information from my doctor.
- My consent is valid for 12 months from the data of this consent form, or until the assessment of my application has been completed.

Please confirm whether you want to see the report before it is sent to us.

Yes I want to see the report

No I don't want to see the report

Signature

Today's date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Section 22 – Aviva Access to Medical Reports declaration

continued

Your rights under the Access to Medical Reports Act 1988:

Before we can ask a doctor to give us a medical report, you need to give your consent under the Access to Medical Reports Act 1988 (or if you live in Northern Ireland or the Isle of Man, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Act 1993 respectively) (collectively referred to as “AMRA”).

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Your rights under this Act are as follows:

- You can change your mind at any time before your doctor sends the medical report to us. Just contact the team on **0800 2851 098/+44 1603 603 479** or your doctor directly. However, if you do withhold/ withdraw your consent, we may not be able to go ahead with your application. Where your policy has already been set up, withholding/ withdrawing your consent may result in your policy being cancelled and premiums refunded.
- You can ask to see the report before your doctor sends it to us. If this is the case, we'll tell the doctor you wish to see the report. Your doctor will keep the report for 21 days so you can arrange to see it. If you've not made arrangements to see the report within this time, your doctor will send it to us, unless you withdraw consent for us to access the report.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. If you ask to see a copy of the report at a later date, you can speak to your doctor, or ask us. If you ask us, we may need to consult with your doctor before providing a copy of the report.
- If you think any part of the report isn't correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask them to attach a statement outlining your views, which will then accompany the report. Or, you can withdraw your consent and ask your doctor not to send your medical report to us.
- In some circumstances the doctor may decide, in the interests of your health, or to respect the interests of other persons, that you

should not see all or part of the medical report. The doctor will tell you of this and you will have the right to see any remaining part of the report. If the doctor decides that you should not see any of the report, it may be that they will not give it to us without your consent.

Detail about the type of information that will be provided in the GP's medical report:

Our preference is to request an electronic report using secure software. Electronic reports are more comprehensive and can be requested and returned to us more quickly. We would request a manual (paper) report if your GP doesn't have the software to produce an electronic report.

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 - Neurological conditions, such as Multiple Sclerosis or Alzheimer's Disease.
 - Suicidal thoughts or attempts at suicide.
 - Conditions related to drug or alcohol misuse or smoking.
- Details of referrals from the last 10 years, for example a referral to a specialist at a hospital.
- Details of relevant medical consultations you have had over the last 10 years. (Information from consultations not considered relevant to your application, for example details regarding uncomplicated pregnancy, or minor conditions such as acne or chicken pox, will not be included in the report).
- Details of investigations such as biopsies, blood tests, electrocardiograms (heart tests), urinalyses (tests on urine), x-rays or other investigations from the last 10 years.
- Copies of any hospital letters from the last 5 years.
- Medication prescribed within the last 5 years.
- Details of blood pressure, cholesterol and height / weight recordings in the last 3 years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

For manual reports:

The medical report your doctor fills in asks about the following:

- Your current health including any care, medication or treatment you are currently receiving.

Section 22 – Aviva Access to Medical Reports declaration

continued

- The results of referrals or tests you are waiting for.
- Any time off work in the last three years.
- Your past health including details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your doctor or any other medical adviser, therapist or counsellor, in particular if you have a history of:
 - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
 - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
 - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
 - suicidal thoughts or attempts at suicide; or – conditions related to drug or alcohol misuse or smoking or chewing tobacco
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years or
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

In both reports we will not ask your doctor to reveal information about:

- Negative tests for HIV, hepatitis B or C;
- Any sexually-transmitted diseases unless there could be long-term effects on your health.
- Any predictive genetic test results (except genetic tests for Huntington's disease, but only when the total amount of your life cover is more than £500,000.)

If this information is included, we'll disregard it. If your doctor does include reference to other unfavourable predictive genetic test results, we will not take these into account when assessing your application or considering a claim.

If your doctor includes reference to favourable genetic test results, we can take these into account if they show that you haven't inherited a condition your family suffers from.

If you have any questions about your rights under the Act or the process of getting, assessing or storing medical information, please write to: **Chief Medical Underwriter, Aviva, Wellington Row, York, YO90 1WR.**

The information you and your doctor provide about your health may result in us:

- Setting premiums at standard rates
- Increasing premiums above standard rates,
- Applying exclusions, or
- Refusing to provide insurance or, where insurance has already been provided, cancelling your policy.

Section 23 (4) – Additional policyholder details

	Third policyholder (if any) Trustee applications only	Fourth policyholder (if any) Trustee applications only
1. Title	<input type="text"/>	<input type="text"/>
2. Name	First name <input type="text"/>	First name <input type="text"/>
	Middle name <input type="text"/>	Middle name <input type="text"/>
	Last name <input type="text"/>	Last name <input type="text"/>
3. Date of birth	<input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	<input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>
4. Phone number	Home <input type="text"/>	Home <input type="text"/>
	Mobile <input type="text"/>	Mobile <input type="text"/>
5. Email	<input type="text"/>	<input type="text"/>
6. Address	Address line 1 <input type="text"/>	Address line 1 <input type="text"/>
	Address line 2 <input type="text"/>	Address line 2 <input type="text"/>
	Town/City <input type="text"/>	Town/City <input type="text"/>
	County <input type="text"/>	County <input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
		<input type="text"/>
7. Policy reference (These are the references you gave each policy in Section 3)	<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"/>

Section 23 (7) – Additional health questionnaire

Only complete this section if you've more conditions to tell us about, as per the notes in section 7.

Please print extra copies of section 23 (7) if required.

	First life covered	Second life covered												
1. In Section 6, which question did you answer yes to?	<input type="text"/>	<input type="text"/>												
2. Condition	<input type="text"/>	<input type="text"/>												
3. Are you currently taking or have you been advised to take any medication for this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the medication: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the medication: <input type="text"/>												
4. Does this condition restrict you from carrying out any routine daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the restrictions: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the restrictions: <input type="text"/>												
5. When did you last take any time off due to this condition?	Currently off work Within the last three months Between three months and a year ago More than a year ago No time off work	<table border="1"> <thead> <tr> <th>First life covered</th> <th>Second life covered</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	First life covered	Second life covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First life covered	Second life covered													
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<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
6. If you have taken time off, how many days have you taken off work because of this condition in the last two years?		<table border="1"> <thead> <tr> <th>First life covered</th> <th>Second life covered</th> </tr> </thead> <tbody> <tr> <td><input type="text"/> Days</td> <td><input type="text"/> Days</td> </tr> </tbody> </table>	First life covered	Second life covered	<input type="text"/> Days	<input type="text"/> Days								
First life covered	Second life covered													
<input type="text"/> Days	<input type="text"/> Days													
7. When did you last experience any symptoms of this condition?	Currently experiencing symptoms Within the last six months More than six months ago, but within the last year More than one year ago Never experienced symptoms	<table border="1"> <thead> <tr> <th>First life covered</th> <th>Second life covered</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	First life covered	Second life covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First life covered	Second life covered													
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<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													



Section 23 (7) – Additional health questionnaire *continued*

First life covered

Second life covered

8. If you have experienced symptoms, please give details of the symptoms.

9. When were you diagnosed with this condition?

No diagnosis made
 Within the last three months
 Between three months and a year ago
 More than a year ago

First life covered

Second life covered

10. Are you under any form of follow up or awaiting investigations or referral for this condition?

First life covered

Second life covered

Yes No

Yes No

If yes, please provide full details including when and where you were first seen or will be seen, and if applicable, when and where you were last seen, how often you are followed up and the type of investigations awaited:

11. Is there any further information you would like to provide regarding this condition?

Yes No

Yes No

If yes, please provide the further information here:

If you have any more conditions please complete them on extra printed copies of section 23 (7). Once you've completed your additional conditions, please go to section 8 to carry on with the application. You can click [HERE](#) to take you there if completing electronically.

| Retirement | Investments | Insurance | Health |

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AL55036 06/2023 © Aviva

