



Immediate Lifetime Care and Secured Lifetime Care

Confidential indicative quotation request form.

To enable an indicative quotation to be issued, please complete all relevant questions. The Frailty section must always be completed. Please return to lifetimecare@aviva.com with "Quote request" in the subject line.

Please Note:

1. If you need more than an indicative figure please complete an application form. An application form will allow us to collect the necessary medical/nursing home report. The indicative quotation we provide will be as accurate an assessment as we can make at this moment. The final terms we can offer, when we have further medical information, may differ.
2. The lifetime care team will usually be able to provide this type of Illustration within two working days.
3. We cannot quote for a client below the age of 60
4. We can only provide an illustration where the client requires care because:
 - they need help with everyday tasks or
 - they're suffering from some form of mental impairment which needs supervision. For example, Alzheimer's disease or Senile Dementia.

Please note: no advice charges will be included in the indicative quotation. The fee facilitation service is available for all new business. We will show details of the advice charge on the offer terms if this is requested on the application form. The level of advice charge is subject to agreement between the proposer and the adviser.

Financial Adviser's name															
Company name and address															
Phone number															
Email address															
Please let us know how you would like this illustration sent to you		Post		Call back		Email									
Special instructions?															
Client's name		Title _____ Surname _____ Forenames _____													
Personal details		Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>				D	D	M	M	Y	Y	Y	Y
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Care details		Residential home <input type="checkbox"/> Nursing home <input type="checkbox"/> Care at home <input type="checkbox"/>		Date admitted to care: _____											
Benefit Details		Long term care benefit required £ _____ p.m.													
Escalation rate		None <input type="checkbox"/> 5% <input type="checkbox"/> RPI <input type="checkbox"/> RPI+2% <input type="checkbox"/> Other % _____ <small>Between 3% and 10%</small>													
Escalation date		Anniversary <input type="checkbox"/> April <input type="checkbox"/> Other <input type="checkbox"/> _____													
Secured Lifetime Care only		Benefit waiting period (years) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>													
Premium protection		% of Premium None <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/>													
Please note that Premium Protection is not available with Secured Lifetime Care. For more details about death benefit please call new business on: 0345 303 0430		Choose : Long-term <input type="checkbox"/> (until monthly benefit paid > death benefit) or Short-term – First 3 months 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> followed by next 3 months 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/>													

Care Recipient name.....

The information given in this form will be held by Aviva. It will also be used by us (or any company acting on our behalf) to provide an indicative quotation. So, it's important that you answer the questions fully, truthfully and accurately. The accuracy of the indicative quotation will depend entirely on the information you provide on this form.

General

- Is the Care Recipient bed-ridden? Yes No
- Is the Care Recipient **permanently** wheelchair-bound? Yes No
- Can the Care Recipient weight bear or walk with personal assistance? Yes No
- Has the Care Recipient fallen in the last 6 months? Yes No

Dementia

Multi-infarct dementia (or Vascular dementia) is usually dementia caused by a stroke. In this event, please complete both dementia and stroke sections.

Types of dementia to be regarded as "Other" include:
Alzheimer's disease, Senile dementia, Pre-senile dementia, Pick's disease

'Symptoms' include memory loss, personality change, loss of day-to-day living skills.

Note: The date of first diagnosis by a doctor or health care professional **isn't** required.

What type is it?

- Multi-infarct Dementia
- Other

Has this been formally diagnosed? Yes No

How severe is it?

- Severe** (fails to recognise friends/relations)
- Moderate** (Confusion, some wandering etc.)
- Mild** (Short term memory problems only)

When were the symptoms first noticed by a close friend or relative?

Approximate date

When was professional paid-for care first needed?

Approximate date

(please only complete if relevant to the dementia)

Stroke

Alternative names

- Cerebrovascular accident (CVA)
- Transient Ischaemic attack (TIA)
- Cerebral infarct
- Cerebral thrombosis
- Cerebral haemorrhage
- Temporal arterial sclerosis

What is the degree of ongoing paralysis?

- Severe** (Total loss of use of any limb or partial loss of use of more than two limbs)
- Moderate** (Partial loss of use of one/two limbs)
- Mild/None** (Care Recipient suffers from little or no paralysis)

Approximately when was the first incidence?

And the last incidence?

Arthritis/Joint disorder

If the Care Recipient suffers from broken bones please enter this in the 'Other serious illness' section below. (Please don't enter about broken bones here)

What type is it?

- Rheumatoid Arthritis
- Osteoarthritis/Joint replacement/Fracture
- Osteoporosis
- Other (please specify)_____

How severe is it?

- Severe** (Care Recipient suffers a lot of pain/significant disability)
- Moderate** (Care Recipient suffers some pain)
- Mild** (Care Recipient suffers little or no pain and no disability)

Care Recipient name.....

<input type="checkbox"/> Heart or circulatory disease Valve disorder would include: Mitral incompetence Mitral regurgitation Mitral prolapse Aortic incompetence Aortic regurgitation Aortic prolapse	<p>What type is it?</p> <input type="checkbox"/> Myocardial Infarction (Heart attack) <input type="checkbox"/> Angina <input type="checkbox"/> Valve disorder <input type="checkbox"/> Congestive Cardiac Failure (Heart failure) <input type="checkbox"/> Hypertension (Raised blood pressure) <input type="checkbox"/> Other (please specify) _____	<p>Approx date of last incidence</p> <table border="1"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> <p>Please indicate the date of last occurrence next to each condition ticked.</p> <p>How severe is it?</p> <input type="checkbox"/> Severe (Chest pain at rest, breathlessness) <input type="checkbox"/> Moderate (Chest pain with light exercise eg. walking) <input type="checkbox"/> Mild (Chest pain on heavier exercise eg. running)	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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<input type="checkbox"/> Neurological disease	<p>What type is it?</p> <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Motor Neurone Disease <input type="checkbox"/> Other (please specify) not to include Dementia <hr/> <p>Approximately when was it diagnosed? <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>How severe is it?</p> <input type="checkbox"/> Severe (Confined to wheelchair, signs of dementia, severe tiredness) <input type="checkbox"/> Moderate (Requires walking aids, increased tiredness) <input type="checkbox"/> Mild (No walking aids required, periods of tiredness) <p>How much has it deteriorated in the last 6 months?</p> <input type="checkbox"/> Significant (eg. Care Recipient has gone from crutches to wheelchair) <input type="checkbox"/> Moderate (eg. Care Recipient cannot walk as far as previously able) <input type="checkbox"/> Little or no deterioration (eg. Little change to Care Recipient's mobility)	D	D	M	M	Y	Y	Y	Y																																									
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<input type="checkbox"/> Respiratory disease	<p>What type is it?</p> <input type="checkbox"/> Bronchitis <input type="checkbox"/> Emphysema <input type="checkbox"/> Asthma <input type="checkbox"/> Other (please specify) _____ <p>Approximately when was the last incidence? <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>How severe is it?</p> <input type="checkbox"/> Severe (Care Recipient always breathless) <input type="checkbox"/> Moderate (Care Recipient becomes breathless on mild exercise eg. walking) <input type="checkbox"/> Mild (Occasional episodes of breathlessness on mild exercise)	D	D	M	M	Y	Y	Y	Y																																									
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<input type="checkbox"/> Frailty	<p>How much has it deteriorated in the last 6 months?</p> <input type="checkbox"/> Significant <input type="checkbox"/> Moderate <input type="checkbox"/> Little or no deterioration																																																	

Care Recipient name.....

<input type="checkbox"/> Cancer	<p>What type is it? Please specify _____</p> <p>Approximately when was it diagnosed? D D M M Y Y Y Y</p> <p>Approximately when was the last recurrence? D D M M Y Y Y Y</p> <p>Is it Operable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How severe is it? <input type="checkbox"/> Severe (Rapid weight loss, extreme frailty, rapid deterioration) <input type="checkbox"/> Moderate (Some weight loss, some frailty) <input type="checkbox"/> Mild (Few symptoms, in remission)</p>																																			
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<input type="checkbox"/> Current treatment/ Medication	<p>Please specify</p> <p>_____</p> <p>_____</p>																																			
<p>Activities of Daily Living Please give details of the Care Recipient's ability to physically perform the following activities of daily living</p> <p>N.B. Reminding or directing the Care Recipient alone does not qualify as an ADL failure * For either bladder or bowel only, tick minor. For both tick moderate. Major only applies if Care Recipient has lost total control of either.</p> <p>Level of assistance is classified as follows:</p> <p>Major – always requires both assistive device and personal assistance Moderate – requires assistive device and some personal assistance Minor – requires assistive device but no other help or supervision Independent – no help, supervision or assistive device required</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Major assistance</th> <th>Moderate assistance</th> <th>Minor assistance</th> <th>Independent</th> </tr> </thead> <tbody> <tr> <td>Mobility</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Washing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dressing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Feeding (not cooking or cutting up)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Transferring</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Continence*</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Major assistance	Moderate assistance	Minor assistance	Independent	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding (not cooking or cutting up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continence*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>Other relevant information Please continue on separate sheet (if necessary)</p>	<p>_____</p> <p>_____</p>																																			

Care Recipient name.....

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 retirement and investments 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).

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. Where you are a member of an occupational or workplace pension scheme, or if you join a savings product through your employer, we may obtain information from, and share information with, the employer who set up your pension or savings product, the trustees of the pension and any third parties who are providing services to you or them.

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

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better (e.g. what kind of content or products would be of most interest) and to predict the likelihood of certain events arising (e.g. to assess risk or the likelihood of fraud).

We may sometimes make decisions using automated decision making. 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 service providers 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

| Retirement | Investments | Insurance | Health |

Aviva Life & Pensions UK Limited, PO Box 582, Bristol BS34 9FX.

Telephone 0345 303 0430 – calls may be recorded.

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