

# Questions about the person covered



These questions are about the person covered and will be asked in any application for YourLife Plan, Instant Life Insurance, Whole of Life Insurance, Life Start, CIC Start, Key3, Business Protection or Relevant Life Insurance, unless indicated otherwise. They should always be answered by the person covered.

## Guidance for the intermediary

### Is this an application form?

No, this isn't an application form as we only accept online applications.

This form is only intended to help you collect the information we'll ask for when you apply online - we may not ask for all the information your client provides on this form, or we may ask your client to complete additional questions, depending on their age, gender, medical history and covers applied for. You'll need to transfer your client's answers faithfully.

You can download a copy of our medical data capture form from our website. It contains some of the extra questions we ask about common conditions like asthma, backache, diabetes, growths, cysts and lumps, heartburn, heart disease, high cholesterol, hypertension (high blood pressure) and musculo-skeletal injuries. If your client discloses anything else, you can use the 'additional medical information' section in this form to collect the basic information about their condition.

### What if the policy will be owned by someone other than the person(s) to be covered (e.g. their employer)?

The person(s) to be covered will still need to answer all questions about themselves, as well as questions about the type of cover, and reasons for cover. Please make sure that you don't share their personal and medical details with the cover owner. You can do this easily by detaching the last page, which contains any details that the cover owner may need to provide (e.g. payment details).

## Guidance for the person(s) to be covered

### Is this an application form?

This isn't an application form. We only accept online applications. Your financial adviser will transfer the information you provide on this form into our online application system. Aviva Protection UK Limited won't receive a copy of this form and we'll base our decision on the answers your adviser enters into our online system.

Once your cover starts, we'll send you a policy pack, including a copy of the application details we received. Please check the application details carefully and inform us of any errors or omissions - it's your responsibility to make sure they're correct. Please be aware that any misleading, inaccurate or incomplete answers may lead to your policy being cancelled, or to a future claim being reduced or rejected. It's very important that you check these details carefully.

### Which questions do I need to answer?

You must answer all of the questions unless they're highlighted with a bold border, in which case you only need to answer them if they apply to you based on your age, gender, medical history and the cover you're applying for. Please be aware that because of the way our online application form works, we may not require all of the information you provide on this form. Alternatively, we may ask additional questions that are not included on this form. Your adviser may therefore need to call you back for more information.

### What happens if the answers are not honest, accurate and complete?

Any cover we offer you will be on the basis that the answers you've given us are honest, accurate and complete. Please check your answers carefully. When you receive your policy pack, please remember to check your application details and inform us of any errors or omissions. Any misleading, inaccurate or incomplete information could lead to your policy being cancelled, or to a future claim being reduced or rejected.

### Do I need to tell you about the results of any predictive genetics tests?

You don't need to tell us about the results of any predictive genetic tests you may have had if the total combined sum assured of all the life insurance policies\* you hold, including this application, is below £500,000.

If the total combined sum assured of all the life insurance policies\* you hold, including this application, is above £500,000, you need to tell us if you've had a positive test for Huntington's disease. You don't need to tell us about the results of any other predictive genetics tests you may have had.

## Guidance for the person(s) to be covered *Contained*

However, you can choose to tell us about any predictive genetic test results you've had that were favourable (i.e. results that confirm you have a normal or reduced risk of developing other inherited conditions), particularly if you have a family history of a condition we ask about.

*\*Life insurance policies (i.e. policies that pay out on death) includes term assurance, whole of life insurance, care cover with whole of life insurance, relevant life insurance, critical illness cover with term assurance, and family income benefit.*

### What if I'm not the cover owner?

If somebody else is going to own the cover, you must still complete all of the questions on this form unless indicated otherwise. To protect your privacy, the adviser should detach the questions that the cover owner should answer from this form to ensure your personal and medical details aren't inadvertently shared with the cover owner.

## Aviva Privacy Notice

The Personal information Aviva collects about you, which includes sensitive information such as your health and medical history, may be disclosed to carefully selected third parties in order for us to provide your insurance and administer your policy. These third parties may include:

- Aviva group companies
- Our reinsurers (a list of these reinsurers can be provided on request)
- Our external third party service providers (including medical screening service providers)
- Your financial adviser
- Your own doctor and other medical consultants
- Legal and regulatory bodies
- Law enforcement and fraud prevention agencies, and
- Other insurance companies or organisations

Aviva will never use your information for marketing purposes without your express permission. Aviva may need to apply for a report from any doctor you've been seeing and needs your permission to do this. The report may include information about illness or injuries you've suffered and can be sent by post or electronically using secure software.

A medical report helps Aviva to make a decision about your application and terms of your insurance, and monitor that the information you gave was accurate. This is because incorrect or misleading information could lead to the insurance being cancelled from the start, or risk a future claim being rejected or benefit being reduced.

Aviva will capture your consent in a legally valid and binding way when you confirm your selections. Confirmation of your consent will be emailed to you when you submit your application, including further information about your rights.

In connection with your application for insurance, Aviva will use an automated underwriting process to screen against pre-existing medical conditions. The system will use information you provide relating to the medical history and health of you, other people insured under the policy [and family medical history] to determine whether we are able to offer you an insurance policy and on what terms.

You have the right not to be subject to a decision which is based solely on automated processing, to express your point of view and contest the automated decision. You do not have to take part in this underwriting process, but if you don't Aviva won't be able to provide you with an insurance policy. If you do not wish to be subject to Aviva's automated decision making process we will be unable to continue with this application.

Please read our **privacy policy ([protection.aviva.com/privacy-policy](https://protection.aviva.com/privacy-policy))** for further details about how we use your personal information and automated decision-making tools.

### Please confirm before completing this form

Please be aware, if you select 'No' we won't be able to process your details in relation to your application

Yes

No

# About you

All questions should be answered by the person(s) to be covered.

If the policy will be owned by someone else (e.g. your employer, a business partner or another person with whom you have a financial relationship), you don't have to share this information with them and your adviser should make every effort to keep it private.

Who is this quote for?	First person to be covered	Second person to be covered
Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
In the last 12 months have you used cigarettes, cigars, a pipe, e-cigarettes or any nicotine replacement products (such as gums, patches or sprays)? If you've used non-nicotine e-cigarettes or vaping products for over 12 months, please answer no to this question.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Preferred contact time	<input type="text"/>	<input type="text"/>
Preferred contact number	<input type="text"/>	<input type="text"/>
Alternative contact number(s)	<input type="text"/>	<input type="text"/>
Address*	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Email*	<input type="text"/>	<input type="text"/>
How do you want to receive your policy documents and correspondence?	<input type="checkbox"/> By email <input type="checkbox"/> By post	<input type="checkbox"/> By email <input type="checkbox"/> By post

\*Please ensure you enter the postal and email addresses of the person(s) to be covered, not those of the adviser or intermediary

# GP details

Please note: this section is mandatory. Your application cannot be progressed until this section is completed. If you haven't been registered with a GP within the UK, Isle of Man, Channel Islands, or Gibraltar for at least 2 years, we can't provide Income Protection cover.

GP details	First person to be covered	Second person to be covered
Do you have a GP in the UK, Isle of Man, Channel Islands or Gibraltar?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please be aware that if we need information from your doctor and no UK, Isle of Man, Channel Islands or Gibraltar GP has been provided, we won't be able to proceed with your application.		
GP name	<input type="text"/>	<input type="text"/>
Practice name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>

In England, Wales and Scotland, statutory rights are set out in the Access to Medical Reports Act 1988; in Northern Ireland in the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991; and in the Isle of Man in the Access to Health Records and Reports Act 1993. A report can be sent either electronically using secure software, or in the post. A report may be needed:

- To help us make a decision about your application and the terms of your cover, and
- So Aviva can monitor that the information you gave was accurate. Incorrect or misleading information could lead to the insurance being cancelled from the start, or risk a future claim being rejected or the benefit being reduced.

## Things you need to know before giving your permission

- If you haven't been registered with a GP within the UK, Isle of Man, Channel Islands, or Gibraltar for at least 2 years, we can't provide Income Protection cover.
- You can choose not to see the report before your doctor sends it, however you can still ask your doctor for a copy of the report up to six months after it's been sent.
- You can also ask to see the report before it's sent to us. It's up to your doctor which parts of the report they share with you. You'll have 21 days to arrange with your doctor to see the report. If you haven't reviewed the report in this time, your doctor will send it to us.
- You can ask your doctor to amend any part of the report you consider misleading or incorrect. If your doctor is unwilling to make changes, you may:
  - a) withdraw consent for the report to be issued;
  - b) ask for a statement setting out your views to be attached; or
  - c) agree to the report being issued unchanged

Your doctor is not obliged to show you any parts of the report that they believe might cause serious harm to your physical or mental health or that of others. Neither do they have to show you information about other people without their permission.

## Do you want to see a report before it's sent to Aviva?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

### Your permission

I give my permission:

- For any doctor, who has had responsibility for my care in relation to my health, providing a medical report or medical records to Aviva on Aviva's request. Please note, Aviva may request a medical report within 12 months of the start of your policy.
- For Aviva to request from and to share my personal information, including special category information relating to my health, with other insurers about my application with Aviva and any other application for life and health insurance that I've applied for. I consent to the other insurers providing information to Aviva.
- For Aviva to use the information collected for research and analysis purposes

**I agree**

**I disagree**

**Covers selected****First person to be covered****Second person to be covered**

Please include whether you're applying on a single or joint life basis and whether you or someone else (e.g. your employer) will own the cover. If you're applying for Whole of Life Insurance, please also indicate if you're applying for joint life first event or joint life second event.

You will also need to include how much cover you want, how long for and whether you want the amount to stay the same, increase in line with RPI or decrease at a rate of 5, 6, 7, 8, 10, 11, 13, 15% per year.

**Term Assurance**

(Please also indicate whether cover includes Waiver of Premium)

**Instant Life Insurance****Family Income Benefit**

(Please also indicate whether cover includes Waiver of Premium)

**Critical Illness**

(Please also indicate whether cover includes Waiver Of Premium)

**Critical Illness with Term Assurance**

(Please also indicate whether cover includes Total Permanent Disability or Waiver Of Premium)

**Income Protection** (You can only apply for income protection on a single life basis and only you can own the cover)

(Please also select deferred period of 4, 8, 13, 26 or 52 weeks)

**Life Start - Term Assurance**

(Please also indicate whether cover includes Waiver Of Premium)

**CIC Start - Critical Illness**

(Please also indicate whether cover includes Total Disability, Total Permanent Disability or Waiver Of Premium)

**Whole of Life Insurance**

(Please also indicate whether cover includes Waiver of Premium and if the cover is on joint life basis please indicate if it's joint life first event or joint life second event)

**Relevant Life Insurance**

(Please include the name of your employer. You can only apply for Relevant Life Insurance on a single life basis and your employer will own the cover)

**Height and weight**

What is your height?

**First person to be covered**

Imperial

Metric

**Second person to be covered**

Imperial

Metric

What is your weight?

If you're in any doubt then we would ask you to weigh yourself first to make sure.

Imperial

Metric

Imperial

Metric

If you're currently pregnant then please tell us your weight immediately before your pregnancy. If you've recently given birth please tell us your current (post-pregnancy) weight.

**Serious medical conditions**

**First person to be covered**

**Second person to be covered**

**Have you ever** been diagnosed or treated for any of the following?

Diabetes, pre-diabetes, impaired glucose or insulin resistance

Cancer, leukaemia, lymphoma, Hodgkin's disease or any brain or spinal tumour

Heart disease including heart attack, angina or cardiomyopathy

Heart valve disease or problems with circulation in your veins or arteries

Stroke, brain haemorrhage or aneurysm, brain injury, mini stroke or TIA

Multiple sclerosis, motor neurone disease or progressive neurological condition

HIV positive or hepatitis B or C

Kidney failure or transplant

None of these

**Have you ever:**

Had a mental health condition requiring admission to a hospital or clinic including A+E

Been referred to a psychiatrist

Tried to end your life

None of these

We understand this is a sensitive question, it is needed to help us understand your mental health history.

First person  
to be covered

Second person  
to be covered

**In the last 3 months** have you had any of the following symptoms, whether you have consulted with a medical professional or not?

Please select all that apply

Chest pain or shortness of breath

Persistent cough (lasting longer than 2 weeks)

Unexplained weight loss

Bleeding from the bowel or a change in bowel habit

A breast lump or any change to your breasts, or a testicular lump or changes to your testicles

Any other growth or lump, mole or skin blemish which has changed in appearance

Started having fits or seizures for the first time

None of these



**Are you waiting** for any of the following investigations or their results?

ECG, echocardiogram or other heart investigations

Biopsy

CT, MRI, ultrasound or other type of scan

Chest x-ray

Internal camera investigations (e.g. endoscopy or colonoscopy)

Mammogram or breast investigation

None of these



If you're waiting for purely routine pregnancy investigations then you don't need to tell us about them.



**General medical health**

**First person  
to be covered**

**Second person  
to be covered**

For everyone, please answer below:

**In the last 5 years** have you had:

A mental health condition, anxiety, depression or stress

Yes

No

Yes

No

An eating disorder

Yes

No

Yes

No

Thoughts about harming yourself or harmed yourself

Yes

No

Yes

No

None of these

Yes

No

Yes

No

**In the last 5 years** have you had:

Numbness, or recurrent/prolonged pins and needles

Yes

No

Yes

No

Muscle weakness

Yes

No

Yes

No

Loss of balance, dizziness, or difficulty with co-ordination

Yes

No

Yes

No

Tremor or involuntary shaking of the limbs

Yes

No

Yes

No

Loss of speech or difficulty swallowing

Yes

No

Yes

No

Blurred or double vision

Yes

No

Yes

No

None of these

Yes

No

Yes

No

If you're applying for Income Protection, Waiver of Premium, Total Permanent Disability, Total Disability please answer below. **In the last 5 years** have you had:

Back or neck pain, sciatica, or anything else affecting any of your joints or muscles? Please include arthritis, gout, and repetitive strain injury.

Yes

No

Yes

No

If you're applying for Income Protection please answer below:

Any recurrent insomnia or sleeping difficulty, recurrent tiredness, fatigue or long covid?

Yes

No

Yes

No

## General medical health

First person  
to be covered

Second person  
to be covered

If you're applying for

- Life cover aged 65 and over
- Critical Illness and Income Protection aged 55 and over please answer below.

**In the last 5 years** have you had:

Any memory loss, confusion or any changes to your concentration levels or communication skills? Please tell us about this even if you haven't seen a medical professional.

Yes

No

Yes

No

If you're applying for Critical Illness (all types) please answer below:

**In the last 5 years** have you had:

Any lumps, growths, cysts or changes within your breasts or testicles? Please include any instances of these, whether you consulted a doctor or not.

Yes

No

Yes

No

Any other lump, growth, cyst, mole or skin blemish which:

- You have sought medical advice about
- Is new, or has changed in appearance, or has bled

Yes

No

Yes

No

First person to be covered

Second person to be covered

If you're applying for Income Protection, please answer below:

**In the last month** have you used any medication which requires a prescription from a doctor?

Yes  No  Yes  No

For everyone, please answer below:

**In the last 3 years** have any of these applied to you:

Yes  No  Yes  No

I've consulted with or been referred to a medical practitioner other than my GP. This can include virtual or online consultations

Yes  No  Yes  No

I've taken or been prescribed treatment for 4 weeks or more

Yes  No  Yes  No

I've been advised to have medical investigations or scans

Yes  No  Yes  No

I've been under routine review with my GP or a specialist for a medical condition

Yes  No  Yes  No

If applying for Income Protection, Waiver of Premium, or Total Permanent Disability please answer below:

I've had more than 2 consecutive weeks off work due to illness or an accident

Yes  No  Yes  No

If you're aged 55 or over, or answered **YES** to any question in the previous medical sections please make sure you also answer the additional medical conditions questions below. If you're currently under the age of 55 and have answered **NO** to all medical sections you can skip straight to Family Health.

**Additional medical conditions**

First person to be covered

Second person to be covered

**In the last 5 years** have you had or been treated for:

Raised blood pressure

Raised cholesterol

Neither of these

First person  
to be covered

Second person  
to be covered

**In the last 5 years** have you had or been treated for

Chest pain

  
  
  
  

Irregular heart beat or palpitations

Neither of these

**In the last 5 years** have you had or been treated for

Any prostate problems

  
  
  
  
  
  

An abnormal cervical smear

Any other gynaecological problems

None of these

If you're aged 65 and over please answer below:

**In the last 2 years** have you had any falls where you've needed medical attention?

**Do you have or have you ever had** Parkinson's disease, cerebral palsy, epilepsy, paralysis, Alzheimer's disease, dementia or any other disease of the central nervous system?

**In the last 5 years** have you had or been treated for:

Crohn's, colitis, IBS, or anything else affecting your stomach, bowel or digestive system?

 Yes  No  Yes  No

Abnormal liver function tests, fatty liver, cirrhosis or anything else affecting your liver or pancreas?

 Yes  No  Yes  No

Asthma, COPD, sleep apnoea or anything else affecting your lungs or breathing?

 Yes  No  Yes  No

Any kidney, bladder, or other urinary problems, including blood or protein in the urine, urinary tract infections, or recurrent stones?

 Yes  No  Yes  No

If applying for Critical Illness (**not** Key 3), Income Protection, Waiver of Premium, or Total Permanent Disability:

Any problems with your ears, hearing or balance?

 Yes  No  Yes  No

Any problems with your eyes, including optic neuritis?

 Yes  No  Yes  No

**In the last 2 years** have you sought medical advice for any symptom or condition not already mentioned?

 Yes  No  Yes  No

# Additional medical information

If you answered **Yes** to any question in the **serious medical conditions** or **general medical health** sections, our online system will ask specific questions about your condition(s). Please use the additional medical information section (or our medical data capture form) to give as much detail as you can about your condition(s) or, if a diagnosis hasn't been made, the symptoms suffered.

Condition 1	First person to be covered	Second person to be covered
Name of condition and question to which it relates		
When was this first diagnosed?		
When was your last review date?		
At your last review, were you advised to increase, decrease or stop treatment, or were you discharged?		
When was the last time you experienced symptoms?		
Please note here any relevant readings		
What treatment did you receive?		
Are you currently receiving any treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now fully recovered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does it impact on your ability to work, or have you been off work due to this problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, for how long and when did you return?		
Please list any associated conditions		
If a diagnosis hasn't been made, please list the symptoms suffered		

Notes

---



---

**Condition 2**

**First person to be covered**

**Second person to be covered**

Name of condition and question to which it relates

When was this first diagnosed?

When was your last review date?

At your last review, were you advised to increase, decrease or stop treatment, or were you discharged?

When was the last time you experienced symptoms?

Please note here any relevant readings

What treatment did you receive?

Are you currently receiving any treatment?

Yes  No

Yes  No

Are you now fully recovered?

Yes  No

Yes  No

Does it impact on your ability to work, or have you been off work due to this problem?

Yes  No

Yes  No

If so, for how long and when did you return?

Please list any associated conditions

If a diagnosis hasn't been made, please list the symptoms suffered

Notes

---

---

---

---

**Condition 3**

**First person to be covered**

**Second person to be covered**

Name of condition and question to which it relates

When was this first diagnosed?

When was your last review date?

At your last review, were you advised to increase, decrease or stop treatment, or were you discharged?

When was the last time you experienced symptoms?

Please note here any relevant readings

What treatment did you receive?

Are you currently receiving any treatment?

Yes  No

Yes  No

Are you now fully recovered?

Yes  No

Yes  No

Does it impact on your ability to work, or have you been off work due to this problem?

Yes  No

Yes  No

If so, for how long and when did you return?

Please list any associated conditions

If a diagnosis has not been made, please list the symptoms suffered

Notes

---

---

---

---

**Family health**

**First person to be covered**

**Second person to be covered**

**Before the age of 65** have any of your parents, brothers or sisters had:

Heart attack, angina, cardiomyopathy or stroke

Yes  No  Don't know

Yes  No  Don't know

Breast or ovarian cancer

Yes  No  Don't know

Yes  No  Don't know

Bowel or colon cancer or polyposis of the colon

Yes  No  Don't know

Yes  No  Don't know

Diabetes (Type 1 or 2)

Yes  No  Don't know

Yes  No  Don't know

Polycystic kidney disease

Yes  No  Don't know

Yes  No  Don't know

Multiple sclerosis

Yes  No  Don't know

Yes  No  Don't know

Muscular dystrophy

Yes  No  Don't know

Yes  No  Don't know

Huntington's disease or motor neurone disease

Yes  No  Don't know

Yes  No  Don't know

Alzheimer's or Parkinson's disease

Yes  No  Don't know

Yes  No  Don't know

If you answered yes, for each condition please tell us the number of relatives, their relationship to you and the age of onset for each relative.

For diabetes, please tell us the type of diabetes each relative had, whether you have had your blood sugar tested in the last 2 years, and if so, whether it was a normal result.

Please also tell us whether you have ever been diagnosed with the condition, suffered related symptoms or been referred to a specialist.



**Lifestyle**

**First person to be covered**

**Second person to be covered**

In the last 12 months have you used cigarettes, cigars, a pipe, e-cigarettes or any nicotine replacement products (such as gums, patches or sprays)?

Yes  No

Yes  No

If you answered no to the above, which of the following best describes your history of smoking and nicotine product use?

I've never smoked or used nicotine products

  
  
  
  
  
  

I last smoked or used nicotine products over 5 years ago

I last smoked or used nicotine products between 1 and 5 years ago

I currently smoke or use nicotine products, or I have done in the last year

If you answered yes to the above or have confirmed that you currently smoke, please choose the type, then confirm the amount you smoke below:

Cigarettes

  
  
  
  
  
  
  
  
  
  

Cigars

Pipe

Vape or use e-cigarettes that contain nicotine

Nicotine replacement products

Other

On average, how many of each do you smoke?

Cigarettes per day

Cigars per year

Grams of tobacco per week

How many of the following do you drink in a **typical week** (consider an average over the last **6 months** rather than a specific week):

Pints of beer, lager or cider

Glasses of wine

Single measures of spirits or shots

**In the last 10 years** have any of the following applied?

You've had alcohol dependency, alcohol addiction or attended an alcohol support group such as AA

You've been advised to reduce your alcohol intake by a medical professional (advice to reduce while you've taken a short course of antibiotics or painkillers can be disregarded)

You've consulted with a medical professional because of your alcohol intake

You've needed medical attention or attended A+E after drinking

You've been prosecuted for drink driving

Alcohol has impacted your work or ability to carry out day to day activities

None of these



If yes, you'll have the opportunity to give the full context behind why you've answered.

**In the last 10 years** have you:

Used drugs recreationally, or used performance enhancing drugs?

Consulted with a medical professional about addiction to or misuse of any medication?

Neither of these



If you answer yes, we'll ask you which recreational drugs you've taken, when you last took them, and whether you've ever had any associated medical conditions such as hepatitis, HIV, or mental health problems because of drug use.

Your answers are confidential and will only be used to assess your application.

## Travel and leisure

### First person to be covered

### Second person to be covered

**In the last 3 years** have you:

- worked outside the UK\* (including any business travel), or
- lived outside the UK or taken a holiday outside the UK\* lasting more than 3 months or
- do you intend to do either in the future?

 Yes  No

 Yes  No

\*Please substitute UK for the Channel Islands, Isle of Man or Gibraltar if that is where you're applying from

**If you're applying for Instant Life insurance only**, please answer the below 6 questions.

Yes  No  Yes  No

**In the last 3 years** have you been in Africa, Thailand, the Caribbean or Russia for more than a month?

Yes  No  Yes  No

Are you a British citizen (including Channel Islands, Isle of Man or Gibraltar)?

Yes  No  Yes  No

Have you lived in the UK\* for the last 12 months?

Yes  No  Yes  No

**In the next 2 years** do you intend to live or work abroad, or to take a holiday lasting more than 3 months?

Yes  No  Yes  No

If yes, do you intend to live **permanently** outside the UK\*?

Yes  No  Yes  No

If no, is all of your travel **only** to the EU, USA, Canada, Australia, Japan and New Zealand?

Yes  No  Yes  No

### If you answered yes to the question above

Please tick ALL the answers that apply to you about your past travel and future travel plans (all travel for work should be included in your answer, regardless of the amount of time):

I intend to live permanently outside the UK\*  Yes  No  Yes  No

I intend to live or work outside of the UK\* for more than 2 years  Yes  No  Yes  No

I intend to live or work outside of the UK\* for up to 2 years  Yes  No  Yes  No

I intend to take a holiday (lasting 3 months or more) outside of the UK\* in the future  Yes  No  Yes  No

I have lived or worked outside the UK\* in the last 3 years  Yes  No  Yes  No

I have taken a holiday which lasted 3 months or more, outside the UK\* in the last 3 years  Yes  No  Yes  No

I currently live outside of the UK\*  Yes  No  Yes  No

**If your answer to the question above included travel in the past, please answer the question below**

Are you a resident of the UK? This includes being a UK citizen who doesn't currently reside in the UK. (Someone having an indefinite leave to remain in the UK or an EU/EEA national resident in the UK would be considered a resident. Also if you have lived in the UK for the last 12 months, have a UK bank account and will live permanently in the UK you'll also be considered resident.)

Yes  No  Yes  No

**If you reside in the Channel Islands**

Do you have the permanent right to reside in the Channel Islands?

Yes  No  Yes  No

**If you reside in the Isle of Man**

Do you have the permanent right to reside in the Isle of Man?

Yes  No  Yes  No

**If you reside in Gibraltar**

Do you have the permanent right to reside in Gibraltar?

Yes  No  Yes  No

In the last 3 years, how many countries have you:

- lived or worked in for any amount of time, or
- gone on holiday to for more than 3 months?

Name of country 1

How many weeks have you spent there in the last 3 years?  
If it was less than one week please put one week.

Name of country 2

How many weeks have you spent there in the last 3 years?  
If it was less than one week please put one week.

Name of country 3

How many weeks have you spent there in the last 3 years?  
If it was less than one week please put one week.

Name of country 4

How many weeks have you spent there in the last 3 years?  
If it was less than one week please put one week.

Name of country 5

How many weeks have you spent there in the last 3 years?  
If it was less than one week please put one week.

Name of country 6

How many weeks have you spent there in the last 3 years?  
If it was less than one week please put one week.

Name of country 7

How many weeks have you spent there in the last 3 years?  
If it was less than one week please put one week.

Name of country 8

How many weeks have you spent there in the last 3 years?  
If it was less than one week please put one week.

Please use the notes section at the back of this form if you have more destinations to include.

**If you plan to travel in the future**

In the next 12 months, how many countries do you expect to live or work in for any amount of time, or go on holiday to for longer than three months?



If you're currently living outside of the UK, please let us know:



How long you've lived outside of the UK



When you intend to return to the UK to live



If you've lived in more than one country please include how long you've spent in each



Please answer the questions below if you're:

- Not travelling to more than 5 countries
- Not planning on spending more than 2 years outside of the UK
- Only visiting the countries listed below

Australia, Austria, Belgium, Canada, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, Ireland, Italy, Japan, Luxembourg, Malta, The Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, USA

If you're planning on visiting a country not listed above, will be outside the UK\* for more than 2 years or will stay in more than 5 countries, please go to the next section.

\*Please substitute UK for the Channel Islands, Isle of Man or Gibraltar if that's where you're applying from.

Name of country 1



How many weeks do you expect to spend in this country in the next 12 months? (If the travel period is less than one week please put one week.)



**If you've applied for Income Protection, Total Permanent Disability or Total Disability:** Would you be able to do your job if you couldn't travel abroad to this country?

 Yes  No

 Yes  No

If the answer to the above question is no, please explain why you could not continue working in your occupation.

Name of country 2

How many weeks do you expect to spend in this country in the next 12 months? (If the travel period is less than one week please put one week.)

**If you've applied for Income Protection, Total Permanent Disability or Total Disability:** Would you be able to do your job if you couldn't travel abroad to this country?

 Yes No Yes No

If the answer to the above question is no, please explain why you couldn't continue working in your occupation.

---

Name of country 3

How many weeks do you expect to spend in this country in the next 12 months? (If the travel period is less than one week please put one week.)

**If you've applied for Income Protection, Total Permanent Disability or Total Disability:** Would you be able to do your job if you couldn't travel abroad to this country?

 Yes No Yes No

If the answer to the above question is no, please explain why you couldn't continue working in your occupation.

Please use the notes section at the back of this form if you have more destinations to include.

**Please answer the questions below if you're:**

- **Visiting more than 5 countries**
- **Planning on spending more than 2 years outside of the UK\***
- **Visiting a country or countries not listed in the previous travel section**

\*Please substitute UK for the Channel Islands, Isle of Man or Gibraltar if that is where you're applying from.

Please tell us the name of the country or countries you'll travel to and include the area/s within those countries you'll be staying in or visiting.

**First person to be covered**

**Second person to be covered**

How many weeks will you stay in each country over the next 12 months, including the duration of each stay?

**First person to be covered**

**Second person to be covered**

If you intend to be outside the UK, the Channel Islands, Isle of Man or Gibraltar for more than 12 months please tell us for how long and the date you intend to return to the UK, the Channel Islands, Isle of Man or Gibraltar permanently.

Please explain your reasons for travelling to each country and what you will do whilst there, e.g. work, holiday, charity work, visiting friends or family.

**First person to be covered**

**Second person to be covered**



Will you always stay in a major city or town?

Yes  No  Yes  No

If the answer to the above question is no, where will you stay in each country and what will be your accommodation?  
For example: will you stay with friends/family, in hotels and will extra security be provided, for example a secure compound?

**First person to be covered**

**Second person to be covered**

If any travel is needed within the countries you're visiting, what type of transport will you use in each country?

**First person to be covered**

**Second person to be covered**

**Answer the following questions if you're applying for Income Protection, Total Permanent Disability or Total Disability**

Would you be able to do your job if you couldn't travel abroad?  Yes  No  Yes  No

If the answer to the above question is no, please explain why you couldn't continue working in your occupation.

If you're applying for Income Protection, please answer below:

How long have you been registered with a UK, Isle of Man, Channel Islands or Gibraltar GP?

- Less than 12 months  Yes  No  Yes  No
- 1-2 years  Yes  No  Yes  No
- Over 2 years  Yes  No  Yes  No
- Not registered with a UK, Isle of Man, Channel Islands or Gibraltar GP  Yes  No  Yes  No

**Leisure**

**First person to be covered**

**Second person to be covered**

If you answer YES to this question, please fill out the relevant questions about your activities in the supplementary travel and leisure section.

Do you take part in any of the following, or do you intend to in the next 12 months? Please select all that apply:

- Mountaineering or rock climbing
- Caving or potholing
- Flying - other than as a fare paying passenger
- Parachuting, skydiving or base jumping
- Hang gliding or paragliding
- Sailing at sea or powerboat racing
- Motor car or motor cycle racing
- Diving (excluding snorkeling)
- Horse riding\*
- Martial arts, boxing or other combat sports\*
- None of these



\*only if you're applying for Income Protection or Total Disability

**If you're aged under 50**

Have you ridden a motorcycle on the road in the last 12 months, except in relation to your occupation?

Yes  No

Yes  No

(this includes the use of a motorcycle by a pillion passenger)

If yes: What is the capacity of the biggest motorcycle you have ridden on the road in the last 12 months?

Less than 500cc  
 500cc and above

Less than 500cc  
 500cc and above

How long have you held a full motorcycle licence?

Less than 1 year  
 1-3 years  
 Over 3 years  
 Provisional license only  
 Pillion passenger only

Less than 1 year  
 1-3 years  
 Over 3 years  
 Provisional license only  
 Pillion passenger only

Approximately how many miles a year do you ride?

Up to 750  
 Over 750

Up to 750  
 Over 750

**Supplementary leisure****First person to be covered****Second person to be covered**

## Mountaineering or rock climbing

Which type of climbing do you perform?

Do you ever climb solo or without ropes?

 Yes  No Yes  No

What is the level of your performance?

Amateur

Semi-professional

Professional

Do you climb using safety gear?

 Yes  No Yes  No

Do you intend to climb outside of the UK?

 Yes  No Yes  No

What is the maximum height you climb to (in metres)?

Do you intend to climb routes that are either graded more than UK severe or not protected by bolts?

 Yes  No Yes  No

If you climb outside of the UK, please tell us which ranges you climb, the height and severity of the routes, how long you've been doing this and details of any past accident or injury.

## Caving/potholing

Are all your caving and potholing activities organised through a professional guide or tour operator?

 Yes  No Yes  No

How many years have you been caving?

How many times per year do you go caving?

Is any cave diving involved?

If yes - tell us the locations you dive in, whether solo or unaccompanied, how often you do this, and any accident or injury history

 Yes  No Yes  No

## Aviation/flying other than as a fare-paying passenger

Which aviation sport(s) do you take part in?

What type of aircraft do you fly?

Do you fly purely for recreational purposes?

 Yes  No Yes  No

Are you in training for a private pilot's licence?

 Yes  No Yes  No

How many flying hours of experience do you have?

Which region do you fly in?

On average, how many hours do you fly per year?

---

Motor or motorcycle racing

Do you confine your activities to marshalling or track days only?

Yes  No

Yes  No

Which type of event do you participate in?

Do you participate on an amateur basis only?

Yes  No

Yes  No

Is the engine capacity greater than two litres?

Yes  No

Yes  No

What type of motorcycle do you ride (in c.c.)?

What is the type of motorcycle event you enter?

Do you take part in international circuit racing?

Yes  No

Yes  No

If yes, how many events do you enter each year?

---

Diving excluding snorkelling

What is the maximum depth to which you usually dive (in metres)?

Approximately how many dives do you make each year?

Do you hold a PADI Open Water Licence, BSAC Ocean diver licence or higher?

Yes  No

Yes  No

Do you ever dive without a buddy?

Yes  No

Yes  No

---

Do you participate in any of the following activities in association with your diving? Please select all that apply

Cave or pot-hole diving

Internal exploration of wrecks

Record attempts or expeditions

Mixed air diving

Ice diving

Diving for profit or reward

---

Horse riding

What's the level of your performance?

Amateur or competitive amateur

Semi-professional

Professional

Instructor

What type of events do you take part in?

---

Parachuting or skydiving

On average how many jumps do you intend to perform per year?

If one-off with no plans for further jumps please specify

Do you participate in public displays?

 Yes  No Yes  No

Are you currently under training?

 Yes  No Yes  No

Are you a member of an official Parachuting Association?

 Yes  No Yes  No

---

Powerboat racing

Do you intend to undertake any form of powerboat racing record attempts?

 Yes  No Yes  No

Which type of racing do you take part in?

---

Hand gliding or paragliding

What type of hang gliding or paragliding do you intend to participate in?

Are you a member of an official hang gliding or paragliding association?

 Yes  No Yes  No

Do you hold an instructor rating?

 Yes  No Yes  No

On average, how many hours do you fly per year?

---

Yachting or sailing

What category of yachting do you take part in?

Trans-Ocean race

Offshore or long distance

Offshore away from shorelines

Offshore close to shorelines

Offshore or short races

Inland/Enclosed racing

Do you plan a single-handed round the world race or record attempts?

 Yes  No Yes  No

Do you take part in races?

 Yes  No Yes  No

Including yourself how many crew are there on the yacht?

Martial arts, boxing or combat sports

What type of combat sport do you compete in?

What is your level of competition, e.g. amateur, semi-professional or professional?

**Occupation**

**First person to be covered**

**Second person to be covered**

If you're applying for Instant Life Insurance only:

Does your job involve any of the following?

Please select all that apply:

Working in the Armed Forces including reserves or territorial army

Commercial fishing or Merchant shipping

Sea diving (excluding Armed Forces)

Working at heights over 50 feet or 15 metres

Flying or aviation (excluding Armed Forces)

I do not currently work

More than one of the above

None of these

If you selected "I do not currently work", please answer the following question:

Are you unable to work due to health reasons?

 Yes No Yes No

If you're applying for any other benefit, you only need to answer the following question if you're aged 64 or under

Do you work in the Armed Forces, including reserves or territorial army?

 Yes No Yes No

If yes:

Are you due to go on a tour of active duty to an active theatre of operations in the next 6 months, are you residing overseas, or currently serving in or under orders to proceed to any areas of possible conflict or political instability?

Please name the country that you're posted in or about to be posted to.

Do your duties involve any of the following? Flying (pilot or aircrew or instructor), bomb disposal or mine clearance, or diving.

 Yes No Yes No

Are you a member of the Special Forces (e.g. SAS)?

 Yes No Yes No

If you're applying for Income Protection:

How many hours a week do you currently work?

If you're currently working reduced/altered hours we'll ask you to give us details of this.

If you work over 15 hours per week and have more than one job, we'll ask you to tell us how your time is split between them.

**First person to be covered**

**Second person to be covered**

Answer the following if you're applying for Income Protection, Total Permanent Disability, Total Disability or Waiver of Premium and you're aged under 64. If you work in the farming industry please skip to the next question.

Please tell us what your job involves in a typical working week. If you have more than one job please give us an average of duties between each of them.

Heavy manual (this includes lifting or carrying objects greater than 10kgs, working with heavy machinery or digging)

Light manual (this includes physical mobility, lifting or carrying objects less than 10kgs. You don't need to tell us about medical instruments or tools)

Supervisory

Administrative

If you work in the farming industry, please answer below:

How would you best describe your daily work duties?

Heavy manual duties on a regular basis

Light manual duties on a regular basis

Some manual duties, but only on a seasonal or very occasional basis throughout the year

100% administrative, no manual duties at all throughout the year

Heavy manual duties include regularly using heavy machinery or power tools, lifting bags or equipment weighing over 20kg, or physically handling larger animals such as pigs, sheep and cattle on a regular basis.

Light manual duties include regularly standing/walking, or lifting bags or equipment under 20kg.

**Financial**

**First person to be covered**

**Second person to be covered**

If the cover you've applied for is above our non-medical limits, we'll ask the following question:

In the last 12 months, have you had any medical screenings such as a company health check, a wellperson check or any other insurance medicals completed that you'd be able to provide?

 Yes No Yes No

If yes, we'll ask if you're willing to send us a copy of the results. This could mean we can underwrite your application quicker.

**First person to be covered**

**Second person to be covered**

Existing cover with Aviva

Do either of the following apply:

I've previously applied for cover on my life with Aviva

 Yes

 No

 Yes

 No

I intend to apply for further cover on my life with Aviva

 Yes

 No

 Yes

 No

We need to understand how much insurance you'll have with Aviva so we can match up any other applications. Please tell us about any existing cover as well as any that was previously applied for, cancelled, not accepted or will be replaced by this application. This could include cover for personal, mortgage, or business purposes.

If you answer yes, provide full details of your existing cover, including the total cover you will have with Aviva Protection UK Limited, the terms you were offered on the previous applications, whether you were previously asked to attend a medical or a report was obtained from your GP, and the policy numbers.

Please advise the reason for your cover:

Mortgage cover on my main residence or second home



Personal or family protection



Mixture of personal cover and mortgage protection for my main residence or second home



Business cover including commercial loan cover



Inheritance Tax Cover (IHT)



Buy to let mortgage



Another reason or more than one of the above



If you're applying for Income Protection:

Do you have any other Income Protection cover which would continue once this policy has started?

 Yes

 No

 Yes

 No

This could include any cover you have with an employer, or any other company.

How much did you earn (pre-tax) over the last 12 months?

This can include overtime, commission and bonuses where guaranteed, and dividends (for company directors) but not income from other sources such as investment or property.

If you're self-employed, this means your share of the pre-tax profit from your business over the last 12 months.



In the event of a claim, will you continue to receive any earned income after your chosen deferred period?

 Yes

 No

 Yes

 No



**First person  
to be covered**

**Second person  
to be covered**

---

If you're applying for single life cover, and someone else will be the cover owner

What is the relationship between you and the owner of the cover?

Please select your answer from the following:

Spouse, civil partner or someone I have been living with as a partner for more than 2 years

A joint mortgage or joint loan agreement with the owner of the cover

I have guaranteed a mortgage or loan for the owner of the cover

I have a dependant child (biological or adopted) under the age of 21 with the owner of the cover

I am legally required to make maintenance payments in connection with a divorce or dissolved civil partnership

Business relationship, e.g. business loan or key person cover

Another relationship

---

If "Another relationship", please tell us about the financial arrangement including the reason, amount, duration, and why the cover is needed.

If you're applying for joint life cover, and someone else will be the cover owner

What is the relationship between you and the owner of the cover?

Please select your answer from the following:

We have guaranteed a mortgage or loan on the owner of the cover

Business relationship, e.g. business loan or key person cover

Another relationship

---

If you have a joint mortgage or loan agreement with, or have guaranteed a mortgage or loan for, the owner of the cover

Is there a legal contract that details this mortgage or loan agreement and the liability between you and the owner of the cover?

 Yes No Yes No

If you don't have a legal contract, please tell us about the financial arrangement including the reason, amount, duration, and why the cover is needed.

If you do have a legal contract, please tell us whether the total sum assured of this insurance application is more than the amount currently owed on the mortgage or loan; or if the term of the mortgage or loan is shorter than that of this application.

 Yes No Yes No

---

If yes, please explain why the amount of cover requested exceeds the amount specified in the legal agreement and/or why the term is shorter.

About the amount of life insurance you have in total with us or any other provider

What is the reason for the cover?



**First person  
to be covered**

**Second person  
to be covered**

If you're applying for more than £750,000\* of life insurance or £500,000 of critical illness cover and are unemployed, a houseperson, a student or retired:

(\*£1,250,000 if your reason for cover is for Inheritance Tax (IHT) purposes. If so, proceed straight to the section headed 'Reason for cover is IHT' without answering below).

Please provide full details of all other covers held and any other cover applied for, to include the sum assured, purpose of the cover, name of the provider, their policy number and whether the cover is to be replaced by this application.



Please let us know why this sum assured has been selected and what calculation was used.



If applicable, please let us know your spouse or partner's income for each the past 2 years, and their age.



Please let us know the number and ages of any dependent children, if applicable.



Please let us know details of any mortgage to be covered, to include the remaining mortgage amount and term, the name of the lender, and whether you are a named as a borrower on the mortgage.



**If you're applying for more than £1,250,000 of life insurance or £650,000 of critical illness cover**

What is the total amount of life and/or critical illness cover that you'll have once this cover starts?

The total should include this application, any applications you intend to make elsewhere, and life cover you have with any company for all reasons (such as personal/family, mortgage, inheritance tax and business protection).

You don't need to include cover that you'll cancel when this cover starts, or any other applications which will not be taken up.



If this application is to replace any existing cover in the market, please provide the company name and reference numbers.

**If you're applying for between £1.25 and £3m life insurance or £650,001 and £1.5m critical illness cover**

Reason for cover	First person to be covered	Second person to be covered
------------------	----------------------------	-----------------------------

<b>Reason for cover is personal or family</b>		
How much did you earn (pre-tax) over the last 12 months?	£: <input type="text"/>	£: <input type="text"/>

<b>Reason for cover is mortgage</b>		
Is this cover for a larger amount, or longer term, than your remaining mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes please let us know the remaining mortgage amount and term, the reason for any existing cover and how the sum assured was calculated.</p>	<input type="text"/>	<input type="text"/>

<b>Reason for cover is IHT</b>		
Is the proposed cover greater than your current IHT liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes please let us know the current IHT liability and explain how the sum assured was calculated.</p>	<input type="text"/>	<input type="text"/>

<b>Reason for cover is combination of reasons or other reason</b>		
How much did you earn (pre-tax) over the last 12 months?	<input type="text"/>	<input type="text"/>
How much of this cover is for personal or family protection?	<input type="text"/>	<input type="text"/>
Please let us know how the sum assured was calculated, and the remaining mortgage amount and term.	<input type="text"/>	<input type="text"/>

**If you're applying for over £3m life insurance or over £1.5m critical illness cover**

Reason for cover	First person to be covered	Second person to be covered
Reason for cover is personal or family		
What are your total assets?		
What are your total liabilities?		
How much did you earn (pre-tax) over the last 2 years?		
Ages of dependant children, if applicable.		
Please explain how sum assured was calculated.		

**Reason for cover is mortgage or combination of mortgage and personal**

What is the amount of your mortgage?	<input type="text"/>	<input type="text"/>
Who is the lender and what is the interest rate?	<input type="text"/>	<input type="text"/>
Is the person being covered named as a borrower on the mortgage agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this cover for an existing or new mortgage?	<input type="text"/>	<input type="text"/>
Is the mortgage in arrears?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes what are the arrears to be paid, what action is being taken to clear the arrears, and has the bank started the repossession process?	<input type="text"/>	<input type="text"/>
How much did you earn (pre-tax) over the last 2 years?	<input type="text"/>	<input type="text"/>
Is anyone else taking out cover to protect this mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes what are the arrears to be paid, what action is being taken to clear the arrears, and has the bank started the repossession process?	<input type="text"/>	<input type="text"/>

**Reason for cover is IHT**

What are your total assets?

What are your total liabilities?

What is your current IHT liability?

Is this cover for an existing or new mortgage?

Details of any reliefs available for the mitigation of IHT  
(for example business property or agricultural relief)

Has the IHT liability been calculated by your tax adviser,  
accountant, solicitor or other independent professionally  
qualified person?

Is anyone else taking out cover to protect this mortgage?

 Yes  No Yes  No

If yes, advise who did the calculation, the company they  
work for, their qualification, and how they calculated the  
sum assured.

**If you're applying for Relevant Life Insurance and there will be more than £1,250,000 of life insurance on your life once this cover is issued**

How much did you earn (pre-tax) over the last 12 months from the business applying for this cover?  
This can include benefits in kind, overtime, commission and bonuses where guaranteed, and dividends (for company directors) but not income from other sources such as investment or property.

The maximum sum assured we allow is 35 x salary.  
For example, for ages:

- 17-29 = 35 x salary
- 30-39 = 30 x salary
- 40-49 = 25 x salary
- 50-59 = 20 x salary
- 60-71 = 15 x salary

If you're applying for more than the maximum sum assured allowed for your age, please let us know the reason for this cover, how the sum assured was calculated, details of any other income and the source of it, and the reason for any existing cover.

**If you're applying for Relevant Life Insurance and there will be more than £3,000,000 of life insurance on your life once this cover is issued**

Please tell us about the other life insurance policies you have with us or any other insurance company and whether it will remain in force, be cancelled or is one that you plan to take out.

You'll also need to provide evidence of your earnings. We rarely ask for additional information and will only do so if we need to clarify an unusual case.

Please select whether the policy	will remain in force/be cancelled/is planned	will remain in force/be cancelled/is planned	will remain in force/be cancelled/is planned	will remain in force/be cancelled/is planned	will remain in force/ be cancelled/is planned	will remain in force/be cancelled/is planned
Insurance company						
Policy number						
Amount of cover						
Year cover starts						
Reason for cover						







# Cover owner details

You only need to complete this section if someone else will own this cover (e.g. as an employer, as a business or someone the person to be covered has a financial relationship with).

Title	<input type="text"/>
First name	<input type="text"/>
Last name	<input type="text"/>
Preferred contact number	<input type="text"/>
Address*	<input type="text"/>
Postcode	<input type="text"/>
Email*	<input type="text"/>

How should we send the policy documents and correspondence to the cover owner?

By email     By post

\*Please ensure you enter the postal and email addresses of the cover owner, not those of the financial adviser or intermediary

## Payment details

Payment details	First account holder	Second account holder
Who is the account holder?	<input type="checkbox"/> Cover owner <input type="checkbox"/> Person to be covered <input type="checkbox"/> Other	<input type="checkbox"/> Cover owner <input type="checkbox"/> Person to be covered <input type="checkbox"/> Other
Which covers are they paying for?	<input type="text"/>	<input type="text"/>
Name(s) of account holder(s)	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Sort code	<input type="text"/>	<input type="text"/>
Preferred payment date <i>This doesn't have to match the cover start date. You can, for example, choose a preferred payment date that fits with when the account holder gets paid</i>	<input type="text"/>	<input type="text"/>
Bank name	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>