



Aviva **personal protection** application and data capture form

How to fill out this form

You can use this form as a paper application or as data capture. If you are using this as an application form you can apply for up to 6 contracts at once. There can be a maximum of two policyholders and two lives covered per application. Policyholders and lives covered don't have to be the same people unless applying for Income Protection+. 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 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.

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 complete the online trust 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

It is important that all questions are answered 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.

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.

Contents

1	Account information	12	Overall cover
2	Personal details	13	Doctor's details
3	Product details – Life Insurance+ Product details – Critical Illness+ Product details – Income Protection+ Product details – Whole of Life Insurance+	14	Payment details
4	Policyholder details	15	Important information
5	Lifestyle	16	Data protection
6	Personal medical history	17	Medical information
7	Additional health questionnaire (needed for each condition disclosed in section 6)	18	Financial crime
8	Family history	19	Declaration – Personal protection products
9	Additional family history (needed for each condition disclosed in section 8)	20	Short financial questionnaire (needed if overall cover in the market exceeds £1m for life or £500,000 for critical illness and/or employee significant illness)
10	Residency, travel & sports	21	AMRA consent form (if required)
11	Occupation	22	Spare policyholder details and additional health questionnaire pages (if required)

Section 1 – Account information

Adviser use – For paper application only

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

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	<p>First name <input type="text"/></p> <p>Middle name <input type="text"/></p> <p>Last name <input type="text"/></p>	<p>First name <input type="text"/></p> <p>Middle name <input type="text"/></p> <p>Last name <input type="text"/></p>
3. Date of birth	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / 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"/>
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>	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"/>
	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	Home <input type="text"/>	Home <input type="text"/>
	Mobile <input type="text"/>	Mobile <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: Life Insurance+

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

Notes:

Note 1: Premium basis applies to both lives

Note 2: If you are applying for family income cover please give cover amount as annual amount, cover cannot be determined by premium

Note 3: Only available for single life policies

Note 4: Upgraded critical illness and extra care cover only available with life & critical illness cover

Note 5: Upgraded children's benefit only available if at least one life has life & critical illness cover

Note 6: Global treatment only available on one Aviva or Friends Life policy

Note 7: Fracture cover only available on one Aviva policy

Note 8: Total permanent disability option is only available with life & critical illness cover

Note 9: Increasing cover is not available with conversion & renewal option or on decreasing cover

Note 10: RPI is only available on level cover with the increasing cover option

Note 11: Conversion option only available with level life cover

Note 12: Renewal option only available with level life cover or level life & critical illness cover with guaranteed premiums

No.

No.

Life covered

First life Second life Both

First life Second life Both

Policyholder

As above
 First policyholder
 Second policyholder

As above
 First policyholder
 Second policyholder

Cover type

Level Decreasing
 Policy interest rate
 % (4-15% to 2 decimal places)

Level Decreasing
 Policy interest rate
 % (4-15% to 2 decimal places)

Family income cover

Family income cover

With critical illness
 First life Second life Both

With critical illness
 First life Second life Both

Life & critical illness premium basis *Note 1*

Guaranteed Reviewable

Guaranteed Reviewable

Cover

Cover amount *Note 2*

Cover amount *Note 2*

OR Premium

OR Premium

Term

No. of years OR Until age *Note 3*

No. of years OR Until age *Note 3*

Section 3 – Product details: Life Insurance+ *continued*

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

No.

No.

Options

Upgraded critical illness *Note 4*
 First life Second life Both

Upgraded critical illness *Note 4*
 First life Second life Both

Upgraded children's benefit *Note 5*

Upgraded children's benefit *Note 5*

Extra care cover *Note 4*
 First life Second life Both

Extra care cover *Note 4*
 First life Second life Both

Global treatment *Note 6*
 First life Second life Both

Global treatment *Note 6*
 First life Second life Both

Fracture cover *Note 7*
 First life Second life Both

Fracture cover *Note 7*
 First life Second life Both

Total permanent disability *Note 8*
 First life Second life Both

Total permanent disability *Note 8*
 First life Second life Both

Waiver of premium
 First life Second life Both
 Deferred period – first life
 1 month 3 months 6 months
 Deferred period – second life
 1 month 3 months 6 months

Waiver of premium
 First life Second life Both
 Deferred period – first life
 1 month 3 months 6 months
 Deferred period – second life
 1 month 3 months 6 months

Increasing cover *Note 9*
 Increasing cover rate
 3% 5% RPI *Note 10*

Increasing cover *Note 9*
 Increasing cover rate
 3% 5% RPI *Note 10*

Conversion *Note 11* Renewal *Note 12*

Conversion *Note 11* Renewal *Note 12*

Will this replace an existing Aviva or Friends Life policy?

Yes No

Yes No

If yes, give existing Aviva or Friends Life policy number(s)

Section 3 – Product details: Life Insurance+

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

Notes:

Note 1: Premium basis applies to both lives

Note 2: If you are applying for family income cover please give cover amount as annual amount, cover cannot be determined by premium

Note 3: Only available for single life policies

Note 4: Upgraded critical illness and extra care cover only available with life & critical illness cover

Note 5: Upgraded children's benefit only available if at least one life has life & critical illness cover

Note 6: Global treatment only available on one Aviva or Friends Life policy

Note 7: Fracture cover only available on one Aviva policy

Note 8: Total permanent disability option is only available with life & critical illness cover

Note 9: Increasing cover is not available with conversion & renewal option or on decreasing cover

Note 10: RPI is only available on level cover with the increasing cover option

Note 11: Conversion option only available with level life cover

Note 12: Renewal option only available with level life cover or level life & critical illness cover with guaranteed premiums

No.

No.

Life covered

First life Second life Both

First life Second life Both

Policyholder

As above
 First policyholder
 Second policyholder

As above
 First policyholder
 Second policyholder

Cover type

Level Decreasing
Policy interest rate
 % (4-15% to 2 decimal places)
 Family income cover

Level Decreasing
Policy interest rate
 % (4-15% to 2 decimal places)
 Family income cover

With critical illness
 First life Second life Both

With critical illness
 First life Second life Both

Life & critical illness premium basis *Note 1*

Guaranteed Reviewable

Guaranteed Reviewable

Cover

Cover amount *Note 2*

Cover amount *Note 2*

OR Premium

OR Premium

Term

No. of years OR Until age *Note 3*

No. of years OR Until age *Note 3*

Section 3 – Product details: Life Insurance+ *continued*

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

No.

No.

Options

Upgraded critical illness *Note 4*
 First life Second life Both

Upgraded critical illness *Note 4*
 First life Second life Both

Upgraded children's benefit *Note 5*

Upgraded children's benefit *Note 5*

Extra care cover *Note 4*
 First life Second life Both

Extra care cover *Note 4*
 First life Second life Both

Global treatment *Note 6*
 First life Second life Both

Global treatment *Note 6*
 First life Second life Both

Fracture cover *Note 7*
 First life Second life Both

Fracture cover *Note 7*
 First life Second life Both

Total permanent disability *Note 8*
 First life Second life Both

Total permanent disability *Note 8*
 First life Second life Both

Waiver of premium
 First life Second life Both
 Deferred period – first life
 1 month 3 months 6 months
 Deferred period – second life
 1 month 3 months 6 months

Waiver of premium
 First life Second life Both
 Deferred period – first life
 1 month 3 months 6 months
 Deferred period – second life
 1 month 3 months 6 months

Increasing cover *Note 9*
 Increasing cover rate
 3% 5% RPI *Note 10*

Increasing cover *Note 9*
 Increasing cover rate
 3% 5% RPI *Note 10*

Conversion *Note 11* Renewal *Note 12*

Conversion *Note 11* Renewal *Note 12*

Will this replace an existing Aviva or Friends Life policy?

Yes No

Yes No

If yes, give existing Aviva or Friends Life policy number(s)

Section 3 – Product details: Critical Illness+

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

Notes:

Note 1: Premium basis applies to both lives

Note 2: If you are applying for family income cover please give cover amount as annual amount, cover cannot be determined by premium

Note 3: Only available for single life policies

Note 4: Global treatment only available on one Aviva or Friends Life policy

Note 5: Fracture cover only available on one Aviva policy

Note 6: Increasing cover is not available with the renewal option or on decreasing cover

Note 7: RPI is only available on level cover with the increasing cover option

Note 8: Renewal option only available with level critical illness cover with guaranteed premiums

No.

No.

Life covered

First life Second life Both

First life Second life Both

Policyholder

As above
 First policyholder
 Second policyholder

As above
 First policyholder
 Second policyholder

Cover type

Level Decreasing
 Policy interest rate
 % (4-15% to 2 decimal places)
 Family income cover

Level Decreasing
 Policy interest rate
 % (4-15% to 2 decimal places)
 Family income cover

Premium basis *Note 1*

Guaranteed Reviewable

Guaranteed Reviewable

Cover

Cover amount *Note 2*

 OR Premium

Cover amount *Note 2*

 OR Premium

Term

No. of years OR Until age *Note 3*

No. of years OR Until age *Note 3*

Section 3 – Product details: Critical Illness+ *continued*

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

	No. <input style="width: 90%;" type="text"/>	No. <input style="width: 90%;" type="text"/>
Options	Upgraded critical illness <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both	Upgraded critical illness <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both
	<input type="checkbox"/> Upgraded children's benefit	<input type="checkbox"/> Upgraded children's benefit
	Extra care cover <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both	Extra care cover <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both
	Global treatment <i>Note 4</i> <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both	Global treatment <i>Note 4</i> <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both
	Fracture cover <i>Note 5</i> <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both	Fracture cover <i>Note 5</i> <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both
	Total permanent disability <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both	Total permanent disability <input type="checkbox"/> First life <input type="checkbox"/> Second life <input type="checkbox"/> Both
	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	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 <i>Note 6</i> Increasing cover rate <input type="checkbox"/> 3% <input type="checkbox"/> 5% <input type="checkbox"/> RPI <i>Note 7</i>	<input type="checkbox"/> Increasing cover <i>Note 6</i> Increasing cover rate <input type="checkbox"/> 3% <input type="checkbox"/> 5% <input type="checkbox"/> RPI <i>Note 7</i>
	<input type="checkbox"/> Renewal <i>Note 8</i>	<input type="checkbox"/> Renewal <i>Note 8</i>
	Will this replace an existing Aviva or Friends Life policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give existing Aviva or Friends Life policy number(s)		

Section 3 – Product details: Critical Illness+

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

Notes:

Note 1: Premium basis applies to both lives

Note 2: If you are applying for family income cover please give cover amount as annual amount, cover cannot be determined by premium

Note 3: Only available for single life policies

Note 4: Global treatment only available on one Aviva or Friends Life policy

Note 5: Fracture cover only available on one Aviva policy

Note 6: Increasing cover is not available with the renewal option or on decreasing cover

Note 7: RPI is only available on level cover with the increasing cover option

Note 8: Renewal option only available with level critical illness cover with guaranteed premiums

No.

No.

Life covered

First life Second life Both

First life Second life Both

Policyholder

As above
 First policyholder
 Second policyholder

As above
 First policyholder
 Second policyholder

Cover type

Level Decreasing
 Policy interest rate
 % (4-15% to 2 decimal places)
 Family income cover

Level Decreasing
 Policy interest rate
 % (4-15% to 2 decimal places)
 Family income cover

Premium basis *Note 1*

Guaranteed Reviewable

Guaranteed Reviewable

Cover

Cover amount *Note 2*

Cover amount *Note 2*

OR Premium

OR Premium

Term

No. of years OR Until age *Note 3*

No. of years OR Until age *Note 3*

Section 3 – Product details: Critical Illness+ *continued*

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

No.

No.

Options

Upgraded critical illness
 First life Second life Both

Upgraded critical illness
 First life Second life Both

Upgraded children's benefit

Upgraded children's benefit

Extra care cover
 First life Second life Both

Extra care cover
 First life Second life Both

Global treatment *Note 4*
 First life Second life Both

Global treatment *Note 4*
 First life Second life Both

Fracture cover *Note 5*
 First life Second life Both

Fracture cover *Note 5*
 First life Second life Both

Total permanent disability
 First life Second life Both

Total permanent disability
 First life Second life Both

Waiver of premium
 First life Second life Both
 Deferred period – first life
 1 month 3 months 6 months
 Deferred period – second life
 1 month 3 months 6 months

Waiver of premium
 First life Second life Both
 Deferred period – first life
 1 month 3 months 6 months
 Deferred period – second life
 1 month 3 months 6 months

Increasing cover *Note 6*
 Increasing cover rate
 3% 5% RPI *Note 7*

Increasing cover *Note 6*
 Increasing cover rate
 3% 5% RPI *Note 7*

Renewal *Note 8*

Renewal *Note 8*

Will this replace an existing Aviva or Friends Life policy?

Yes No

Yes No

If yes, give existing Aviva or Friends Life policy number(s)

Section 3 – Product details: Income Protection+

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

Notes:

Note 1: Second cover amount should be the additional amount required

Note 2: Second deferred period must be longer than first deferred period

Note 3: Global treatment only available on one Aviva or Friends Life policy

Note 4: Fracture cover only available on one Aviva policy

No.

No.

Life covered

First life Second life

First life Second life

Premium basis

Guaranteed Reviewable

Guaranteed Reviewable

Term

No. of years OR Until age

No. of years OR Until age

Benefit period

Full cover to term
 2 year limited payment term

Full cover to term
 2 year limited payment term

Employment status

Employed Self employed

Employed Self employed

Annual earnings

This is the total earnings amount that will be used to calculate the maximum benefit available and should include any additional income such as dividends, bonus, commission and benefits in kind. If you are employed, please calculate your gross annual earnings from all occupations. If you are self-employed, please calculate your gross annual earnings pre-tax (after the deduction of any amount allowable against income tax as expenses). For full details, please refer to your policy summary document.

Dual deferred period

Yes No

Yes No

First cover amount

Monthly benefit

Monthly benefit

First deferred period

4 weeks 8 weeks
 13 weeks 26 weeks
 52 weeks 104 weeks

4 weeks 8 weeks
 13 weeks 26 weeks
 52 weeks 104 weeks

Second cover amount (if any) **Note 1**

Monthly benefit

Monthly benefit

Second deferred period (if any) **Note 2**

8 weeks 13 weeks
 26 weeks 52 weeks
 104 weeks

8 weeks 13 weeks
 26 weeks 52 weeks
 104 weeks

Options

Global treatment **Note 3**
 Yes No

Global treatment **Note 3**
 Yes No

Fracture cover **Note 4**
 Yes No

Fracture cover **Note 4**
 Yes No

Increasing cover
 RPI 3% 5% No

Increasing cover
 RPI 3% 5% No

Will this replace an existing Aviva or Friends Life policy?

Yes No

Yes No

If yes, give existing Aviva or Friends Life policy number(s)

Section 3 – Product details: Income Protection+ *continued*

Have you been working in the UK, the Channel Islands, the Isle of Man, Republic of Ireland or Gibraltar for at least the past 12 months, and are you able to provide evidence of your earnings for that period?

Yes

No

Have you been registered with a doctor in the UK, the Channel Islands, the Isle of Man or Gibraltar for at least the past 2 years and/or able to provide a minimum of the last 2 years medical history from a doctor in the UK, Channel Islands, Isle of Man or Gibraltar?

Yes

No

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).

Notes:

Note 1: If you are applying for a joint life policy please confirm whether on a first death or second death basis

No.

No.

Life covered

First life Second life Both

First life Second life Both

Policyholder

As above
 First policyholder
 Second policyholder

As above
 First policyholder
 Second policyholder

Cover Basis *Note 1*

First Death
 Second Death

First Death
 Second Death

Premium frequency

Monthly Yearly

Monthly Yearly

Cover

Minimum cover amount is £30,000

Cover amount

OR Premium

Cover amount

OR Premium

Options

Waiver of premium
 First life Second life Both
Deferred period – first life
 1 month 3 months 6 months
Deferred period – second life
 1 month 3 months 6 months

Increasing cover
Increasing cover rate
 3% 5% RPI

Waiver of premium
 First life Second life Both
Deferred period – first life
 1 month 3 months 6 months
Deferred period – second life
 1 month 3 months 6 months

Increasing cover
Increasing cover rate
 3% 5% RPI

Will this replace an existing Aviva policy?

Yes No

Yes No

If yes, give existing Aviva policy number

Section 4 – Policyholder details

1. Are the lives covered the same as the policyholders?

Yes
Go to Section 5

No
Fill out below

First policyholder

Second policyholder

2. Title

3. Name

First name

Middle name

Last name

First name

Middle name

Last name

4. Date of birth

5. Phone number

Home
Mobile

Home
Mobile

6. Email

Not required if policyholder is a company

7. Address

Address line 1

Address line 2

Town/City

County

Postcode

Address line 1

Address line 2

Town/City

County

Postcode

Section 4 – Policyholder details *continued*

		First policyholder	Second policyholder
8. What is the policyholder's 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"/>
9. What is the policyholder's relationship to the second 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"/>

Please use Section 23(4) for further policyholders.

Section 5 – Lifestyle

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.

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
1. How much alcohol do you drink in an average week? <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>	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="checkbox"/>	<input type="checkbox"/>
2. Have you ever been advised by a health care professional or a counsellor to reduce your alcohol use, see a specialist or attend a support group because of your alcohol use? <i>Please ignore advice given to reduce your alcohol consumption whilst pregnant where your alcohol levels were moderate.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? <i>If you only use other tobacco or nicotine products, including electronic products, or have given up in the last 12 months, please enter zero.</i>	<input type="checkbox"/> Cigarettes: <input type="text"/> Per day	<input type="checkbox"/> Cigarettes: <input type="text"/> Per day	<input type="checkbox"/> Cigarettes: <input type="text"/> Per day
	<input type="checkbox"/> Small cigars or cigarillos: <input type="text"/> Per day	<input type="checkbox"/> Small cigars or cigarillos: <input type="text"/> Per day	<input type="checkbox"/> Small cigars or cigarillos: <input type="text"/> Per day
	<input type="checkbox"/> Large cigars including panatelas: <input type="text"/> Per day	<input type="checkbox"/> Large cigars including panatelas: <input type="text"/> Per day	<input type="checkbox"/> Large cigars including panatelas: <input type="text"/> Per day

Section 5 – Lifestyle *continued*

4. During the last five 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 (other than cannabis), for example 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

5. Height

First life covered

Feet Inches

OR Metres

Second life covered

Feet Inches

OR Metres

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

Stones Pounds

OR Kilos

Stones Pounds

OR Kilos

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 asthma, please fill out Section 7. If you have not answered yes to any question in this section, please move to Section 8.

1. Have you ever had:

Chest pain, angina, heart attack, heart enlargement, heart failure, heart valve defect or any other heart condition?

First life covered

Yes No

Second life covered

Yes No

Stroke, mini stroke, transient ischaemic attack (TIA), brain haemorrhage, brain aneurysm or brain damage?

Yes No

Yes No

Peripheral vascular or any disease or disorder of the aorta or arteries?

Yes No

Yes No

Diabetes or sugar in the urine?

Yes No

Yes No

Any condition of the central nervous system (the brain, spinal cord and nerves), multiple sclerosis, optic neuritis, cerebral palsy, paralysis, Parkinson's disease, Alzheimer's disease or dementia?

Yes No

Yes No

Blurred or double vision, numbness, loss of feeling or muscle power, balance problems, or persistent pins and needles or facial pain serious enough to seek medical advice?

Yes No

Yes No

Section 6 – Personal medical history *continued*

	First life covered	Second life covered
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
A positive test for HIV/AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B or C?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any psychiatric disorder or mental illness (including anxiety, stress or depression) that has required hospital treatment or referral to a psychiatrist, or have you ever attempted suicide or had suicidal thoughts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Within the last four years have you had, or have you taken medication for, or been advised to take medication or have treatment for:		
Mental illness including anxiety, stress or depression, insomnia, or eating disorders, regardless of whether or not you have seen your doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma or any condition affecting your lungs or breathing (other than hay fever)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have asthma:		
In the last five years, have you been admitted to hospital for more than 24 hours because of asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many days have you taken oral steroid tablets in the last two years?	<input type="text"/> Days	<input type="text"/> Days
How many days have you taken off work because of asthma in the last two years?	<input type="text"/> Days	<input type="text"/> Days
If you have asthma and are applying for Income Protection+:		
Does your occupation aggravate your asthma or has it done in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For all to answer		
Raised blood pressure or raised cholesterol other than fully resolved pregnancy related high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A lump, growth, polyp or tumour of any kind, or a mole or freckle that has bled, itched, become painful, changed colour or increased in size, regardless of whether or not you have consulted a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer only if you're applying for critical illness cover, waiver of premium or Income Protection+		
Any problems with your eyes or ears which isn't fully corrected by glasses, contact lenses, laser treatment or by hearing aids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any pain or restriction in movement in the back, neck, shoulder or joints (including traumatic injury), a slipped disc, sciatica, rheumatic, arthritic or muscular complaints including gout, repetitive strain injury, neuralgia or fibromyalgia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crohn's disease or ulcerative colitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6 – Personal medical history *continued*

First life
covered

Second life
covered

3. Apart from any conditions you've already told us about in the previous sections in this application, within the last two years have you:

Had any medication or treatment that lasted more than four weeks?

Yes No

Yes No

Please ignore oral contraceptive pill, medication or treatment for pregnancy or minor accidents and injuries, for example pulled or strained muscle, torn ligament or tendon, or sprained joint, provided they have not prevented you from performing your daily activities or kept you off work for two weeks or more.

Been referred to, treated at or had any investigations at a hospital or clinic?

Yes No

Yes No

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

4. Apart from any conditions, scans, tests or investigations you've already told us about in this application are you currently:

Waiting for the results of any test or investigation?

Yes No

Yes No

Female: You don't need to tell us about routine well women clinic appointments, routine mammograms, post or pre natal checks, employment medicals or private health medicals where there were no abnormal findings unless you are experiencing symptoms or they were arranged because of a recent finding. You don't need to tell us about a routine cervical screening appointment unless your last screening showed some abnormality.

Male: You don't need to tell us about routine well man clinic appointments, employment medicals or private health medicals where there were no abnormal findings unless you are experiencing symptoms or they were arranged because of a recent finding.

Experiencing symptoms or a condition that you're likely to seek medical advice or treatment for in the near future?

Yes No

Yes No

Answer only if you're applying for critical illness cover, waiver of premium or Income Protection+

Do you currently have any physical or mental condition that restricts or causes difficulties in performing your daily activities or your occupation?

Yes No

Yes No

Answer only if you're applying for Income Protection+

Apart from any visits related to contraception or pregnancy, or to conditions you've already told us about, how many times have you visited a doctor in the last 12 months?

Visits

Visits

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 asthma. Please complete Section 7 for each separate condition and continue on a separate sheet available in Section 23(7) if necessary. If a disclosure relates to more than one question in Section 6, you only need to complete this section once for the disclosure.

	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"/>

		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*

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 asthma. Please complete Section 7 for each separate condition and continue on a separate sheet available in Section 23(7) if necessary. If a disclosure relates to more than one question in Section 6, you only need to complete this section once for the disclosure.

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

First life covered

Second life covered

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

Yes No

Second life covered

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:

Section 8 – Family history

If you are aged 50 or over and are applying for life cover only, 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
Answer only if you are female		
Breast, ovarian, colon or bowel cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer only if you are male		
Colon or bowel cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer only if you are aged 49 or under		
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 aged 55 or under		
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
Answer only if you are aged 60 or under		
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
Answer only if you are aged 40 or under and applying for critical illness cover or Income Protection+		
Familial adenomatous polyposis (FAP)/polyposis coli	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer only if you are aged 64 or under and applying for critical illness cover or Income Protection+		
Parkinson's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer of another site (cancer other than of the ovary, breast, colon or bowel) including lymphoma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer only if you are applying for critical illness cover or Income Protection+		
Type 2 diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple sclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other inherited condition that runs in your family and that you have had or been advised to have screening for	<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

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.

Answer only if you are female

4(a). If you have answered yes to '**breast, ovarian, colon or bowel cancer,**' are you under any form of follow up or screening programme regarding your family history?

Yes No

Yes No

If yes, please give full details including the result of any investigations and dates:

<input type="text"/>	<input type="text"/>
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Answer only if you are female

4(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?

Yes No

Yes 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"/>
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Answer only if you are female

4(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?

Yes No

Yes No

Section 9 – Additional family history *continued*

First life covered

Second life covered

Answer only if you are male

4(d). 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?

Yes No

Yes No

If yes, please give full details including the result of any investigations and dates:

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Answer only if you're applying for critical illness cover, waiver of premium or Income Protection+

5. If you have answered yes to "**cancer of another site (cancer other than of the ovary, breast, colon or bowel) including lymphoma**", please advise the type of cancer each family member suffered from.

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6. If you have answered yes to "**Multiple sclerosis**", have you ever been investigated by a Neurologist or had any visual disturbance, persistent pins and needles, balance problems, facial pain (other than dental pain) or numbness which have led to you seeking medical advice?

Yes No

Yes No

If yes, please give full details:

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7. If you have answered yes to "**Any other inherited condition that runs in your family and that you have had or been advised to have screening for**", please give details of the condition that runs in your family.

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Section 10 – Residency, travel & sports

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.

First life covered	Second life covered
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please detail countries visited, time spent there and dates of travel:	

2. Are you currently living outside of, or 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.*

First life covered	Second life covered
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?

First life covered	Second life covered
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 critical illness cover, waiver of premium or Income Protection+		
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
Answer only if you're applying for Income Protection+		
Equestrian sport other than private hacking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Winter sports other than holiday skiing or snowboarding for pleasure	<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.

Answer only if you are aged 50 or under	First life covered	Second life covered
1. Are you a member of the Armed Forces Reserves or Territorial Army?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For all to answer		
2. Which industry or service do you work in?		
Armed Forces	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flying other than as a fare paying passenger or as a member of the armed forces	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial underwater diving	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working on a trawler	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tunnelling below ground	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quarrying	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mining	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working offshore on an oil or gas platform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 11 – Occupation *continued*

	First life covered	Second life covered
Working outside at heights over 15 metres (50 feet) for more than 25% during a typical week	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Merchant marine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prison service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Police service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sports professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
None of these	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answer only if you are aged 60 or under

	First life covered	Second life covered
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide full details, including the countries you will be travelling to and the reason for the travel:	
	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>

If you're not sure about the security situation in a country you may visit, please check the Foreign and Commonwealth Office (FCO) website www.fco.gov.uk and click on Travel advice. If the FCO advises against any travel to any part of the county you should answer "Yes".

Answer only if you are applying for total permanent disability, waiver of premium or Income Protection+

	First life covered	Second life covered
4. Is your work clerical/administrative and based in an office environment for at least 75% of a typical working day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, does your job involve carrying, lifting, working with machinery or tools?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please advise what percentage of your normal working day is spent carrying out manual duties:	
	<input type="text" value=""/> %	<input type="text" value=""/> %

	First life covered	Second life covered
5. Does your occupation require you to drive (other than commuting to and from work)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is your annual business mileage?	
	<input type="checkbox"/> Less than 10,000 miles	<input type="checkbox"/> Less than 10,000 miles
	<input type="checkbox"/> 10,001 to 25,000 miles	<input type="checkbox"/> 10,001 to 25,000 miles
	<input type="checkbox"/> 25,001 to 40,000 miles	<input type="checkbox"/> 25,001 to 40,000 miles
	<input type="checkbox"/> More than 40,000 miles	<input type="checkbox"/> More than 40,000 miles

Section 11 – Occupation *continued*

Answer only if you are applying for Income Protection+

First life covered

Second life covered

6. Do you work outside of the UK for more than 90 days a year?

Yes No

Yes No

If yes, please give full details of your work outside the UK, including the countries that you work in and normal job duties when working outside the UK:

7. Do you have more than one occupation?

Yes No

Yes No

If yes, please provide details of your other occupation(s), including the job title(s), your normal duties and the total number of hours worked per week:

Section 12 – Overall cover

Answer only if you're applying for life insurance:

	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 £1,000,000 (£500,000 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 21	£ <input type="text"/> You'll need this figure in Section 21

Answer only if you're applying for critical illness cover:

3. Apart from this application, have you applied to Aviva for critical illness or employee significant illness insurance within the last 12 months? <i>You can ignore any existing policies or outstanding applications which will definitely be cancelled, or replaced by this application. You should not rely on Aviva making checks about previous applications that you have submitted to Aviva.</i> <i>Employee significant illness is a benefit only available with an Aviva Relevant Life Insurance policy, it is not a form of employee group insurance or sickness cover.</i>	<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 critical illness and/or employee significant illness insurance that you hold with Aviva?	£ <input type="text"/>	£ <input type="text"/>
4. Including this application, will the total amount of critical illness and/or employee significant illness with Aviva or any other company, be more than £500,000? (£250,000 if house-person, unemployed, student or retired)? Employee significant illness is a benefit only available with an Aviva Relevant Life Insurance policy, it is not a form of employee group insurance or sickness cover.	<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 critical illness and/or employee significant illness plans that will definitely be 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 critical illness and/or employee significant illness insurance will you have when this cover is put into force?	£ <input type="text"/> You'll need this figure in Section 21	£ <input type="text"/> You'll need this figure in Section 21

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

How to use this form: A separate direct debit mandate is required for each policy, please complete one for each policy with the correct policy number from earlier in the form for administration purposes.

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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Example Service user number.

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)

Signature(s)

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Bank/Building Society account number

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Branch sort code

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Reference

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Date

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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 10 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

How to use this form: A separate direct debit mandate is required for each policy, please complete one for each policy with the correct policy number from earlier in the form for administration purposes.

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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Example Service user number.

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)

Signature(s)

--

Bank/Building Society account number

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

Branch sort code

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Reference

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Date

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Account holders address	Address
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- 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 15 – Important information

The policy conditions and policy summary for the product(s) 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

Personal Information

We collect and use personal information so that we can provide you with a policy that suits your insurance needs. This notice explains the most important aspects of how we use personal information. You can get more information about the terms we use, and view our full Privacy Policy at: www.aviva.co.uk/privacypolicy, or request a copy by contacting us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD.

As the insurer of the product, Aviva Life & Pensions UK Limited is the data controller responsible for processing this personal information. Any applicable reinsurers are additional controllers along with your adviser who are responsible for the sale and distribution of the product.

Personal information we collect and how we use it

We will use personal information collected from you and other sources to:

- provide you with insurance. We need this to:
 - decide if we can offer insurance and, if so, on what terms,
 - administer your policy,
 - handle any claims,
 - manage any renewal.
- support legitimate interests that we have as a business. We need this to:
 - manage arrangements we have with reinsurers,
 - for the detection and prevention of fraud, help us better understand our customers and improve our customer engagement. This includes profiling and customer analytics which allows us to make certain predictions and assumptions about your interests, make correlations about our customers to improve our products and to suggest other products which may be relevant or of interest to customers, which includes marketing products and services to you.
- meet any applicable legal or regulatory obligations. We need this to:
 - meet compliance requirements with our regulators (e.g. Financial Conduct Authority),
 - comply with law enforcement,
 - manage legal claims.
- carry out other activities that are in the public interest, e.g. we may need to use personal information to carry out anti-money laundering checks.

We may also use personal information about other people. This may include, for example, other people whose lives will be insured under the policy; the family or personal history of the insured, or appointed trustees where policies are placed under trust. **If you're providing information about another person, we expect you to ensure that they know you are doing so. You might find it helpful to show them this privacy notice.**

The personal information we collect and use will include name, address, date of birth, occupation, lifestyle, current state of health and any existing conditions of each person insured. If a claim is made we'll also collect personal information about the claim from you and any relevant third parties. We recognise information about health is particularly sensitive information. We'll ensure that we will only

use that information where we need to for our insurance purposes (including assessing the terms of your insurance contract, dealing with changes to your policy and/or dealing with claims). There may be times when we need consent to use personal information for a specific reason. If this happens, we'll make this clear to you when you at the time. If you give us consent to using personal information, you are free to withdraw this at any time by contacting us at dataprt@aviva.com. Please note that if consent to use this information is withdrawn, we'll not be able to continue to process the information you gave us for this/these purpose(s). This would not affect our use of the information where consent is not required.

Of course, you don't have to provide us with any personal information, but if you don't provide the information we need, we may not be able to proceed with your application or any claim you make.

Some of the information we use as part of this application may be provided to us by a third party. This may include information already held about you within the Aviva group, including details from previous quotes and claims, information we obtain from publicly available records, our trusted third parties, medical records and from industry databases, including fraud prevention agencies and databases.

Automated decision making

We carry out automated decision making to decide whether we can provide insurance to you and on what terms. In particular, we use an automated underwriting engine to process the personal and medical information you provide as part of this application process (including your age, whether you smoke, your answers to our health and lifestyle questions, including your family medical history), along with the amount of cover you wish to obtain. We do this to calculate how much that cover will cost you. Without this information we're unable to provide a price that is relevant to your individual circumstances and needs. In some scenarios, we may also use an automated underwriting engine to process medical information provided as part of our process for sampling policies after they've been taken out. We do this to check that the price of your cover and terms of your policy are correct and if you are selected for this process, we will contact you to make this clear to you. We regularly check the way our underwriting engines work to ensure we're being fair to our customers. After the automatic decision has been made, you have the right to speak to someone from Aviva, who may review the decision and provide a more detailed explanation. If you wish to invoke this right please contact us at SEC UWNO@aviva.com.

Section 16 – Data protection *continued*

How and when we share your information with others?

We may share personal information with:

- the Aviva group, our agents and third parties who provide services to us, to help us administer our products and services,
- regulatory bodies and law enforcement bodies, including the police, e.g. if we are required to do so to comply with a relevant legal or regulatory obligation,
- other organisations including insurers, public bodies and the police (either directly or using shared databases) for fraud prevention and detection purposes,
- reinsurers who provide reinsurance services to Aviva and for each other. Reinsurers will use your data to decide whether to provide reinsurance cover, assess and deal with reinsurance claims and to meet legal obligations. They'll keep your data for the period necessary for these purposes. We may need to disclose it to other companies within their group, their agents and third party service providers, law enforcement and regulatory bodies.

Some of the organisations we share information with may be located outside of the European Economic Area ("EEA"). We'll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this please see our Privacy Policy or contact us.

How long do we keep your personal information for?

We maintain a retention policy to ensure we keep personal information for as long as we reasonably need it, for the purposes explained in this notice. We'll need the data for the period necessary to administer your insurance and deal with claims and queries on your policy. We may need to keep information after our relationship with you has ended, for example, to ensure we have an accurate record

in the event of any complaints or challenges, carry out relevant fraud checks, or where we are required to do so for legal, regulatory or tax purposes.

Your rights

You have various rights in relation to your personal information, including

- the right to request access to your personal information,
- correct any mistakes on our records,
- erase or restrict records where they are no longer required,
- object to our use of personal information based on legitimate business interests -, including for profiling and marketing,
- asking not to be subject to automated decision making if the decision produces legal or other significant effects on you, and
- data portability.

For more details in relation to your rights, including how to exercise them, please see our full Privacy Policy or contact us at dataprt@aviva.com

Contacting us

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Officer by either emailing them at dataprt@aviva.com or writing to them at Data Protection Officer, Level 4, Pitheavlis, Perth, PH2 0NH.

If you have a complaint or concern about how we use your personal information please contact us in the first instance, and we'll attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Information Commissioners Office at any time.

Section 17 – Medical information

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

We may need to get information from your doctor to support or check the answers you've given in your application. If we do, you'll need to sign a consent form under the Access to Medical Reports Act (AMRA) 1988. This form includes important information about your rights under the Act and explains how we'll use your medical information. Your adviser may ask you to fill in an AMRA form as part of your application or we may send one to you. By continuing with this application, you're agreeing to sign the AMRA form if required.

If you don't sign it, we may cancel your policy if we've already offered you cover. However, this won't stop you applying to other companies for insurance.

After you've signed the AMRA consent form, 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 22.

Section 18 – Financial crime

To prevent financial crime, your information may be used by any company within the Aviva group and may be shared with third parties who provide services to us, as well as other organisations where required to by law and regulatory requirements. A record may be kept

of any searches carried out and any suspicions of financial crime and related details may be retained and used to assist other companies for verification and identification purposes.

Section 19 – Residency Criteria

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 apply for this policy you must:

1. be currently physically living in the UK, the Channel Islands, the Isle of Man or Gibraltar, and
2. regard the UK, the Channel Islands, the Isle of Man or Gibraltar as the location of your main residence and have no current intention of moving outside of any of those territories permanently, and
3. either
 - a. be a citizen of that territory or a British Overseas Territories citizen, or

- b. have been granted permission to settle permanently in the named territory, or
- c. be applying for a mortgage on a residential property which is, or will be, your main residence in that territory.

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. 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 if you wish to continue with your policy after you move to another territory.

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** – Read Part 1 and Part 2 of the declaration then sign, date and return it to us.
- **If you're a life covered only** – 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** – 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 am aware that if any of the information I 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.
- I will 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 do not receive this document within 10 days then I will contact Aviva so that they can send me another one.
- I will 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 have 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 have applied, or am currently applying, for a policy with them.
- I have read the Data protection section, which explains how my personal data will be held and used, and am happy to continue with this application.

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 am 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 am currently living in the UK, Channel Islands, Isle of Man or Gibraltar and meet the residency criteria as confirmed in Section 19.
- I have 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 am 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 am currently living in the UK, Channel Islands, Isle of Man or Gibraltar and meet the residency criteria as confirmed in Section 19.
- I have 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 have 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 am 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" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Second policyholder (if any) Name <input type="text"/> Signature <input type="text"/> Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Third policyholder (Trustee applications only) Name <input type="text"/> Signature <input type="text"/> Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Forth policyholder (if any) Name <input type="text"/> Signature <input type="text"/> Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

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

Name of trust <input type="text"/>	Date of trust <input type="text"/>
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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>**.

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 & 4):

Up to £1m life insurance Up to £500,000 critical illness and/or employee significant illness cover	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 £500,000 life insurance or £250,000 critical illness and/or employee significant illness cover.
£1,000,001 to £2,000,000 life insurance £500,001 to £1,000,000 critical illness and/or employee significant illness cover	Please complete the short financial questionnaire that follows.
>£2,000,000 life insurance >£1,000,000 critical illness and/or employee significant illness cover	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 and £1.5m critical illness and/or employee significant illness cover)

Where the total cover with Aviva and/or Friends Life exceeds £4m life insurance or £2m critical illness and/or employee significant illness cover	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)
Personal or Family	What is the gross annual earned income for tax purposes for the last 12 months (excluding unearned income such as investment income)?	£ <input type="text"/> (If less than £15,000 please complete our full financial questionnaire)	£ <input type="text"/> (If less than £15,000 please complete our full financial questionnaire)
	Is the overall amount of personal cover more than the earned income in the last 12 months x multiple for age? (See help box *)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private residential loan	What is the amount of the loan?	£ <input type="text"/>	£ <input type="text"/>
	Will the amount of cover or expiry date exceed the loan amount in the life covered's name, or repayment date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 21 – Short financial questionnaire *continued*

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)
Buy To Let	What is the amount of buy to let portfolio liabilities?	£ <input type="text"/>	£ <input type="text"/>
	Will the amount of cover or expiry date exceed the loan amount in the life covered’s name, or repayment date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Gift related IHT	What is the amount of the gift?	£ <input type="text"/>	£ <input type="text"/>
	At any time will the amount of cover exceed the liability?	<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

*Help box: Multiples of earned income for age & benefit

These multiples are the maximum for this short questionnaire. Higher multiples may be available but you’ll need to complete the full financial questionnaire.

Age range	Multiple of earned income for life insurance	Multiple of earned income for critical illness and/or employee significant illness cover
Up to 35	27	10
36-45	21	8
46-55	15	6
56-65	9	4
66 up	6	n/a

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 **Important information relating to the Access 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 Important Information relating to the Access to Medical Reports Act 1988
- I give my consent to Aviva seeking information, including medical reports, from any doctor I've consulted about anything that affects my physical or mental health and I authorise the giving of this information
- this consent shall also apply in the event of any claim, including a death claim.

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
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Section 22 – Aviva Access to Medical Reports declaration

continued

Important information relating to the Access to Medical Reports Act 1988

Please read this section carefully before signing

We need to get a medical report to support the answers you've given to the medical questions on your application.

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.

In most cases, we will request a medical report from your General Practitioner ("GP") electronically. The legal basis upon which we request the report – and your rights in relation to it – won't change whichever method we use. However, we anticipate that where reports are obtained electronically customers may experience the following benefits:

- Reports should be returned more quickly because they will only take your GP a few minutes to complete,
- In all cases, medical information will be transmitted from the GP surgery securely over an encrypted connection,
- There will be fewer delays because we should obtain all the data we need to be able to assess your application within the report and will not need to go back to your GP for more information.

If the electronic process is followed, rather than referring to your medical records to complete a report manually, your GP will be able to use special software to extract information relevant to your application directly from your medical records to format the report. Further detail about the types of information that will be included in the report is outlined below.

We won't be able to request a medical report electronically in *all* cases. The software required to support the electronic report is currently used by approximately half of GP Practices. If your GP does not have the software, we will need to request a report under the existing manual process.

Your rights under the Access to Medical Reports Act 1988:

- You can choose to not give your consent but if you don't, we will not be able to go ahead with your application. This doesn't stop you from applying to other companies for cover.
- You can ask to see the report before your doctor sends it to us. If this is the case, we'll tell the doctor to 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.
- 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, we can send a copy to your doctor.
- 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.
- Your doctor can withhold access to the report if they feel it would cause physical or mental harm to you or others.

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

For electronic reports:

The medical report your doctor completes will contain the following:

- 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 10 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.
- 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;

Section 22 – Aviva Access to Medical Reports declaration *continued*

- 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.

We will not ask your doctor to reveal information about predictive genetic test results. If this information is included we'll disregard it (except genetic tests for Huntington's disease, but only when the total amount of your life cover is more than £500,000.) 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 questions relating to 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.

Section 22 – Aviva Access to Medical Reports declaration

FOR FINANCIAL ADVISER USE ONLY

Application reference

B

A

P

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

What you need to do

Please read the **Important information relating to the Access 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 Important Information relating to the Access to Medical Reports Act 1988
- I give my consent to Aviva seeking information, including medical reports, from any doctor I've consulted about anything that affects my physical or mental health and I authorise the giving of this information
- this consent shall also apply in the event of any claim, including a death claim.

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
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Section 22 – Aviva Access to Medical Reports declaration

continued

Important information relating to the Access to Medical Reports Act 1988

Please read this section carefully before signing

We need to get a medical report to support the answers you've given to the medical questions on your application.

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.

In most cases, we will request a medical report from your General Practitioner ("GP") electronically. The legal basis upon which we request the report – and your rights in relation to it – won't change whichever method we use. However, we anticipate that where reports are obtained electronically customers may experience the following benefits:

- Reports should be returned more quickly because they will only take your GP a few minutes to complete,
- In all cases, medical information will be transmitted from the GP surgery securely over an encrypted connection,
- There will be fewer delays because we should obtain all the data we need to be able to assess your application within the report and will not need to go back to your GP for more information.

If the electronic process is followed, rather than referring to your medical records to complete a report manually, your GP will be able to use special software to extract information relevant to your application directly from your medical records to format the report. Further detail about the types of information that will be included in the report is outlined below.

We won't be able to request a medical report electronically in *all* cases. The software required to support the electronic report is currently used by approximately half of GP Practices. If your GP does not have the software, we will need to request a report under the existing manual process.

Your rights under the Access to Medical Reports Act 1988:

- You can choose to not give your consent but if you don't, we will not be able to go ahead with your application. This doesn't stop you from applying to other companies for cover.
- You can ask to see the report before your doctor sends it to us. If this is the case, we'll tell the doctor to 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.
- 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, we can send a copy to your doctor.
- 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.
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For electronic reports:

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- Copies of any hospital letters from the last 10 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.
- 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;

Section 22 – Aviva Access to Medical Reports declaration *continued*

- 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
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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 questions relating to 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.

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"/> Middle name <input type="text"/> Last name <input type="text"/>	First name <input type="text"/> Middle name <input type="text"/> Last name <input type="text"/>	
3. Date of birth	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	
4. Phone number	Home <input type="text"/> Mobile <input type="text"/>	Home <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 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"/>	
7. What is the policyholder's relationship to the first life covered?	Spouse Civil partner Live in partner Co-mortgagee Lender/Guarantor (Personal Loan Protection)	Third policyholder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fourth policyholder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. What is the policyholder's relationship to the second life covered?	Spouse Civil partner Live in partner Co-mortgagee Lender/Guarantor (Personal Loan Protection)	<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"/>
9. 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"/>	

Section 23 (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 asthma. Please complete Section 7 for each separate condition and continue on a separate sheet available in Section 23 if necessary. If a disclosure relates to more than one question in Section 6, you only need to complete this section once for the disclosure.

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"/>

		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 23 (7) – Additional health questionnaire *continued*

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 asthma. Please complete Section 7 for each separate condition and continue on a separate sheet available in Section 22 if necessary. If a disclosure relates to more than one question in Section 6, you only need to complete this section once for the disclosure.

	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	<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											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
10. Are you under any form of follow up or awaiting investigations or referral for this condition?	<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">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:</td> </tr> <tr> <td></td> <td></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	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:						
First life covered	Second life covered											
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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">If yes, please provide the further information here:</td> </tr> <tr> <td></td> <td></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	If yes, please provide the further information here:						
First life covered	Second life covered											
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please provide the further information here:												

