

# CARE FEES PLAN QUESTIONNAIRE

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### Please complete all relevant sections in BLOCK CAPITALS.

Where you see 'we' or 'us' in this document it means Aviva, Just, Legal & General or National Friendly where relevant.

Please sign and date the form in Section 5 and return the whole questionnaire to your Financial Adviser.

This form should be completed by the person requiring care. The legal representatives of the person needing care may complete the form if they have the legal authority to take out a Care Fees Plan on the customer's behalf.

Please note that if the person needing care has become, or is becoming, mentally incapable of managing their own affairs, the Power of Attorney must be registered with the appropriate authority before it can be accepted.

We will not be able to process the questionnaire, or request the necessary medical reports without a valid signature and Power of Attorney.

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**We recommend that this form is completed using Adobe Acrobat. Functionality, layout and formatting may be affected when using other programs.**

### NOTE FOR FINANCIAL ADVISERS

Please check and confirm that you have:

1. Completed the Financial Adviser section details
2. Obtained the annuitant's or legal representative's signature on both the remuneration and declaration sections
3. Enclosed the Power of Attorney form (if appropriate)

Then send the completed form(s) to:

#### Medicals Direct

Post: MDG  
Premiere House  
5th Floor Elstree Way  
Borehamwood  
Hertfordshire  
WD6 1JH

Email: [icp@medicalsdirectgroup.co.uk](mailto:icp@medicalsdirectgroup.co.uk)

Telephone: 0800 061 2288



**Section 1: Personal details**

**1.1. Details of the person needing care (the annuitant)**

Title

Surname

Forenames

Sex (please tick as appropriate)  Male  Female

Date of Birth |||||||||||||||||

Marital Status

Have you suffered the loss of a partner or close relative within the last 12 months?  Yes  No

**1.2. Care Details**

Please confirm where the care is being provided / expected to be provided:

A Care Home  Hospital  Your own home

A PWD (Person with Dementia) Home

Other (please provide details)

If the care is expected to be provided in a Care Home, please confirm the date you entered the Care Home / expect to enter the Care Home

|||||||||||||||||

If you have care at home, please confirm the date when you first started receiving care from a Registered Care Provider

|||||||||||||||||

Please confirm where the care is being provided / expected to be provided or home address if not yet known:

Address

Postcode

Telephone Number (including code)

Fax number (if available)

Email address (if available)

Contact Name

If you are receiving care in your own home, please provide full details of the carer and/or agency details

Full name and address (if different from above)

Postcode

Telephone Number (including code)

Fax number (if available)

Email address (if available)

Contact Name

Is care currently being provided by a friend or family member?  Yes  No

Please confirm the current (or expected) level of fees payable: £  |  per calendar month  4 weekly  per annum

**1.3. Details of the legal representative, if applicable**

*(Please complete this section only if you are acting in a legal capacity for the person requiring care – e.g. a valid Power of Attorney is in place.)*

If you are funding the care of the annuitant, but are not their legal representative, please do not complete this form and discuss this further with your Financial Adviser.

This form should only be completed by the person requiring care or the legal representatives of the person needing care, if they have the legal authority to take out a Care Fees Plan on their behalf. Please note that if the person needing care has become, or is becoming, mentally incapable of managing their own affairs, the Power of Attorney must be registered with the appropriate authority before it can be used as authority to act.

**Please enclose a copy of the Power of Attorney with this application.** A properly certified copy of the document or the original must be provided. Please do not send any birth or marriage certificates with this questionnaire.

Subject to medical evidence the insurance provider reserves the right to request that a Power of Attorney is appointed to act on behalf of the annuitant and/or that any existing Power of Attorney is registered.

Title

Surname

Forenames

Address

Postcode

Telephone Number (including code)

Are you acting as Attorney?  Yes  No

Are you acting as court appointed deputy for the Court of Protection?  Yes  No

**Please Note:** If you are acting on behalf of the care recipient we will not be able to process this application unless a copy of the Power of Attorney document is provided.

**Section 2: Product Details & Requirements**

**2.1. Insurance Provider Choice**

Please indicate which insurance providers you require Care Fees Plan terms from.

<input type="checkbox"/> Aviva	<input type="checkbox"/> Just
<input type="checkbox"/> Legal & General	<input type="checkbox"/> National Friendly

**2.2. Payment Options**

Please indicate which benefits you would like terms to be provided on.

Please note that not all insurance providers are able to offer capital protection, guaranteed payment periods and payment options on the same basis. Therefore, please ensure you check details within each provider's Key Features for full information on the benefits available.

Please also note that all providers make payments from their plans in advance.

Please confirm the:

a) Amount of benefit required by the care recipient

£

per calendar month     4 weekly     per annum

(4 weekly is available with Just and National Friendly only)  
(Aviva and Legal & General do not offer annual payments)

**OR**

b) Amount of single premium

£

c) Escalation of benefits

Nil

RPI (not available with National Friendly)

RPI + 2% (available with Aviva only)

Fixed Rate - please state percentage\*    %  (a maximum of 8% applies for Just and Legal & General)  
(a minimum of 3% and a maximum of 10% apply for Aviva and National Friendly)

\*Please state a whole number. All providers will round up to the next whole number if decimal places are requested.

Increases are normally applied on the anniversary of the contract although you can choose the month in which the annual escalation would apply.

If you would like the escalation to be applied on a specific date, please confirm the month this should be applied\*:

\*Not available with Legal & General

d) Deferred Period (please tick the relevant box if you would like payments to be deferred for a specified period)

None     1 year     2 years     3 years     4 years     5 years

**Deferred periods are only available with Aviva, Just and National Friendly**

National Friendly only offer 1 and 2 year deferred options.

e) Death Benefits

Please indicate whether you would like terms to be provided with the following death benefits.

Please note that:

- All Just and Legal & General plans automatically include 6 months' premium protection of 100% protection in month 1, 50% protection in months 2-3 and 25% protection in months 4-6
- All Aviva and National Friendly plans automatically include 1 months premium protection at 100%
- Please refer to each provider's Key Features Document for full information.

Would you like a quote with no death benefits included:  Yes  No

**Short Term Premium/Capital Protection**

- This option is only available with Aviva and National Friendly

For Aviva, if you select 4-6 months cover, you must also select 1-3 months cover.  
The 4-6 months cover must not be greater than the 1-3 months cover.

- Aviva – 1-3 months cover:  25%  50%  75%
- Aviva – 4-6 months cover:  25%  50%  75%
- National Friendly – 2-6 months cover:  25%  50%  75%  100%
- National Friendly – 2-12 months cover:  25%  50%  75%  100%

**Long Term Premium / Capital Protection (Decreasing Term Assurance)**

- This option is available from Aviva, Just and Legal & General
- For Legal & General, Long Term Protection is not available where plans increase in line with RPI

Please select the % of the total premium to be protected  25%  50%  75%

Other (1-75%)  
(Only available with Aviva and Just)

**Section 3: GP & Medical Details**

**3.1. General Practitioner's (GP) Details**

*Your GP's details are required to obtain a medical report. The insurance providers may also require a Care Home Manager's Report or other further details from the care provider.*

*Please provide the name and full postal address of the GP who holds the medical records of the person needing care:*

GP's name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Telephone Number (including code)	<input type="text"/>
Fax number (if available)	<input type="text"/>
Email address (if available)	<input type="text"/>

How long have you (the person needing care) been registered with this GP?  Years  Months

If you have been registered with your GP for less than six months or you are expecting to change your GP, please provide the name and full postal address of the previous or new GP.

GP/Surgery name	<input type="text"/>
	<input type="checkbox"/> Previous GP <b>OR</b> <input type="checkbox"/> New GP
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Telephone Number (including code)	<input type="text"/>
Fax number (if available)	<input type="text"/>
Email address (if available)	<input type="text"/>

Please note, providing the email address for your GP surgery may improve turnaround times for the collection of your medical report.

**3.2. Medical details of care recipient**

Your answers to the questions in this section and section 3.3, together with the GP and care provider information, will be used by the insurance providers to confirm terms.

Please answer all the questions as accurately as possible. If the information provided is incorrect, the provider may be entitled to adjust the benefit paid.

If any of the answers given to the questions in this form change before the plan comes into force, you must notify the relevant insurance provider(s).

a) Have you consulted your current GP in the last 3 months?  Yes  No

b) Have you attended hospital within the last 12 months?  Yes  No

If 'Yes' please give dates and details

c) Have you had any falls in the last 6 months?  Yes  No

If 'Yes' please give dates and details

d) Have you had any fractures in the last 6 months?  Yes  No

If 'Yes' please give dates and details

e) Have you ever suffered or are you suffering from any of the following illnesses?:

**Dementia, memory loss or confusion**  Yes  No  
(If 'yes', please give dates and details)

Type:

- Alheimers
- Vascular
- Lewy Body
- Other

**Severity**

- Mild
- Moderate
- Severe

Date of diagnosis:

    

Not yet diagnosed

If not yet diagnosed please give details.

**Heart condition**

(If 'yes', tick all that apply)

Yes  No

Type:

- Heart failure
- Heart attack
- Angina
- Arrhythmia (including Atrial fibrillation)
- Other (please provide details)

Date of diagnosis: MM YYYY

Date of diagnosis: MM YYYY

Date of diagnosis: MM YYYY

Date of diagnosis: MM YYYY

Date of diagnosis: MM YYYY

**Severity**

- Controlled with medication
- Symptomatic with medication

**Diabetes**

Yes  No

Type:

- Type 1
- Type 2

Date of diagnosis: MM YYYY

Date of diagnosis: MM YYYY

**Diabetic complications**

(If 'yes', tick all that apply)

- Eye problems
- Nerve damage (e.g in feet)
- Kidney Disease
- Peripheral Vascular Disease

Some of the following medical questions mention Activities of Daily Living (ADLs). These are activities that are necessary for daily care of oneself. They include mobility, using the toilet, dressing and feeding oneself.

**Stroke**

(If 'yes', tick all that apply)

Yes  No

Type:

- Major stroke
- Mini stroke
- Subarachnoid haemorrhage

Date of diagnosis: MM YYYY

Date of diagnosis: MM YYYY

Date of diagnosis: MM YYYY

**Severity**

- Minimal impact on ADLs
- Moderate impact on ADLs
- Significant impact on ADLs

**Joint Disorders**

(If 'yes', tick all that apply)

Yes  No

Type:

- Osteoarthritis
- Osteoporosis
- Rheumatoid Arthritis
- Joint Replacement

Date of diagnosis: MM YYYY

Date of diagnosis: MM YYYY

Date of diagnosis: MM YYYY

Date of diagnosis: MM YYYY

**Severity**

- Minimal impact on ADLs
- Moderate impact on ADLs
- Significant impact on ADLs



**Respiratory**

(If 'yes', tick all that apply)

Yes  No

Type:

- Pneumonia
- Chest infections
- Chronic Obstructive Pulmonary Disease (COPD)
- Emphysema
- Bronchiectasis

**Frequency**

- One episode in the last year
- Two or more episodes in last year

**Parkinson's Disease**

Date of diagnosis:

Yes  No

M|M Y|Y|Y|Y|Y

**Severity**

- Limited localised tremor, no treatment
- Widespread tremor, on treatment
- Intellectual deterioration, severe disability

**Multiple sclerosis**

Date of diagnosis:

Yes  No

M|M Y|Y|Y|Y|Y

**Severity**

- Minimal impact on ADLs
- Moderate number of ADL failures but still able to walk
- Significant number of ADL failures or bedbound

**Cancer**

Type:

Site:

Date of diagnosis:

Staging (if known):

Yes  No

\_\_\_\_\_

\_\_\_\_\_

M|M Y|Y|Y|Y|Y

\_\_\_\_\_

**Severity**

- It has been cured
- Being treated
- Receiving palliative care

f) Please use this box to provide any further information continued from your previous answers, or that you would like us to take into account when assessing your application, including any hospital or GP letters etc.

\_\_\_\_\_

g) Please provide details of any medication currently being used, including a copy of any prescriptions:

\_\_\_\_\_

**3.3. Physical status of care recipient**

Height:  m  cm  ft  ins

Weight:  kg  st  lbs

Please give details of your ability to perform the following Activities of Daily Living:

**Mobility:**  Independent  Walk with aid (e.g. zimmer frame or walking stick)  Walk with assistance of another person  Wheelchair dependent  Immobile

**Stairs:**  Independent up and down  Need help (verbal, physical or carry down)  Unable

**Transfer:** (ability to transfer from bed to chair and back)  Independent  Minor help (verbal, physical)  Major help (1-2 people, physical)  Immobile

**Toilet Use:**  Independent (get on and off, maintain hygiene)  Need some help but can do some things  Dependent

**Bowels:**  Continent  Needs pads  Incontinent  Stoma

**Bladder:**  Continent  Needs pads  Catheterised

**Grooming:**  Independent (with face, hair, teeth and shaving)  Needs help

**Bathing:**  Independent  Dependent

**Dressing:**  Independent  Need verbal help  Need physical help  Dependent

**Feeding:**  Independent  Need help (with cutting, spreading butter)  Unable

When was care first needed and why?

Please use this box to provide any further information continued from your previous answers, or that you would like us to take into account when assessing your application.

**Section 4: Privacy Notice**

**All the Product Providers; Aviva, Just, Legal & General and National Friendly (referred to as “Product Providers” or “we” in this Privacy Notice (PN)), take their privacy obligations very seriously. Any personal information provided to them, as Data Controllers, by a policyholder or anyone else connected to the policy (referred to as ‘you’ or ‘your’ in this PN), will be treated in accordance with current Data Protection legislation, and any successor legislation. This is a generic PN which explains how the Product Providers may use your personal information. Full details of how each Provider will use your data can be found on their websites:**

**Aviva** - [www.aviva.co.uk/legal/privacy-policy.html](http://www.aviva.co.uk/legal/privacy-policy.html)

**Just** - [www.wearejust.co.uk/privacy-policy](http://www.wearejust.co.uk/privacy-policy)

**Legal & General** - [www.legalandgeneral.com/privacy-policy](http://www.legalandgeneral.com/privacy-policy)

**National Friendly** - [www.nationalfriendly.co.uk/privacy-notice/](http://www.nationalfriendly.co.uk/privacy-notice/)

You may also write for a copy of each provider’s Privacy Notice at the addresses given on page 16.

**4.1. Personal Information****What is personal information?**

Personal information means any information about you which is personally identifiable, including your name, age, address, telephone number, email address, financial details, and any other information from which you can be identified.

**What do we collect?**

The Product Providers will collect the following information about you and your dependants (this includes your authorised Power of Attorney) when you use their services or they may collect it indirectly from their business partners, such as financial intermediaries:

**Personal data:** your name, date of birth, telephone number, address, email address, dependants, marital status, IP address and media access control (MAC) address.

**Sensitive/special categories of personal data:** gender and other sensitive information such as information about your physical and mental health. They recognise that information about health is particularly sensitive information. Should consent be the legal basis of processing special categories of personal data, they will ask for consent to collect and use this information.

**Public Records:** This includes open data such as the Electoral register, Land register or information that is openly available on the internet.

**Documentary data and national identifiers:** Information that is stored on your passport, driving license, birth certificate, and National Insurance number.

As well as collecting personal information about you, they may also use personal information about other people who have a connection to your policy.

If you are providing information about another person, the Product Providers expect you to ensure the other person knows you are doing so and are content with their information being provided to them. You might find it helpful to show them this PN and if they have any concerns to contact the relevant Product Provider(s) directly. If personal information is submitted about another person (for example Legal Representative or care provider), then by signing this form, you confirm that they have consented to providing their information for the information to be used and shared as set out in this notice.

**How we use the information we collect**

Product Providers on this form will use personal information collected from you and personal information about you obtained from other sources such as your financial intermediary in the following ways:

To provide you with your required policy;

To decide what terms, they can offer;

To administer your policy;

To support legitimate interests that they have as a business;

To prevent, detect or investigate financial crime;

To help them better understand their customers and improve customer engagement. This may include research; statistical analysis, profiling and customer analytics which allows them to make certain predictions and assumptions about your interests, and make correlations about their customers to improve their products;

To meet any applicable legal or regulatory obligations: they need this to meet compliance requirements with their regulators (e.g. Financial Conduct Authority), to comply with law enforcement and to manage legal claims; and

To carry out other activities that are in the public interest: for example, they may need to use personal information to carry out anti-money laundering checks.

Some of the information they collect as part of an application for a policy may be provided to them by a third party. This may include information Product Providers and their subsidiaries already hold about you and anyone else connected to the policy, including details from previous quotes and claims, information they obtain from publicly available records, their trusted third parties and from industry databases, including fraud prevention agencies and databases.

**Legal basis for processing Personal Data**

Where processing of data is necessary for entering into a contract with a Product Provider or for the performance of a contract which you (the data subject) are aware of the legal processing of Personal Data, this is based on Article 6.1(b) of the General Data Protection Regulation (GDPR).

Processing of Special Categories of Personal Data (for example health or medical data) is based on Article 9.2(g) of the GDPR in that the processing is necessary for reasons of substantial public interest and conducted on the basis of applicable law where the only data processed will be that necessary for the aim specified in order to respect the data subject’s rights and interests.

## Who your Personal Information may be shared with

The personal information a Product Provider holds about you may be shared with the following recipients subject to security, contractual and transfer adequacy safeguards as appropriate:

- (a) their group affiliates (where they exist);
- (b) their agents;
- (c) their business partners/service providers who assist them in providing the services they offer;
- (d) doctors or any relevant medical professional; and
- (e) credit agencies (for the purpose of identification verification).

## The following categories of agents, business partners and close affiliations assist them in the provision of ancillary services and they only use your personal information to the extent necessary to perform their functions:

Providers for pricing/underwriting purposes: these providers may share your personal information with their group companies for the same purpose;

Service providers for the provision of support services such as reinsurance, product administration, receiving and sending marketing communications, data analysis and validation, IT support services, archiving, auditing, business administration and other support services and tasks;

Business partners who may have referred you to us, to provide them with relevant management information;

Other companies in the event we undergo a re-organisation or are sold to a third party;

Regulators and public authorities who have a legal right to request and process your personal information e.g. the FCA, HMRC and the DWP;

Other group companies, where relevant, for management information purposes;

In addition, a Product Provider may disclose your personal information if legally entitled or required to do so, for example, if required by law or by a court order or if they believe that such action is necessary to prevent fraud or cybercrime or to protect their website or the rights of individuals or their property or the personal safety of any person.

## How long Product Providers will keep your Personal Information for

Product Providers maintain a retention policy to ensure they only keep personal information for as long as they reasonably need it for the purposes explained in this notice. They need to keep information for the period necessary to administer your insurance and deal with claims and queries on your policy. They may also need to keep information after their relationship with you has ended, for example, to ensure they have an accurate record in the event of any complaints or challenges, to carry out relevant fraud checks, or where they are required to do so for legal, regulatory or tax purposes.

Anonymised personal information will not be considered as personal data since no individual can be identified by that information. Product Providers may use anonymised personal information for further actuarial and business analysis, business research and reporting to help develop their products and services.

## Transmission and Security of Personal Information

Product Providers have security measures in place to protect against the loss, misuse and alteration of personal information under their control as required by current Data Protection laws, including the EU GDPR.

For example, Product Providers' security and privacy policies are periodically reviewed and enhanced as necessary and only authorised personnel have access to personal information. Whilst they cannot ensure or guarantee that loss, misuse or alteration of information will never occur, they will use all reasonable efforts to prevent it.

## Data Transfer outside of the European Economic Area (EEA)

Given the global nature of some Product Providers' businesses, some will use third party suppliers and outsourced services (including Cloud-based services), which can require transfers of personal information outside of the EEA. In doing so, Product Providers will ensure that there are appropriate contractual arrangements in place and will choose only those organisations with strict controls via appropriate organisational and technical measures to protect your personal information.

## Notification of Changes to Privacy Policy

Product Providers will reserve the right to amend or modify the Privacy Policy at any time and in response to any changes in applicable Data Protection and privacy legislation.

If Product Providers decide to change their Privacy Policy, they will post these changes on their websites so that you are aware of the information they collect and use it at all times.

If at any point Product Providers decide to use or disclose information they have collected, in a manner different from that stated at the time it was collected, they will notify you.

## Individual rights under the General Data Protection Regulation

Under data protection laws individuals (Data Subjects) are provided with various rights including the right to be told what Personal Data is held by Product Providers and the right to request that any inaccuracies in respect of your Personal Data are corrected. Details of all individual rights are shown below: Who your Personal Information may be shared with

The personal information a Product Provider holds about you may be shared with the following recipients subject to security, contractual and transfer adequacy safeguards as appropriate:

1. The right to be informed – you have the right to be informed how your Personal Data will be used. For example, this may be set out in a company's Privacy Notice.
2. The right of access – you have the right to access your Personal Data and supplementary information. For example, you may wish to access your data to become aware of and verify the lawfulness of the processing.

3. The right to rectification – you have the right to have your Personal Data rectified. For example, if you feel it is inaccurate or incomplete.
4. The right to erasure – you have the right in specific circumstances to request the deletion or removal of Personal Data where there is no compelling reason for its continued processing. For example, your Personal Data was unlawfully processed.
5. The right to restrict processing – you have the right to restrict the processing of your Personal Data in certain circumstances. For example, you wish to contest the accuracy of your Personal Data.
6. The right to data portability – you have the right to obtain and reuse your Personal Data for your own purposes. For example, you may wish to move, copy or transfer Personal Data from one information technology environment to another in a safe and secure manner.
7. The right to object – you have the right to object to your Personal Data being used for processing based on legitimate interests or for a task in the public interest. For example, you no longer want your Personal Data used for direct marketing.
8. Rights in relation to automated decision making and profiling – you have the right to challenge decisions that are made using an automated approach including profiling. For example, you may want to request human intervention where you do not agree with an automated decision.

#### Contact Details:

**Any enquiries relating to Data Protection issues should be sent to a Provider at the Data Protection address which can be found on page 14 of this form or on their website.**

**You also have the right to talk to the Information Commissioner's Office whose main role is to uphold information rights in the public interest.**

**Website: [ico.org.uk/for-the-public](http://ico.org.uk/for-the-public)**

**Email: [casework@ico.org.uk](mailto:casework@ico.org.uk)**

**Phone: 0303 123 1113**

**Address: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF**

## Section 5: Important Information

### 5.1: Notice of statutory rights

Under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Access to Health Records and Reports (Isle of Man) Act 1993. Each insurance provider will apply for a medical report from your current GP and may apply to any doctor who has at any time attended you. The declaration you provide in Section 5 gives us your consent to apply for such a report if we need to.

#### Your rights

- You do not have to give your consent but, without it, the insurance providers will not be prepared to accept your application.
- If you do give your consent, you can indicate whether or not you wish to see any report before it is sent to us. If you indicate that you do not wish to see any report:
  - The doctor can forward it to us immediately and we should be able to process your application without delay.
  - You can, however, still change your mind at any time within six months of this declaration and notify the doctor that you wish to see the report.
  - If the doctor has already forwarded the report to us, he/she will send you a copy and, if he/she has not, he/she will give you 21 days to arrange to see the report before it is forwarded to the insurance providers.

If you indicated that you do wish to see any report:

- This may delay the processing of your quotation/application.
- The doctor is allowed to charge you a fee to cover the cost of supplying you with the report.
- You should follow the procedures outlined below.  
Procedures for access to reports
  1. If you indicate now that you do wish to see any report, the relevant insurance provider will notify you if it requests a medical report and will inform the doctor of your wishes. You will then have 21 days to contact the doctor to arrange to see it.
  2. If you do see a report, the doctor must obtain your consent to the report before sending it to the insurance providers.
  3. You have the right to request that the doctor amend any part of a report you consider incorrect or misleading and you can attach your written views on any part the doctor refuses to amend.
  4. The doctor does not have to let you see any part of a report that he/she considers would be likely to cause serious harm to the physical or mental health of yourself or others, or that would indicate his/her intentions towards you. The doctor also does not have to let you see any part that would be likely to disclose information about, or the identity of, another person who has supplied information about you, unless that person has consented to the disclosure or the information relates to, or has been supplied by, a health professional caring for you. If the doctor does not let you see any part of the report he/she must notify you of that fact.

**Care provider reports**

If you are currently receiving care, your declaration in section 5 gives the selected insurance providers permission to request a report regarding your physical and mental health and welfare from the care provider.

**5.2. Declaration and consent – the Annuitant or Legal Representative must read, complete and sign this document**

1. I request the insurance providers selected in this form to provide me with terms for their Care Fees Plan contract.
2. I confirm that all statements made in this form shall be deemed to have been made directly to the insurance providers selected on this form.
3. I confirm that the information provided in this form whether in my own handwriting or not is true and accurate and that I have answered the questions as fully as possible. I understand that in the event incorrect information is given, Aviva, Just, Legal & General and National Friendly may be entitled to cancel the policy or adjust the amount of the benefit paid in connection with the plan.
4. I must inform the insurance providers without delay if there is a change to my health or circumstances before the commencement of the plan. Failure to do so may result in the amendment of the terms of the plan and may invalidate any future entitlement to benefits.
5. The Care Fees Plan will come into force when I have accepted the terms offered and the purchase price is received by the insurance provider.
6. I agree that a copy of this consent can be treated as the original.
7. I am aware the insurance providers are under no obligation to accept my application or provide me with a Care Fees Plan until a policy is issued.
8. I give permission for Aviva, Just, Legal & General and National Friendly, as selected, to approach my care provider from time to time for confirmation that I am still entitled to benefit.
9. I acknowledge and agree that if I do not select all of the insurance provider(s) in this form then my contact with regard to this application will only be with the insurance provider that I have selected.
10. I authorise my Financial Adviser to pass on a copy of this form to any insurance provider I select, and any third party working for the selected insurance provider, so that they are able to offer me terms for their Care Fees Plan.
11. I am aware of my rights under the Access to Medical Reports Act 1988 and have read my rights under the relevant legislation governing access to medical records.
12. Each insurance provider selected on this form, or any third party working on their behalf, may obtain medical and care information from any doctor and care provider who, at any time, has attended me, about anything that affects my physical or mental health and/or any insurance office to which an application has been made on my life and I

authorise the giving of such information. This consent shall remain valid throughout the duration of any insurance that may be provided and after my death.

13. I give permission for my care home manager/care provider/ doctor to disclose information to the insurance provider about my physical and mental health and welfare in order to obtain terms for a Care Fees Plan.

**Signatures**

By signing this form you are agreeing to the declarations set out in Section 5.

Do you wish to see the medical reports from your doctor before they are sent to Aviva, Just, Legal & General and National Friendly?

Yes  No

Annuitant Signature

Print Annuitant Name

Date

OR

Signature of Annuitant's Legal Representative\*

Print Name of Annuitant's Legal Representative

Date

\*Please enclose an original or certified copy of the legal authority to act on behalf of the Annuitant e.g. Power of Attorney.

**A copy of this form is available on request.**

**This document is available in Braille, large type and audio tape.**

**Section 6: Financial Adviser Details and Remuneration**

Financial Adviser Remuneration (to be completed by the applicant or legal representative)

**6.1. Adviser Charge**

Please complete section a or b

a) If you do not require an Adviser Charge to be applied to the premium please tick here:

OR

b) If you have agreed an Adviser Charge with your Financial Adviser that you wish to be included with the premium quoted, please indicate the amount below and sign the authorisation that follows. The Adviser Charge will be transferred to your Financial Adviser on your behalf when the policy has started.

Percentage of Premium included  %

OR

Amount of Adviser Charge included  £

c) Authorisation to deduct an Adviser Charge

If you have received financial advice, your Financial Adviser may have asked your provider to facilitate a payment for advising on and recommending your annuity. This is known as the adviser charge, and is the amount you will have agreed to pay the adviser from your single premium.

Please sign the box below to confirm your agreement to the Adviser Charge:

I authorise Aviva, Just, Legal & General or National Friendly to deduct the Adviser Charge from my total investment as it relates to advice received in connection with this product. The amount of adviser charge will be shown in the quotation.

Signature of applicant or legal representative

Date

**6.2. Financial Adviser Details (for Financial Adviser use only)**

Financial Adviser Name

Company Name

Company Address

Postcode

Telephone Number (including code)

Fax number (if available)

Email address (if available)

Financial Services Register Number

Do you hold CF8 or another FCA approved Long Term Care Qualification?  Yes  No

Was financial advice given?  Yes  No

## Aviva

Tel: 0345 303 0430 – calls may be recorded

Website: [www.aviva.co.uk](http://www.aviva.co.uk)

email: [lifetimecare@aviva.com](mailto:lifetimecare@aviva.com)

Aviva Life & Pensions UK Limited, PO Box 582, Bristol BS34 9FX.  
Telephone 0345 303 0430 – calls may be recorded.  
Registered in England No. 3253947.  
Registered office: Aviva, Wellington Row, York, YO90 1WR.  
Authorised by the Prudential Regulation Authority and regulated  
by the Financial Conduct Authority and the Prudential Regulation Authority.  
Firm Reference Number 185896 .

## Just

Tel: 0333 043 7040

Website: [www.wearejust.co.uk](http://www.wearejust.co.uk)

Email: [ltc@wearejust.co.uk](mailto:ltc@wearejust.co.uk)

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Company Limited is authorised by the Prudential Regulation Authority and  
regulated by the Financial Conduct Authority and the Prudential Regulation  
Authority. Part of the Just Group plc group of companies. The registered office  
is Enterprise House, Bancroft Road, Reigate RH2 7RP. Please note your call  
may be monitored and recorded and call charges may apply.

## Legal & General

Tel: 0345 070 2459

Website: [www.legalandgeneral.com](http://www.legalandgeneral.com)

Email: [lcp@landg.com](mailto:lcp@landg.com)

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& General Assurance Society Limited is authorised by the Prudential Regulation  
Authority and regulated by the Financial Conduct Authority and the Prudential  
Regulation Authority.

## National Friendly

Tel: 0333 014 6244 - calls may be recorded

Website: [www.nationalfriendly.co.uk](http://www.nationalfriendly.co.uk)

Email: [Immediate.Needs@nationalfriendly.co.uk](mailto:Immediate.Needs@nationalfriendly.co.uk)

National Friendly is the trading name of National Deposit Friendly Society Limited.  
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