

Critical Illness Plan

Policy Summary



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Critical Illness Plan

This summary tells you the key things you need to know about our Critical Illness Plan. It doesn't give you the full terms of the policy. You can find these in our policy conditions.

When you take out a policy, we'll send you a policy schedule. You should read this carefully because it shows what's included on your policy. If something isn't included, it may be because you didn't select it, it wasn't available for you to select, or you selected it but we've excluded it due to underwriting.

Our Critical Illness Plan is provided by Aviva Life & Pensions UK Limited.

What is Critical Illness Plan?

Our Critical Illness Plan pays out if you are diagnosed with a critical illness that meets our policy definition during the term of the policy and survive for at least 10 days. We only cover the critical illnesses we define in our policy and no others.

It doesn't pay out if you die.

You can use it to cover one person (single policy) or two people (joint policy). The policy will only pay the full cover amount once. So when we've paid a claim, the policy will end.

The policy has no cash-in value at any time.

Can I apply for a Critical Illness Plan?

To apply for a Critical Illness Plan policy you must:

1. Be currently physically living in the UK, and
2. Regard the UK as the location of your main residence, and have no intention of moving outside the UK, and
3. Either
 - (a) Be a citizen of the UK, or
 - (b) Have been granted permission to settle permanently in the UK, or
 - (c) Be applying for a mortgage on a residential property which is, or will be, your main residence in the UK.

You must also be aged between 18 and 64.

For a joint policy, the maximum age applies to the oldest life covered.

How long does the policy last?

- The policy can last between five and 50 years.
- The policy term must be in full years.
- The policy has to end before you turn 76.

What do I need to do?

- You must answer all of our application questions completely, truthfully and accurately. If you don't, we may amend or cancel your policy, we may reduce the amount of the claim, or we may not pay a claim.
- You need to tell us if any of the information you've given us changes between completing your application and us confirming when your policy will start.
- You need to pay all your premiums.
- You need to regularly review the cover you've got to make sure it meets your needs.

What types of cover can I choose?

You can choose from three types of cover:

- Level cover – The cover amount is paid as a lump sum. The amount we pay stays the same throughout the policy term.
- Decreasing cover – The cover amount is paid as a lump sum and decreases each month, broadly in line with a repayment loan, for example a mortgage, using a fixed interest rate.
- Increasing cover – The cover amount will be paid as a lump sum, and will increase each year in line with the Consumer Prices Index (CPI), should the CPI increase, up to a maximum of 10%.

We will carry out any yearly increase without asking any further medical questions. You can choose not to increase your cover amount.

If the CPI does not increase or you decline an increase then your cover amount will stay the same.

For more information please read the policy conditions.

Which critical illnesses do you cover?

We've listed the conditions our Critical Illness Plan covers. This list is only a guide to what's covered.

You can find the full definition of the illnesses, and the circumstances in which you can claim, in our policy conditions. The definitions typically use medical terms to describe the illnesses but, in some cases, they may also limit the cover.

For example, some types of cancer are not covered. Also, for some illnesses, you need to have permanent symptoms to make a claim.

- **Alzheimer's disease or pre-senile dementia** – resulting in permanent symptoms
- **Aorta graft surgery** – for disease or trauma
- **Aplastic anaemia**
- **Bacterial meningitis**
- **Benign brain tumour** – resulting in permanent symptoms or requiring invasive surgery
- **Benign spinal cord tumour**
- **Blindness** – permanent and irreversible
- **Cancer** – excluding less advanced cases
- **Cardiac arrest** – with insertion of a cardiac defibrillator
- **Cardiomyopathy** – of specified severity
- **Coma** – with associated permanent symptoms
- **Coronary artery by-pass grafts**
- **Creutzfeldt-Jakob disease**
- **Deafness** – permanent and irreversible
- **Devic's disease** – with persisting clinical symptoms
- **Encephalitis**
- **Heart attack**
- **Heart valve replacement or repair**
- **Intensive care** – requiring mechanical ventilation for 10 consecutive days
- **Kidney failure** – requiring permanent dialysis
- **Liver failure**
- **Loss of hand or foot** – permanent physical severance
- **Loss of speech** – total, permanent and irreversible
- **Major organ transplant** – from another donor
- **Motor neurone disease** – resulting in permanent symptoms
- **Multiple sclerosis** – where there have been symptoms
- **Multiple system atrophy**
- **Paralysis of a limb** – total and irreversible
- **Parkinson's disease** – resulting in permanent symptoms

- **Pneumonectomy** – removal of a complete lung
- **Primary pulmonary hypertension** – of specified severity
- **Progressive supranuclear palsy**
- **Pulmonary artery surgery**
- **Rheumatoid arthritis** – of specified severity
- **Severe lung disease** – of specified severity
- **Spinal stroke** – resulting in permanent symptoms
- **Stroke**
- **Structural heart surgery**
- **Systemic lupus erythematosus** – of specified severity
- **Terminal illness** – where death is expected within 12 months
- **Third degree burns** – covering at least 20% of the body's surface area or covering at least 20% of the surface area of the face or head
- **Traumatic brain injury** – resulting in permanent symptoms.

Additional critical illness benefit

Our Critical Illness Plan includes additional critical illness benefit.

If, during the policy term, you're diagnosed with an illness that meets one of our additional critical illness definitions and survive for at least 10 days, we'll pay the following:

Carcinoma in situ of the breast – requiring surgery to remove the tumour	The lower of £25,000 or 25% of the cover amount
Low-grade prostate cancer – with specified treatment	
Arteriovenous malformation (AVM) of the brain – with specified treatment	
Bladder removal	
Carcinoma in situ of the cervix – requiring treatment with hysterectomy	
Carcinoma in situ of the testicle – requiring surgical removal of one or both testicles	
Cerebral aneurysm – with specified treatment	
Crohn's disease – treated with intestinal resection	
Non-malignant pituitary tumour – with specified treatment	
Removal of an eyeball	
Ulcerative colitis – treated with total colectomy	

Each person covered by the policy can claim for each of these conditions once. Claiming for additional critical illness benefit won't affect what we'll pay on a successful claim for critical illness in the future; we'll still pay the full cover amount.

Children's benefit

Our Critical Illness Plan also includes a children's benefit which covers all your children (natural, step and legally adopted) aged between 30 days and their 18th birthday, or 21st birthday if they're in full time education.

Making a successful claim for children's benefit won't affect your policy; you'll still be able to claim for critical illness in the future.

Children's critical illness cover

If, during the policy term, any of your children are diagnosed with one of the critical illnesses we cover (not including terminal illness) and survive for at least 10 days, we'll pay the lower of £25,000 or 50% of the cover amount.

We won't pay out for children's critical illness if the:

- critical illness was present at birth (whether diagnosed or not)
- child had symptoms of the critical illness before they were covered by the policy.

For more information, please read the policy conditions.

Children's death benefit

If any of your children die during the policy term, we'll pay £5,000. We'll pay the children's death benefit on top of any payment we make for children's critical illness.

We'll pay children's critical illness benefit and children's death benefit once for each child.

What else is included on the policy?

Separation benefit

You can split a joint policy into two single policies, without having to answer any medical questions, if you separate or rearrange your mortgage into one name.

The cover amount on each new policy can be up to the current cover amount on your original policy when you use the benefit.

This benefit is only available if we accept your policy on our standard terms. Your policy schedule will confirm if it's included.

You'll need to provide evidence of the separation/change in mortgage.

For more information, please read the policy conditions.

Premiums

If you have chosen level or decreasing cover your premiums will be guaranteed, so they'll stay the same throughout your policy unless you make a change.

If you have chosen increasing cover your premiums will increase each year, in line with any increase in the CPI multiplied by 1.5. If the CPI doesn't increase your premium will remain the same. The maximum your premium could increase by is 15%.

If you don't want to pay the increased premiums, you can choose not to increase the cover amount. This will mean that your cover amount, and your premiums, will stay the same for that year.

Example of increasing cover:

Eve, 30 and Joel, 33 have a £50,000 increasing cover Critical Illness Plan to last 25 years and pay £25.00 a month.

After the first year the Consumer Prices Index (CPI) has increased by 2.5%.

Their cover amount increases by 2.5%.

$$£50,000 \times 2.5\% = £1,250$$

$$£50,000 + £1,250 = £51,250$$

Their premium increases by the change in CPI and the factor we apply.

$$£25.00 \times 2.5\% \times 1.5 = £0.94$$

$$£25.00 + £0.94 = £25.94$$

Further details about increasing cover are provided in the policy conditions.

Can I make changes to my policy?

You can change the amount of cover you have or how long your policy lasts. If you do, we may change or replace your original policy. Or, we may issue a new policy. You may need to give us some medical information.

For more information, please read the policy conditions.

When won't the policy pay out?

The policy won't pay out if:

- you die (for a single life policy, your cover will end, however where one life covered dies on a joint life policy, your cover can continue).
- you're diagnosed with an illness which isn't defined in our policy.
- your policy ends because you haven't paid your premiums.
- your policy is cancelled.
- you haven't answered all the questions on the application completely, truthfully, and accurately.
- you're diagnosed with a critical illness outside of the policy term.
- you don't survive 10 days following diagnosis.

How to make a claim

Call our claims department on 0800 015 1142. From outside the UK, the number is +44 1904 723 520. Lines are open Monday to Friday 8:00am to 6:00pm and Saturday from 08:00am to 2:00pm. Calls may be monitored and will be recorded.

What about tax?

In the UK, the payments we make are currently normally free from income and capital gains tax.

We'd recommend that you get independent financial advice. This is because your individual circumstances can affect your tax position. Please remember that tax rules may change in the future.

Can I change my mind?

Starting from the date you get your policy schedule, or the day we confirm when your cover will start (whichever is the later), you get 30 days to change your mind. If you cancel within this period, we'll refund any premiums you've paid. If you want to cancel the policy after 30 days you can, but you won't get any money back.

Can I get advice?

Aviva can't offer you financial advice. If you would like advice please speak to your financial adviser. Alternatively, you can visit www.unbiased.co.uk to find an adviser in your area. An adviser may charge a fee for this service.

How do I contact you about my policy?

You can get in touch with us:

Call us on 0800 285 1104. From outside the UK, the number is +44 1904 723 520. Lines are open Monday to Friday 8:00am to 6:00pm and Saturday from 08:00am to 2:00pm. Calls may be monitored and will be recorded.

Email us on directprot@aviva.com

Write to us at
Aviva
PO Box 520
Norwich
NR1 3WG

What if I want to complain?

You can:

Call us on 0800 285 1104. From outside the UK, the number is +44 1904 723 520. Lines are open Monday to Friday 8:00am to 6:00pm and Saturday from 08:00am to 2:00pm. Calls may be monitored and will be recorded.

Email us on directprot@aviva.com

Write to us at
Aviva Customer Relations
PO Box 3182
Norwich
NR1 3XE

If you are not satisfied with our response, you may be able to take your complaint to the Financial Ombudsman Service.

The Financial Ombudsman Service can look at most complaints and is free to use. You do not have to accept their decision and will still have the right to take legal action. Their contact details are:

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange
London
E14 9SR

Telephone: 0800 023 4567

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

If you have taken a product out online or over the telephone with us and are unhappy with the product or the service you received, you can also use the European Commission's Online Dispute Resolution service to make a complaint. The purpose of this platform is to identify a suitable Alternative Dispute Resolution (ADR) provider and we expect that this will be the Financial Ombudsman Service. Please be aware that the Financial Ombudsman Service will only be able to consider your complaint after we've had the opportunity to consider and resolve this.

Website: <http://ec.europa.eu/odr>

Solvency Financial Condition Report

Every year we publish a Solvency and Financial Condition report which provides information about our performance, governance, risk profile, solvency and capital management. This report is available for you to read on our website at

aviva.com/investors/regulatory-returns/

Law

This policy is issued in England and is governed by the law of England. Your contract will be in English and we will always write and speak to you in English.

We're regulated by the Financial Conduct Authority:

The Financial Conduct Authority
12 Endeavour Square
London
E20 1JN

We're also regulated by the Prudential Regulation Authority:

The Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA

Compensation

Our Critical Illness Plan is covered by the Financial Services Compensation Scheme. If we become insolvent and we can't meet our obligations under this policy, the scheme may cover you for 100% of any successful claim you make.

For more information on this scheme, please visit www.fscs.org.uk or call 0800 678 1100 or 0207 741 4100.

Braille, large font, audio material

You can order this document in braille, large font or audio.

Just call us on 0800 285 1098 (+44 1603 603 479 from outside the UK) or email us at directprot@aviva.com to tell us:

- the format you want
- your name and address
- the code of this document, DA09001 (04/2020.)

Our opening hours are Monday to Friday 8am to 8pm, Saturday 9am to 5pm and Sunday 10am to 4pm. Calls may be monitored and will be recorded.

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