

A close-up photograph of a man with a beard and tattoos kissing a baby on the cheek. The baby is wearing a striped shirt and looking up at the man. The man is wearing a white t-shirt and has a tattoo of a horse on his neck. The background is a warm, indoor setting.

Individual protection claims report

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Covid-19 and our work with claims

This year we have been forced to face how uncertainty can hit us all and can change lives in a matter of days. We believe that no harm will come to us or our loved ones, but sometimes things happen that are out of our control and facing uncertainty might be what we fear most.

This year's coronavirus pandemic has painfully demonstrated how anyone can be a victim of a serious illness, leaving lasting side effects or even leading to death. Whilst those classed as vulnerable are most at risk, Covid-19 has shown that we can all be hit by ill health, regardless of our age or wellbeing.

During these unprecedented times we have maintained our key priorities - keeping our people safe to ensure they can provide help and support to our customers in their times of need. We remain committed to continuing to pay out on claims and to providing a first-class service and support for our customers.

As one of the biggest insurers in the market, we have adopted the Association of British Insurers (ABI) protection pledges in supporting all our customers, especially the vulnerable ones, who may be affected by the impact of Covid-19 when making a claim on a life, critical illness or income protection policy.

We are doing all we can to reduce the burden on the NHS, with existing processes well placed to obtain medical evidence via other sources, rather than GPs and Consultants, to help assess claims. Thanks to our strong relationship with cancer nurse specialists, we are also gathering information over the phone which is speeding up the process for cancer claims.

Paying out a claim is not just about money for us. Our protection claims team handles all our customers' calls with empathy and support, working hard to ease their burden just a little bit at this difficult time. Our job is to make sure that our customers feel safe, heard and protected.

Introduction



We recognise that when our customers contact us they are going through an awful time and we are constantly challenging ourselves to provide better support



We all want the peace of mind that our loved ones will be well looked after both financially and emotionally, should the worst happen.

As an insurer, we know how important it is to always be there for our customers, providing some clarity and empathy in times of uncertainty. We recognise that when our customers contact us we know they are going through an awful time and we are constantly challenging ourselves to provide better support and claim journeys. We want to do everything we can to make our customers' situation just a little more bearable.

Our track record of providing financial support is well documented. The numbers are important, but behind every number is an individual who could be facing some of the most difficult times of their life which is why our commitment goes much further than a policy payment.

Over recent years we have introduced or developed new ways to help remove some of the hassle in making a claim for our customers. These have included:

Speeding up the payment of life insurance claims – by processing some life insurance claims over the phone we were able to reduce the average time it takes to settle a claim from around 27 days to just two or three, compared to paper based claims.

Speeding up the payment of critical illness claims – by working with cancer nurse specialists we've been able to cut cancer claim times from 60 days to just 25 hours for some customers.

Focusing on early intervention and rehabilitation for income protection customers – this could be something as simple as regular phone calls to see how treatment is going through, to us arranging clinical input to identify what further treatment is needed and then meeting this customer need.

In 2019 we launched some specific claims support for children's claims – Project Teddy.

As a parent I understand that feeling of helplessness when a child is ill. I wanted our claims journey to do more to support families going through the illness or loss of a child. I am so proud that our feedback shows we have been able to achieve this.

You can read more about Project Teddy on page 8 of this report.

You can also hear directly from some customers we've been there for when it mattered most and find out where we don't pay – and why – to show the importance of having the right cover in place.

As always, I hope you find this report useful.

Jacqueline Kerwood

Claims Philosophy Manager, Aviva

2019 - at a glance

We reached a new record by



The headline figures

Number of claims paid to customers	Life insurance (including terminal illness)	Critical illness (including children benefit and total permanent disability)	Fracture Cover	Income Protection	TOTAL
	16,363	4,957	1,185	4,007	26,512
Amount paid out	£582m £582,246,308	£353m £353,130,288	£3m £2,992,304	£44m £43,608,532	£982m £981,977,431

Our consistent track record:

	Percentage of life insurance claims paid	Percentage of critical illness claims paid	Percentage of income protection claims paid
2019	98.6%	93.1%	85.7%
2018	98.9%	92.6%	87.3%
2017	98.9%	93.2%	88.8%
2016	98.9%	92.5%	83.8%

Our protection **solutions**

We've included some short explanations about how these products work in this report, along with some real customer stories where we've been able to help customers who have found themselves in difficult circumstances. Your adviser will be able to provide you more in-depth information about our products and how they work.

Life insurance and terminal illness

An Aviva life insurance policy could help protect you and your family financially by paying out a cash lump sum if you were to die during the policy term. Some types of life insurance include terminal illness as part of the policy and pays out when you're diagnosed with a terminal illness and you're not expected to live longer than 12 months.

Critical illness including Children's benefit and total permanent disability

An Aviva critical illness policy pays out for the named critical illnesses, that meets our policy definition during the policy term and then survive at least 10 or 14 days (the length of the time depends on the type of the policy that you have). The critical illnesses may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. Full information can be found in the policy conditions of the product.

You can take out critical illness on its own or an Aviva life insurance policy with critical illness cover, offering you the benefits of both life and critical illness cover. We'll only pay out the full cover amount once. Critical illness without life cover would not pay out on death.

Children's benefit

Children's benefit is a way of providing some cover for your children as part of a critical illness policy. With our current policies it includes some critical illness cover and a death benefit for your children. The coverage and amount paid may vary depending on the policy taken out.

Income Protection

Our Aviva income protection policy pays out during the policy term to support you financially if, during the policy term, you can't work and suffer a loss of earnings due to illness or injury. There will be a deferred period, which you choose, which is the amount of time you'll need to be ill or injured for before we start paying you an income.

For each of the above products, there is no cash-in value and a payment is only made in the event of a successful claim. Your adviser will be able to provide you more in-depth information about our products and how they work.

Cover that goes above and beyond



As well as the range of benefits we offer as standard, with some of our policies you can choose from a range of additional options and benefits. Your Financial Adviser will be able to talk you through these before you take out your policy and will explain any additional costs. All of the options and benefits are designed to help you adapt the cover to the protection needs and budget of you and your family.

Some of the support services we offer are non-contractual and could be removed at any time.



Project **Teddy**



This isn't about fancy IT, it's about delivering a personal experience; doing the right thing, for the right reason.



How do you make the very worst of times a little bit more bearable, bringing a small ray of sunshine in cloudy times?

As your protection provider, we have a unique opportunity to make a difference. We don't just deal with the claim, we aim to care for the whole family. It's from these humble beginnings that 'Teddy' was born: this is the term for anything child-related in our claims teams.

The aim is simple: working out how we go the extra mile for our customers and how can we brighten their child's day. The whole family is affected when a child is seriously ill, so we want to be there for everyone.

From a restaurant voucher to help mum and dad take a well-deserved break, to specialist sensory gifts for poorly children, cuddly toys for anyone needing an extra hug, or arts and crafts to keep minds distracted, we've made it our mission to inject that little bit of sunshine by showing that we care. It's an unimaginably difficult time for parents, which is why we're passionate about taking the time to get to know the whole family. Being able to choose the best gift for every family member is one of the most rewarding part of the job.

We never expected to hear back from you but we've been overwhelmed with beautiful photos and cards, shedding a few (okay, quite a lot) of tears together. It's incredibly moving to think that parents have taken the time to tell us how their children have been delighted with a board game or a train set!

On the practical side, we've implemented a fast track children's cancer claim process (where we can) - there's no paperwork or no medical report, just a simple call. In the very worst of circumstances, we always aim to complete all child death claims on the same day. We never want parents to have to give us such information more than once at the most painful of times.

Fiona Greenwood
Claims Manager, Aviva

Jordan's story

Claimed on behalf of his clients on children's benefit - loss of independence

As an adviser, Jordan Sanders has helped many families get the right protection in place. So when his own friend Dale needed support in heartbreaking circumstances, he was there to help.

Dale and his partner Beth already had two daughters when they welcomed a son in January 2019. But after spending the first few weeks of his life in and out of hospital, Sonny was diagnosed with loss of independence, a very rare and life-limiting condition.

It was devastating news. Sonny's condition would deteriorate over time, causing him to lose sight, hearing and motor control. Juggling Sonny's needs with the needs of their other children, Beth had to give up her job at a nursery and became a full-time carer. And Dale often had to miss work for hospital appointments, meaning he lost pay.

"Considering the difficult timing the family was going through, as their adviser I handled the claim on their behalf," Jordan recalls, "The claim handler was very helpful. The process was very quick and after 1 month I received the best news from Aviva – it would pay out on both policies."

"A life-changing amount of money"

"When I told Dale and Beth that Aviva would pay out on both their critical illness policies, they were shocked. It was a life-changing amount of money for them. It helped them make so many memories – memories they never thought they'd be able to make. They got married, and Sonny was the best man. And in January they had a party for his first birthday," Jordan says.

Sadly, Sonny's health took a turn for the worse after his birthday, and he passed away. Again, Jordan worked with the claims team for the funeral benefit, helping the family celebrate their little boy's life in the way they wanted.

After taking the time off work they both needed, Dale and Beth are now looking forward to taking their girls on holiday and making new memories together as a family.

An important reminder

"I lost my mother when I was eleven. She didn't have life insurance, so my father really struggled to support our family. That's why I'm really passionate about protection now – it would have made such a difference to us. And it's amazing that it made such a difference to Dale and Beth. Everyone should have protection – you just don't know what the future holds," Jordan says.



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Children's benefit

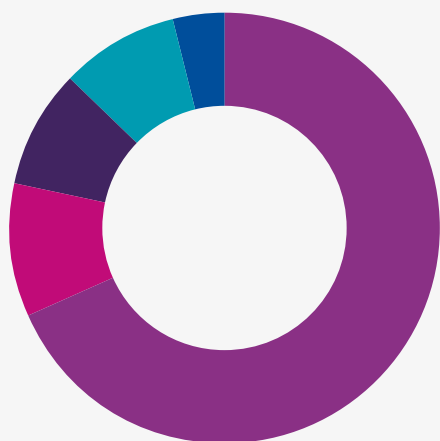
If your child falls seriously ill, you want to spend as much time as you can helping to care for them. That's why Aviva Critical Illness+ policies have children's critical illness cover included as standard as part of the children's benefit. If you're already a parent or are planning to start a family in the future, it's a valuable extra benefit.

Yet again this year, we saw that Cancer is the most common cause of children's critical illness claims, making up more than 48% of all claims paid. The standard children's benefit under Aviva's personal critical illness policies covers children from age 30 days until their 18th birthday, or 21st birthday if in full time education. It includes a death benefit, a hospital benefit and a critical illness benefit. The children's critical illness benefit pays out the lower of 50% of your cover amount or £25,000 if one of your children is diagnosed with, or undergoes surgery for, a critical illness that they are covered for under the policy.

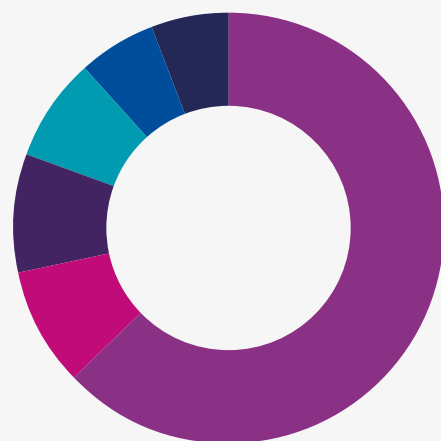
What we paid in 2019



Top 5 cancer conditions for children's critical illness claims



Top 5 conditions for children's critical illness claims



Jennie's story

Claimed on children's critical illness -
myeloid leukaemia (AML)

Jennie was delighted to become a mum, but her joy was shattered when her daughter was diagnosed with acute myeloid leukaemia (AML), a rare form of blood cancer, at just eight weeks old.

In June 2017, Jennie took her baby girl for a routine check-up – and the GP spotted something wasn't right. Concerned, he fast-tracked her for blood tests at the local hospital that same day.

"I literally didn't think there was anything wrong with her," Jennie recalls, "But then they got the results of the blood tests and they told me that night that she had leukaemia. It was a total shock. We had to rush to Sheffield Children's Hospital, and we didn't leave for six weeks. It's just heartbreaking to see your baby going through all that."

A helping hand

Jennie had taken out her Aviva critical illness policy in 2014, so she wasn't sure if children's critical illness was covered.

"While I was in the hospital, one of my colleagues rang Aviva to double check what I would be covered for. It was really great to hear that children's coverage was automatically included, because I'd taken the policy out well before I had a child," Jennie says.

The claims process was fast, and within weeks, Jennie received her payout – a welcome support to help raise her daughter after such a difficult start in life.

Life-changing advice

Today, Jennie's daughter is a happy and healthy toddler. She might not remember her battle with cancer, but Jennie can never forget it. As a mortgage adviser, recommending protection to her clients is always at the front of her mind.

"In the past, if a client said they didn't want protection, I'd just accept it. Now I won't. I'll explain why it's so important, and maybe tell them my story. If you have children or might have children in the future, you want to know they're covered. No one knows what's around the corner," says Jennie.



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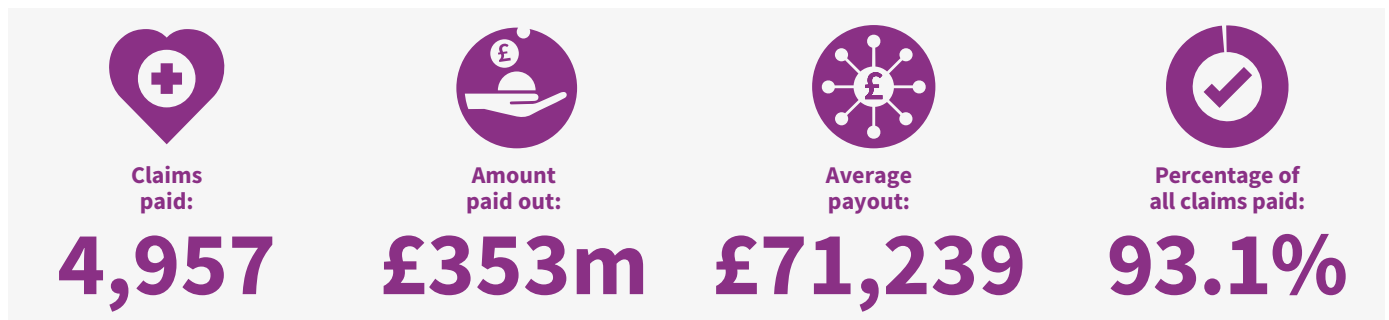
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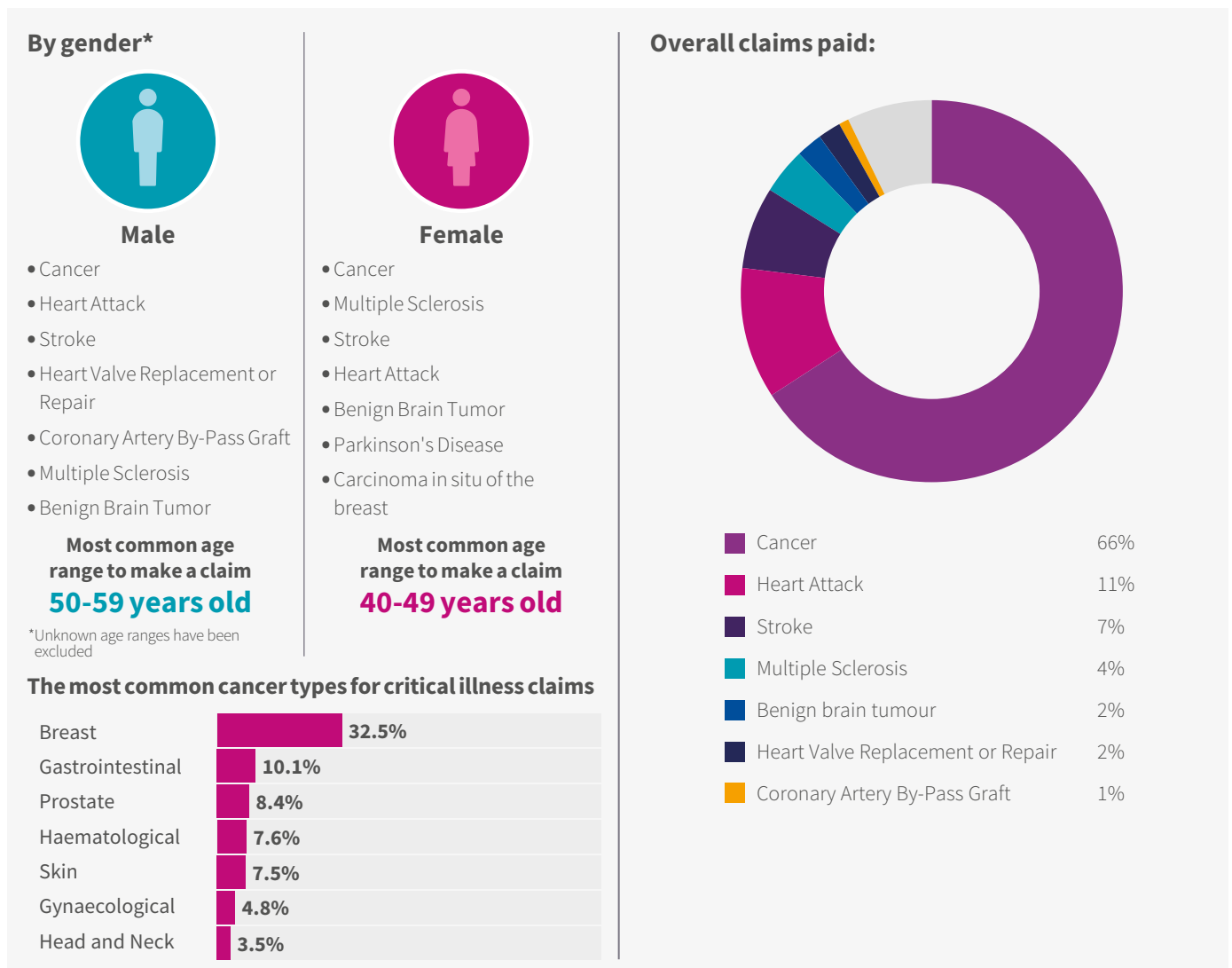
Critical Illness cover

Our Critical Illness cover pays out for the named critical illnesses, that meets our policy definition during the policy term and then survive at least 10 or 14 days (the length of the time depends on the type of the policy that you have). The critical illnesses may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. Full information can be found in the policy conditions of the product. You can take our critical illness on its own, or with life insurance. If you take it out on its own, it doesn't pay out if you die.

Critical illness claims (including children's benefit and total permanent disability in 2019)



The most common reasons for critical illness claims (excluding children's benefit and total permanent disability)



Karen's story

Claimed on critical illness - aneurysm

Karen was pregnant and one week away from her due date when her husband Andy was struck down by an aneurysm.

While being on maternity leave for the upcoming birth of her second child, Karen's world was suddenly turned upside-down.

"I was 39 weeks pregnant when Andy had his aneurysm and was taken into the hospital," recalls Karen. "I think everybody was praying that I would go as far on in the pregnancy as possible."

A life-changing decision

Karen and Andy had bought their first home four years earlier, taking out a basic joint critical illness policy. It wasn't until a re-mortgaging meeting with their mortgage advisor that they decided to take another look at their cover needs. "We're better to cover ourselves than leave ourselves trouble if the worst did happen, therefore we decided to upgrade our policy."

Handled with care

"I phoned Aviva, I think it was on the day that Andy had his aneurysm. They were very good from the start and Tony our claim handler made us feel like family from the start. I couldn't have dealt with a better insurance team, Tony was fantastic. He phoned me to see how we were getting on with everything and we got a toy in the post for our son, just to say he was thinking of us given the difficult time we were going through. He was very kind." – recalls Karen.

Doctor doom

"Everything was actually done, I would say, within a two-month period," says Karen. "But our doctors held us back for months and months."

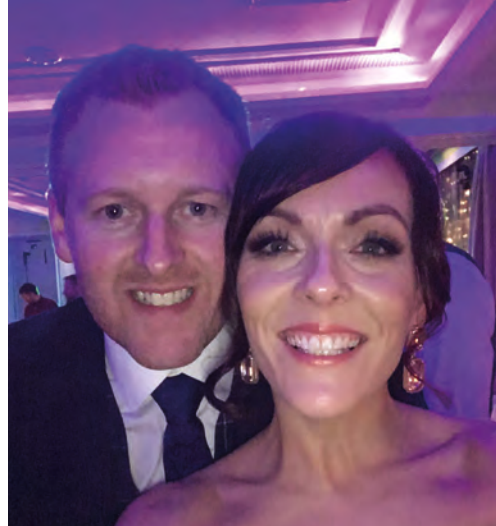
This wait for a doctor's report dragged on for a staggering nine months, putting the family under tremendous stress. Karen was caring for a baby, her older son, and Andy – still unable to work due to the after effects of the aneurysm. "We were struggling to get by," says Karen, "I was worrying about having to go back to work. How we were going to pay for childcare and our mortgage because Andy had been out of work for so long. We were just desperate."

Enough was enough

After many months of inaction and excuses from the family's GPs, with no end in sight, claims handler Tony decided exceptional steps needed to be taken. After discussing the long-pending case, a decision was made that Aviva would pay the claim there and then, even in the absence of the doctor's report.

Relief at last

"I screamed on the phone," chuckles Karen "because I didn't believe it at first." Karen and Andy received a pay-out to the value of their full mortgage balance. "It's just changed our lives. We're able to pay for our childcare, live a comfortable life, and have fun with our wee man. Thank goodness we were covered, because if we hadn't been – well, we couldn't have lived, simple as that."



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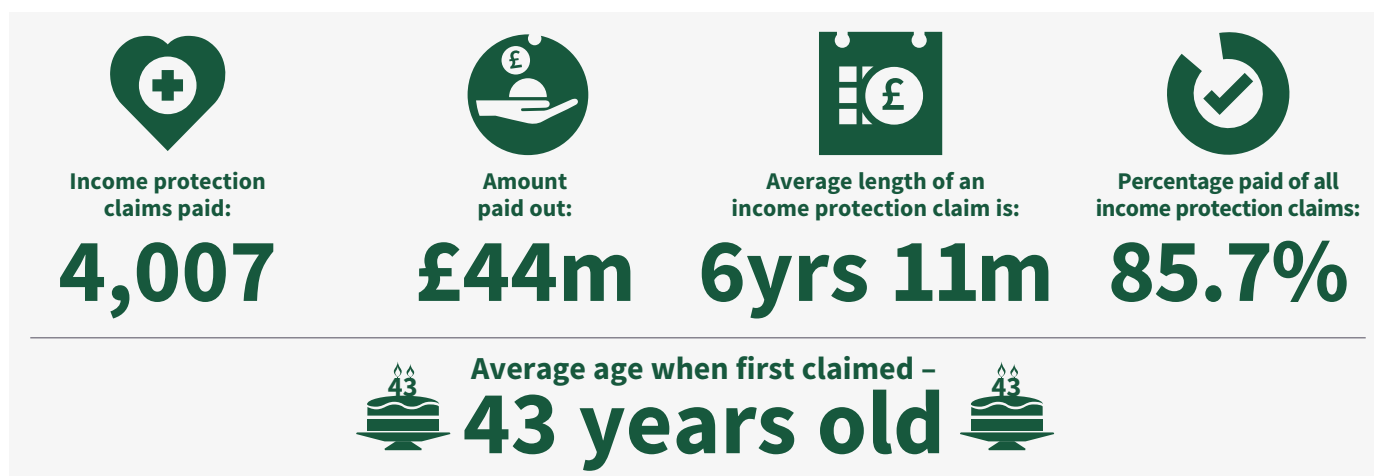
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Income Protection

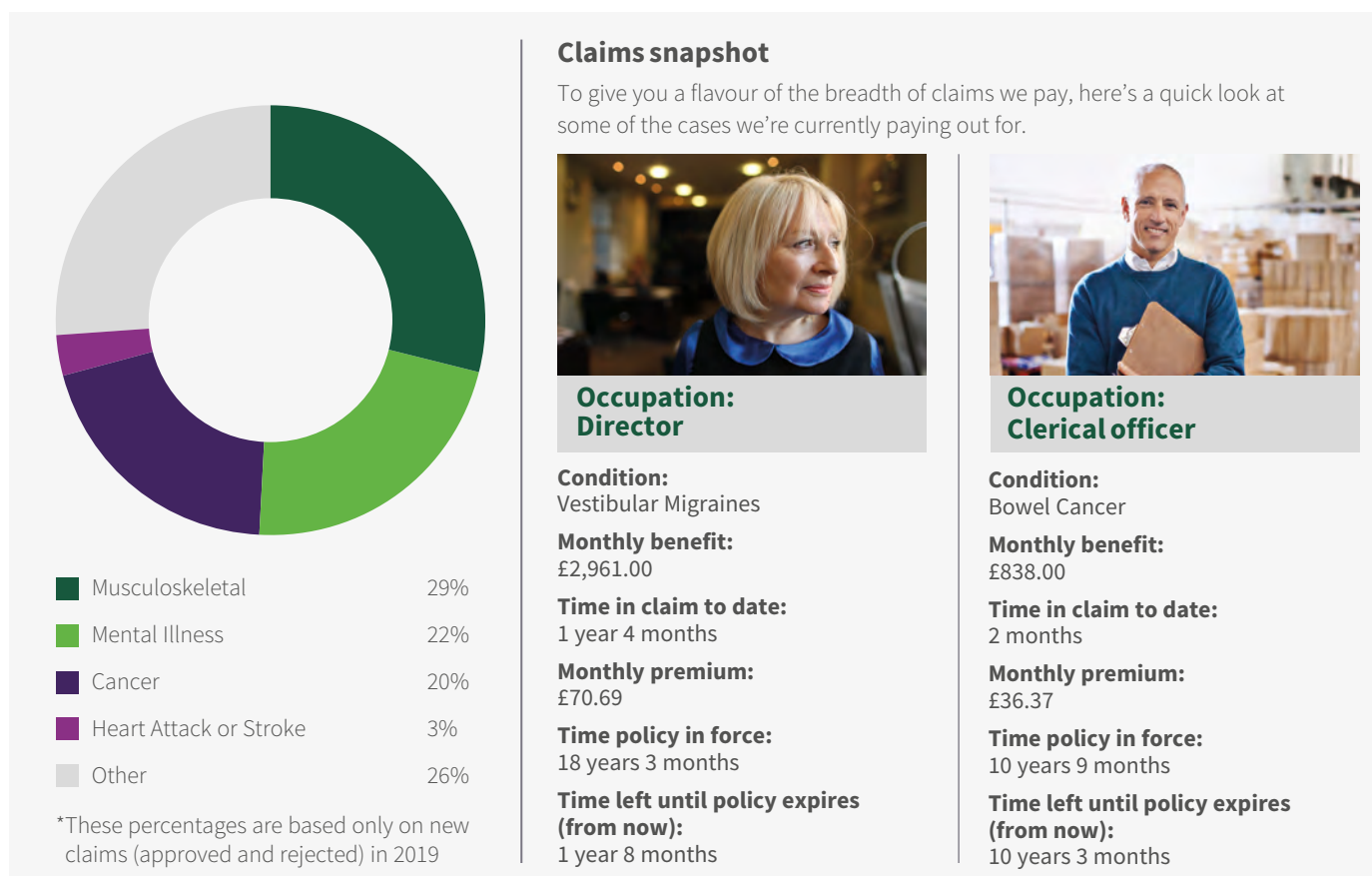
Our Aviva income protection policy helps you maintain your standard of life by paying out a monthly benefit during the policy term if you can't work and suffer a loss in your earnings due to illness or injury. It pays a proportion of your income to help support you financially whilst you are unable to work.

A range of extra benefits and support services are included as standard, as well as a choice of annual increase options.

What we paid in 2019



The most common reasons for income protection claims*:



Joseph's story*

Claimed on income protection -
ulcerative colitis

Joseph was an active, healthy man in his mid-thirties when he unexpectedly fell ill – leaving him struggling to support his growing family.

When Joseph and his wife were expecting their third child, they decided to move to a larger home. It prompted Joseph to re-evaluate his protection cover: their family was growing but supported by only one income while his wife raised the children.

“I was a little cynical regarding income protection,” Joseph recalls, “However, our mortgage advisor told me about her dad, who could no longer work to support the family after a stroke, and they ended up losing everything – which made her passionate about ensuring others are adequately protected.”

Following this advice, Joseph decided to take out income protection.

Illness struck

In April 2018, Joseph was diagnosed with ulcerative colitis. He'd just been made redundant and wasn't able to look for a new job due to his condition. Joseph was admitted to hospital several times and went through a range of treatments as doctors tried to find the right combination of medication that could help him.

“We were now at a point where we had no money and trying to save every penny we could, which is difficult with three children,” says Joseph, “I called Aviva to cancel our policy as I thought it only applied when I was in employment.”

The phone call that changed everything

To Joseph's surprise, his phone call led to a completely different outcome.

“To my amazement, the lady from the claims team told me I had a valid claim for my income protection policy. She was extremely empathetic, very clear on the process and what information Aviva required. Once our claim was successful, my wife and I shed tears of relief. It was the best news I could have ever received and was so grateful that we took out this protection. The claim changed our lives and I cannot thank our Aviva claims handler and our mortgage advisor enough” – says Joseph.

*Picture and name of the customer have been changed to protect customer's privacy.



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The compassion and support that our claim handler showed throughout the process will stay with me forever.

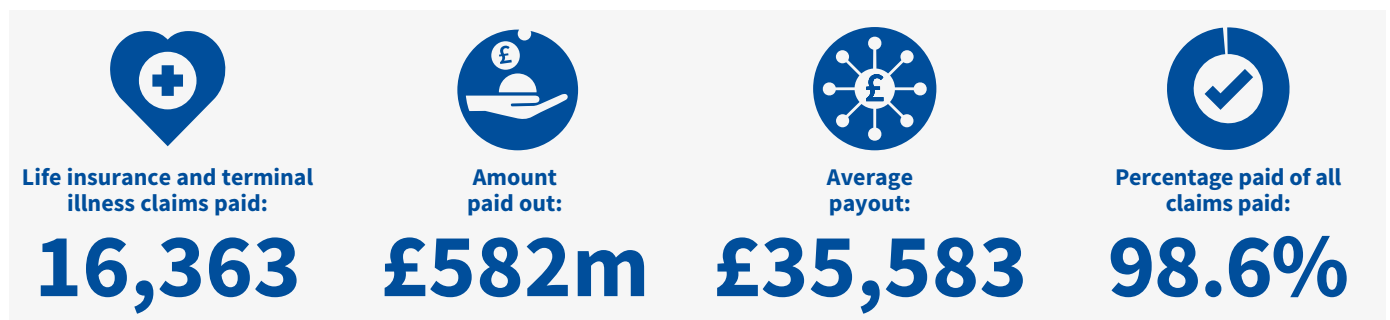
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Please note, if you stop working after you have taken out our income protection policy you will still be able to keep your cover, but restrictions may apply. Your adviser will be able to explain more about this."

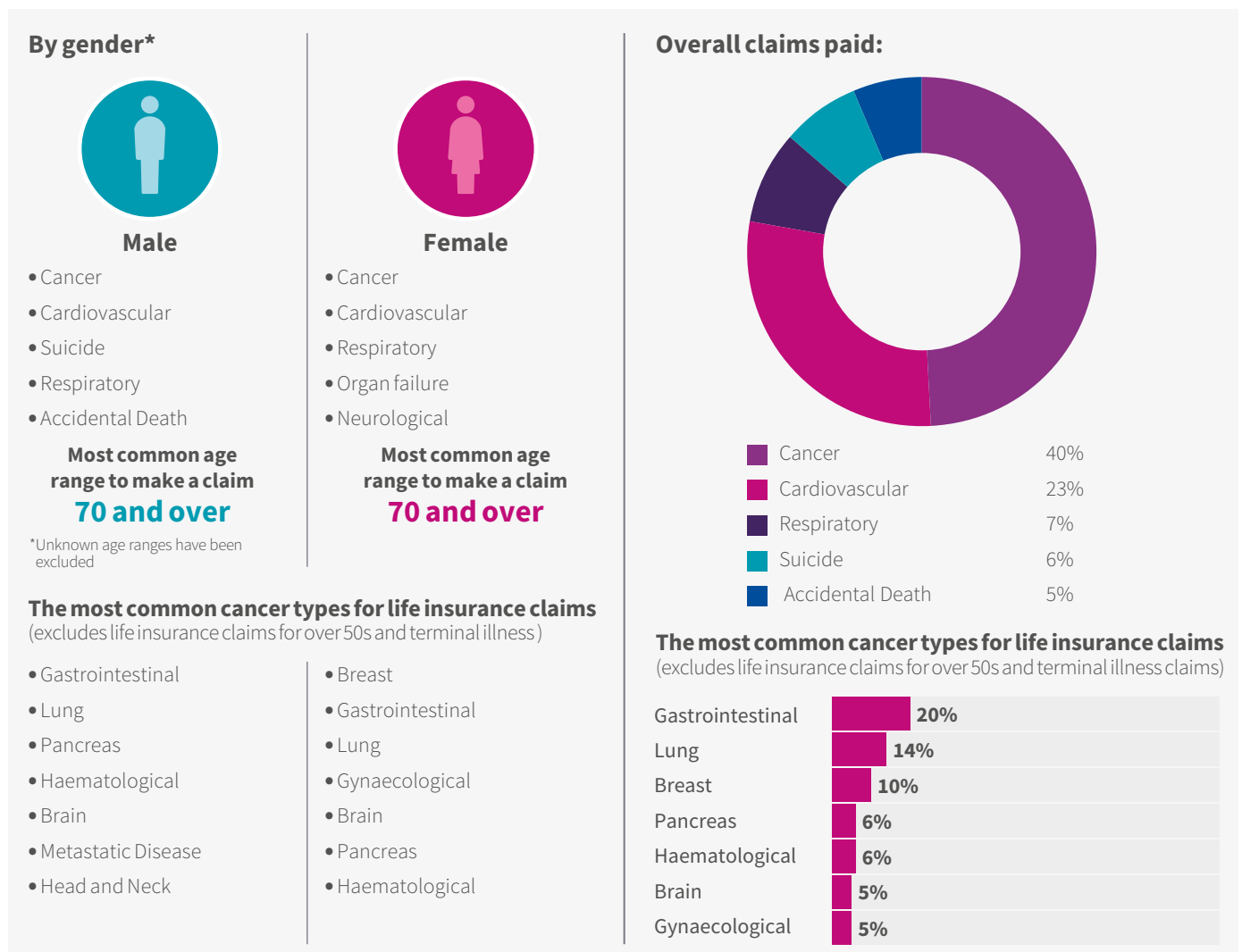
Life insurance and terminal illness benefit

Life insurance helps your family cover the essentials by receiving a pay out as a lump sum if the person covered dies during the term of the policy. Some types of life insurance also include terminal illness cover that pays out if you're diagnosed with a terminal illness and you're not expected to live longer than 12 months.

What we paid in 2019



The most common reasons for life insurance claims:



When we can't pay out

We are committed to paying as many claims as we can. It's what we're here for – to support you when you need it most. However, there are cases when we can't pay out due to various reasons.

Below are the three main reasons why this happened across life insurance, critical illness and income protection claims:

1. Misrepresentation

This is where inaccurate statements about health or lifestyle are made during the application process. This might have happened by mistake, so it's important to thoroughly check the accuracy of the information provided. If incorrect information is given, this may affect how much we pay out if you make a claim and could mean we won't pay out a claim at all.



Please provide correct details on health and lifestyle, such as drinking and smoking history, health and mental health illnesses and family history, specific medical conditions or illnesses.

As an extra check, we'll always send a copy of the information provided and we ask that we are told if any of the information isn't right.

2. The claim doesn't meet the policy definition

Occasionally we might need to decline a claim if it doesn't meet the policy definition which was set out when the policy was bought. We know this can be disappointing and upsetting, but we try to support where we can. For instance, if a specific diagnosis isn't covered by our critical illness policy, we'll see if we can pay a claim for the potential longer-term effects of the customer's illness, such as total permanent disability.



You should carefully read through your policy documentation to make sure you're comfortable with what you decide to take out. Don't forget to check for anything that's excluded and remember, your financial adviser can help you with this.

3. Other policy conditions were not met

Sometimes our policies have conditions that the claim doesn't meet. For example, sadly, some of our life insurance claims are as a result of suicide. We don't pay claims if the death is caused by suicide or intentional self-inflicted injury within the first 12 months of the policy starting.

Our income protection cover is designed to pay out if the customer can't work and suffers a loss of earnings due to illness or injury. Occasionally we see claims where there is no loss of income, in which case no benefit will be payable.

Summary

We're there when it counts

Until recently, many of us may have chosen to ignore the possibility of being ill or having a bad accident. Sometimes it's difficult to admit that such a thing can happen to us or our family, but then all of a sudden, we find ourselves in the middle of a pandemic. It's abundantly clear that no one is immune to ill health. Even if we follow every piece of healthy living advice, we could still find ourselves or our loved ones becoming seriously ill, very quickly.

Through these difficult times, we remain committed to continue to paying claims in accordance to policy conditions, providing some peace of mind at a time of such uncertainty.

Helping more customers than ever

Last year we paid out almost £982m to 26,512 customers. We're really proud of the claims we've been able to pay to those who most need it, but it's not just about the money for us. Some of our biggest achievements have been the care we've been able to help provide, from a simplified life insurance claim process that requires only one phone call to notify us of a death, to fast tracking cancer diagnosis claims.

Caring for all the family

This year we launched project Teddy for our children's benefit customers. We understand that a child's illness or injury affects the whole family – parents may need to take time off work, relatives might need to help out with caring for other family members and other siblings.

Project Teddy is about doing the little things that make a big difference when they're most needed.

Looking ahead

We're committed to supporting customers and their families not just through the claims we pay but the way we pay them. And we're proud of the role we're playing in helping improve people's understanding of the need for protection – and of the role we're playing in dispelling the myth that insurers don't want to pay out.

Talking about the need for protection products may not be an easy conversation to have, but now, more than ever, we all know that no one is immune from the unknown.

Protection **checklist**

We know what a difference having protection can make. To help you and your family have the right cover – and to help ensure any claims are paid quickly – take a look at the following steps you can take with your financial adviser:

When taking out a protection policy:

- 1.** Check all of your existing insurance policies. These may include cover from your employer, such as death-in-service or income protection.
- 2.** Understand the right type and the right level of cover you and your family need. You should carefully read through your policy documentation to make sure you're comfortable with what you decide to take out. Don't forget to check for anything that's excluded and remember, your financial adviser can help you with this.
- 3.** Check that all the details you've provided are correct. This determines what cover we can offer and giving incorrect information may affect how much we pay out if you make a claim and could mean we won't pay out a claim at all.

After taking out a protection policy:

- 4.** Check your policy on a regular basis with your financial adviser, particularly if your circumstances change. For example, if you've bought a house, had children or are getting divorced.
- 5.** Many of our protection policies come with contractual and non-contractual benefits. You don't always have to claim to be able to benefit from your protection policy.
- 6.** If you do need to claim, rest assured that we'll do everything possible to make the process as easy as we can.



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We are here to ensure our customers feel safe, heard, and protected during some of the most difficult times in their lives.

Paying claims is fundamental to this purpose and I am incredibly proud of the support and service we've been able to, and will continue to, provide for those who need it most. This is a cornerstone of our claims promise to our customers

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Robin Barker
Managing Director, Protection & Health

Protection. It's our lives.

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