

Making a claim

Group Critical Illness

We'll support you every step of the way



We make claims easier

This guide explains how you can make a critical illness claim on your employer's policy.

We understand that you may be going through a difficult time. So, we want to make it as easy as possible for you to make a claim.

Please read the information carefully and get in touch if you need our help.

Step one: diagnosis

If you need to make a claim you must let us know within three months (or as soon as reasonably practicable) of the date you, or an insured family member are diagnosed with an illness or undergo an operation covered by the policy. The diagnosis or operation must happen while you're covered by the policy. As soon as we're told, we'll start the claim process.

If you're unsure if your condition or operation meets the insured definition or if you want to make a claim, you can contact our claims team:

 **0800 015 7523**

 **groupecicclaims@aviva.com**

Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

Step two: consent and medical evidence

We'll ask for your consent for us to contact the doctors involved in your treatment to allow us to obtain the medical evidence we need. However, if you have any additional medical evidence which you feel may help with the assessment, please send it to us, as it can sometimes speed up the process.

Step three: assessment and payment

Our claims team are experienced professionals who understand that this can be a difficult time. We'll do our best to make things go as smoothly as possible.

With all the details to hand, we'll assess the claim to check that the medical evidence confirms the illness you or a family member has suffered, or the operation undergone, is covered.

When we accept a claim, we'll aim to pay it quickly. We'll make payment directly to you for the total amount covered. If the claim is for a family member we'll pay the money to you.



Frequently asked questions about Group Critical Illness

These are brief answers to common questions. However, as your circumstances are unique, there may be some questions we can't answer here.

For full details of your benefits, please speak to your employer who will have a copy of the Policy Wording.

What am I covered for?

This'll depend on the level of cover selected by your employer. Full details of the conditions covered are included in the Policy Wording. If you'd like to see a copy please talk to your employer.

Can I make more than one claim?

Apart from second and subsequent cancer claims (see below) you can make more than one claim for yourself, your child(ren) or your spouse or partner, as long as each claim is for a different condition, and subject to the restrictions below:

- Once a claim has been paid, you can't make a second claim for either total permanent disability or terminal illness.
- No further claims can be made after a claim has been paid for total permanent disability, paralysis of limbs or terminal illness.

Can I make more than one claim for cancer?

Yes, you can make more than one claim for cancer for yourself, your child(ren), or your spouse or partner if:

- the second or subsequent cancer is new and unrelated to a previous cancer claim, and
- you have been treatment-free from a previous cancer for five years or more.

The full conditions are set out in the policy Terms and Conditions.

What can I use the money for?

It's up to you. You can use the money for any purpose.

Do I need to provide medical evidence?

We'll need you to sign a consent form which enables us to approach the doctors who are treating you or your family members.

However, should you have any additional medical evidence (for example, consultant letters, pathology reports etc.) which you feel may help with the assessment of the claim, please forward these to us.

What happens if I have started a claim and then the cover is cancelled?

If the cover is cancelled, we'll assess a claim for any insured illness or operation that happened while the policy was in force. But if the definition of a critical illness or operation is met after the cover was cancelled, we won't be liable for the payment of any claim.

When will I receive the payment?

We need to confirm the details of your condition, but once we accept your claim we'll pay it as quickly as we can.

If I'm receiving other benefits, will you take those into account?

No. We'll pay the full sum to you, irrespective of other benefits being paid.

About our policy exclusions

Our policy doesn't cover pre-existing conditions, related pre-existing conditions or associated conditions.

Here's a brief summary below, to help you.

You can find the full details of these exclusions in the policy Terms and Conditions which are available from your employer.

Medical condition	What this means	Example
Pre-existing condition	Any critical illness or operation covered by the policy, for which you (or any insured family member) have received medication, advice, treatment or diagnostic tests, or of which you have experienced symptoms before you joined your employer's policy.	You suffered a stroke a few years before joining the policy. You then suffer a subsequent stroke.
Related pre-existing condition	Critical illnesses or operations are related if it is recognised, by a reasonable specialist medical opinion, that one is a result of the other, or if each is as a result of the same disease or injury.	You had a heart attack before joining. You later needed coronary artery by-pass surgery.
Associated condition	<p>Before you joined the policy, you experienced symptoms of, or had a condition, illness, injury, disease or treatment which is recognised by reasonable specialist medical opinion to be associated to a critical illness or operation.</p> <p>For all claims, other than total permanent disability, loss of independent existence and paralysis of limbs, the associated condition exclusion no longer applies if you have not suffered a critical illness or operation covered by the policy within the first two years of joining the policy.</p>	You suffered symptoms of numbness and neuritis before joining the scheme. You were then diagnosed with multiple sclerosis within two years of joining the policy.

Exclusions apply from the date of an increase in cover, but only to the amount of the increase.

We're dedicated to helping you live your best life

With Aviva's Group Critical Illness cover, you get access to expert clinical help when you need it. Plus, you'll also find a range of wellbeing services to help you change your habits, which aim to prevent issues developing - which helps to make informed, balanced and positive lifestyle choices. And if things get even tougher, we have support services to help you cope with things such as stress and grief.

Aviva DigiCare+ Workplace

This app helps members with Group Critical Illness cover manage their health. It gives you the guidance and care you need to help detect, manage and prevent physical and mental health problems. It includes:

- An annual Health Check
- Digital GP
- Second Medical Opinion
- Mental Health Consultation
- Nutritional Consultation

Aviva DigiCare+ Workplace is provided by Square Health who have access to over 5,000 medical specialists across the UK. **There may be limits to the number of times you can use these services, please refer to the app to check your full allowances.** The terms and conditions and the privacy policy for Aviva DigiCare+ Workplace can also be viewed in-app. Personal data is collected and used in accordance with the Square Health privacy policy found at: https://cms.squarehealth.com/aviva_group/privacy_policy.html

Wellbeing Library

The Wellbeing Library is an online library of useful content, hints and tips - including guides and tools. You'll find helpful support on all kinds of situations - from family and relationships, money or work, mental or physical health conditions. Whatever's on your mind, you can find information to help you deal with it.

To access these services listed above, download the Aviva DigiCare+ Workplace app and register by following the instructions on your recent registration email. Terms apply. For more information, please speak to your employer.

Get Active


Get Active helps you stay fit and healthy with discounts on more than 3,500 health and fitness clubs nationwide and online workouts. It also offers you a variety of discounted products and services, all designed to help you and your family get active and keep healthy. For more information on Get Active and to view terms and conditions, please visit www.getactive.aviva.co.uk.

RedArc Personal Nurse Service

The time after getting a critical illness diagnosis can be very difficult. This service offers you and your family long-term practical and emotional support over the telephone from a dedicated and experienced personal nurse.

RedArc nurses tailor their support to meet the needs of you and your family, such as helping you to understand your diagnosis and all its implications. They will help you prepare questions for doctors, so you can get the answers you need, arrange for external therapies or a second opinion. They can also help you to cope emotionally. It's completely confidential and RedArc won't pass any information to a third party without your consent.


Recommendations and treatment advice are in line with UK NICE (National Institute for Health and Care Excellence) guidelines.

 **01244 625180** Lines are open Monday to Friday, 9am-5pm. Please quote AVIVA GCI when calling.

Stress helpline

The Stress Helpline offers you the chance to talk in confidence to trained counsellors about issues troubling you.

Whether the things on your mind are personal or work-related, the helpline provided by Care first can be a good place to find help. Talking and sharing can be the first step in helping to work through problems and resolve them. This is a benefit for members aged 16 and over, covered by a Group Critical illness scheme.


 **0800 015 5632** Lines are open 24/7. Calls are free and completely confidential with no limit to the number of times you can call. For your protection and ours, calls are monitored/recorded.

These wellbeing services are non-contractual benefits which Aviva can change or withdraw at any time. The services are available to employees who are permanent residents of Great Britain, Northern Ireland, the Channel Islands or the Isle of Man.

Need this in a different format?

Please get in touch if you'd prefer this document (**GR03019 05/2025**) in large print, braille, audio, or in a different colour.

How to contact us

 **0800 0513472**

 **cgroupprotection@aviva.com**

 **aviva.co.uk**

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