

Policy Summary of Living Costs Protection



Keep this document safe

This summary gives you an overview of what a **Living Costs Protection** policy is. It isn't the full details. We'll start with the basic information on the next page, and then give you more detail in the rest of the document.

For full details of the policy, have a look at the separate document, called the '**Policy Conditions**'.

If you buy this policy, we'll send you a third document – the '**Policy Schedule**'. This will be personalised to you, so it will show you what's included in your particular policy.

The basics

Money if you're ill or injured

If you have a **Living Costs Protection** policy and an illness or injury stops you working, we'll pay you an income. This could help you continue to meet your essential outgoings such as mortgage or rental payments.

This income is called your 'benefit'. We could pay your benefit for a maximum of 12 months each time you're incapacitated. Once you've gone back to work for at least 16 hours a week for six consecutive months, you can claim again for either the same or a different illness or injury.

Because the policy relates to your health, when you apply you'll have to answer some health and lifestyle questions – fully, truthfully and accurately. If you don't, we might amend or cancel your policy, or we might not pay a claim.

You need to regularly review the cover you've got to make sure it still meets your needs.

Choose how much benefit you'll get

You can choose how much benefit you want, between £500 and £1,500 per month.

Choose when your policy will end

You can choose how long you want your policy to last – your 'policy term'. The policy term is important because if any of the things we talk about in this summary happens outside the policy term, we won't pay anything.

During the policy term you pay us money every month – your premium. If you stop paying your premiums or cancel the policy, you'll no longer be covered, and you won't get any money back.

Choose how long you wait to get your benefit

Some people qualify for sick pay for a period of time immediately after they stop working, so you may not want to receive your benefit straight away. The period from when you get ill or injured to when we start paying you is called your 'deferred period'. You have a choice about how long your deferred period will be.

Choose extra features

Your policy has some other features which are included as standard. There are also some extra ones you can choose to pay for if you want them. We explain all these features in this summary.

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How a **Living Costs Protection** policy works

If an illness or injury stops you working this is called being '**incapacitated**'. If you're incapacitated while you have a **Living Costs Protection** policy, we'll pay you an income.

We'll only pay you an income if we accept your claim. By this, we mean that your illness or injury restricts your ability to do your occupation.

You can have one **Living Costs Protection** policy plus any additional policies taken out under the life change benefit option, which we explain on page 9.

You can choose how long your policy will last and this needs to be at least five years and no more than 52 years. How long you choose your policy to last is called your 'policy term'. It can't continue past your 71st birthday.

Can I apply for a **Living Costs Protection** policy?

To get a **Living Costs Protection** policy you need to:

- be aged between 18 and 59,
- be working at least 16 hours a week,
- have been working for at least the last 12 months,
- be registered with a doctor in the UK, Channel Islands, Isle of Man or Gibraltar for at least the last two years, or be able to provide your medical history from a doctor in the UK, Channel Islands, Isle of Man or Gibraltar for at least the last two years, and

At the time you complete the application, you must:

- be in the UK, the Channel Islands, the Isle of Man or Gibraltar, with a legal right to live in that jurisdiction, and
- consider your main home as being in the UK, the Channel Islands, the Isle of Man or Gibraltar and have no current intention of moving anywhere else permanently, and
- be legally permitted to work in the UK, the Channel Islands, the Isle of Man or Gibraltar.

How a Living Costs Protection policy works

Information about you

When you apply you need to answer:

- health and lifestyle questions
- questions about your job
- questions about your personal circumstances.

We use the information you give us to work out what we can cover you for and how much you'll pay for your policy. So it's important that you answer all our questions as fully, truthfully and accurately as you can. If you don't, we might change or cancel your policy, or we might not pay if you make a claim.

If any of the information changes before your policy start date, you need to tell us.

We might exclude a certain medical condition you have or an activity you do from your policy. If so, we'll tell you before we give you a start date.

Choose your deferred period

We won't start paying your benefit straight away. Your deferred period is the initial time after you're incapacitated but before we start paying you. Benefit will be paid one month in arrears after the end of your deferred period. You have a choice about how long your deferred period will be.

The deferred period you choose could take into account things like how long you'd expect to get sick pay and how long you're prepared to live on your savings. The longer your deferred period, the cheaper your premium will be, but the longer you'll have to wait before we start paying your benefit.

You can choose a deferred period of 4, 8, 13 or 26 consecutive weeks.

Maternal, parental or adoption leave

If you're incapacitated while you're on maternity, parental or adoption leave you can claim benefit. It has to be within 52 weeks of the start of your maternity leave, your child's birth or the date you legally adopted them, whichever starts the earliest. We'll assess your claim based on the job you were doing in the last 12 months before you stopped working.

If you take extended maternity, parental or adoption leave and then you're incapacitated, you won't be able to claim benefit.

You'll still be able to claim for fracture cover or global treatment, which we explain on page 10.

How a **Living Costs Protection** policy works

Unlimited number of claims

After you've gone back to work for at least 16 hours a week, you might need to claim again for an illness or injury that has stopped you working before. If that happens within 12 months of you going back to work for at least 16 hours a week, you won't need to wait through another deferred period. If the previous limited payment term has not been fully used, the remaining months can be used.

The exception to this is if you've already received 12 monthly benefit payments. We can't pay you benefit again for any condition until you've been back at work for at least 16 hours a week for six consecutive months. After that you'll have to wait through your deferred period again. Then we'll start paying your benefit once we've accepted your claim.

There are limits on your policy if you move abroad

In the policy conditions you'll find a list of countries. We'll be able to pay your benefit while you're in one of those countries.

If you've moved to a country that isn't on the list, permanently or temporarily, we'll pay you a benefit for a maximum of three months. If you move back to one of the countries in our list and you're still incapacitated, we'll start paying your benefit again.

When you read about global treatment, on page 10, you'll see it's also affected if you move abroad.

When benefit payments stop

If we accept your claim, we'll pay your benefit until any of these things happens:

- you're no longer incapacitated – this means that, for our purposes, either your illness or injury no longer restricts your ability to do your occupation, or you have received back to work benefit
- you reach the end date of the policy
- you have received 12 benefit payments, including any back to work benefit
- you're remanded in custody or given a custodial sentence. If you're remanded but not convicted, we'll pay you all the benefit we would have paid you if you hadn't been arrested.
- you die.

How much benefit you can get

We don't take into account how much you earn

You can choose how much benefit you want and this can be between £500 per month and £1,500 per month. We won't ask you what your earnings are but you need to be working at least 16 hours a week immediately before you were incapacitated.

We don't take into account other income you may be getting

You might carry on getting income after you have to stop working. This could be, for example, sick pay, other insurance that pays when you're incapacitated, or income from a business you own. We won't reduce your benefit if you are receiving other income.

We also don't include state benefits or income from your investments, so they won't mean we have to reduce your benefit.

However, benefit we pay you may affect a claim on other income protection policies you or your employer has. Also, it may affect your eligibility for means tested state benefits. State benefits can change at any time.

Your premiums

Your monthly premiums depend on the amount of cover you choose, as well as your age, job, health, lifestyle, and smoking habits.

When you first apply for a policy, we quote you a premium for the benefits you asked for. If the premium and benefits are still the same after the application process, and if we haven't applied any exclusions, you'll be on our standard terms.

Your premiums are guaranteed

The amount you pay is the same every month, unless you choose to make any changes on your policy.

The only other way your premium would go up is if you've chosen global treatment, which we explain below, on page 10. Global treatment renews every three years, so your premium might change then.

Extra benefits included at no extra cost

Waiver of premium – paying your premiums for you

If you make a successful claim, we'll start paying your premiums for you after 13 weeks, or from the end of your deferred period, whichever is sooner.

You need to start paying your premiums again when your claim ends.

Back to work benefit

Money if you have to change your work

If an illness or injury means you earn less than you did before, but you're still able to work, we'll pay you one month's benefit when you return to work.

We'll pay it if you were in a paid job working at least 16 hours a week but illness or injury means you're now earning less, because:

- you've had to change your occupation, or
- you've had to restrict your duties or hours.

Life change benefit

Increase your cover if your circumstances change

Once your policy is up and running you might want to increase your cover amount.

You can do this if your monthly rent or mortgage payments increase, or you change from rented to mortgaged accommodation.

You won't need to answer any extra health and lifestyle questions. You can use life change benefit six months after your policy start date.

You can increase your benefit by a minimum of £100 per month. You can't increase it by more than two times your original **Living Costs Protection** policy benefit amount, or £1,500 per month on all **Living Costs Protection** policies you hold with us. You can use the life change benefit as many times as you like before you turn 55. The increase in benefit will be on a new policy, for an additional premium.

There are some other limits on how and when you can use life change benefit. Please see your policy conditions for more information.

You can only get this benefit if we accept your policy on standard terms.

You can pay to add extra benefits

You can find full details of all of these in the policy conditions. You can only add these benefits if you don't already have them on another Aviva policy.

These benefits are secondary to the main point of your policy. You shouldn't take out the policy just to get these extra benefits.

Fracture cover – money for fractures

If you fracture a bone we'll pay you a lump sum. The size of the lump sum depends on the type of fracture and it has to be one of 18 specified fractures.

We won't pay more than one claim in any 12 month period. The 12 months runs from your policy start date to the day before the policy anniversary date. We won't pay a claim for a fracture that happens within the first seven days after the policy start date. The policy anniversary date and policy start date will be shown on your policy schedule.

We won't cover a fracture that happens when taking part in any of the following: mountain biking or BMX; boxing, cage fighting or martial arts; rugby or Gaelic football; horse riding; or any form of motor cycle sport or event including practice, competing or track days, or motor cycling off-road, trail riding, or green-lane riding.

If you make a successful claim, your policy will continue and it won't affect what we pay for any other benefit in the future.

You can find details of when you can claim and the injuries we cover within your policy conditions.

Access to world class treatment abroad

This is called global treatment

If you or your child is diagnosed with a serious illness or needs a medical procedure, this benefit gives you access to overseas medical treatments.

This benefit includes a concierge service which recommends doctors and treatment centres. The concierge service manages all the treatment and makes the arrangements.

We'll pay up to £1 million for each person in every 12 month period from the issue of our written approval of the claim.

We'll cover as many treatments as you need, up to a total maximum of £2 million for each person. This limit includes medical, travel and accommodation expenses that we cover.

We'll automatically renew global treatment every three years until your policy ends, unless we substantially change the terms of the benefit or we can no longer offer it. This means the premium you pay for it might change every three years.

If you make a successful claim, your policy will continue and it won't affect what we pay for any other benefit in the future.

You can find details of what's covered within your policy conditions.

If you have any children, they're covered from birth, up to the age of 18 or 21 if in full time education. If you live in the UK, Channel Islands, the Isle of Man or Gibraltar but you have children who live outside of these territories, they'll have to come back for a doctor to confirm the initial diagnosis.

If you go to live outside of the UK, Channel Islands the Isle of Man or Gibraltar, we'll have to cancel the global treatment benefit.

This option is provided in conjunction with Further who will process your claim and provide all services related to overseas treatment.

You can change or cancel your policy

The policy is flexible so you can reduce the benefit amount 6 months after your policy start date. If you want to make any other changes to your cover then you'll need to apply for a new policy and answer some more health and lifestyle questions.

You can tell us if you change your job, but you don't have to. If it's a lower risk job, your premium might go down.

You can't make any changes to your policy when you're getting benefit from us.

You can cancel

You can change your mind and cancel your policy by contacting us. We'll refund any premiums paid if you cancel within 30 days. If you don't cancel within this time your policy will continue in line with the policy conditions. You can still choose to cancel outside these 30 days but we won't refund any premiums.

If you cancel your policy, you're not covered and you won't be able to claim.

Protection promise

You're protected while we find out more during your application. This is called our **'protection promise'**.

We understand how important it is to have living costs protection cover in place. That's why we'll aim to give you a decision on your application as quickly as possible.

If we need more information before we can give you a decision, our protection promise will cover you for accidental injury free of charge.

Our protection promise provides security and protection against an accidental injury. It doesn't provide cover if you're off work due to illness. You also won't be covered for any accidental injury you had when you applied for the policy.

When the protection promise will end

After we've received a completed application form, we'll confirm that your free cover has started. The cover will end:

- ten days after we make our acceptance offer; or
- on the start date of your **Living Costs Protection** policy
- on the date we decide to defer or decline your application
- on the date you withdraw your application, or
- 90 days from our confirmation that your free cover has started

whichever comes first.

What benefit is paid under the protection promise

If we accept your claim, we'll pay your benefit under the protection promise until any of these things happens:

- you're no longer incapacitated – this means that, for our purposes, your accidental injury no longer restricts your ability to do your occupation
- you reach the end date of the policy
- you've received 12 benefit payments
- you're remanded in custody or given a custodial sentence. If you're remanded but not convicted, we'll pay you all the benefit we would have paid you if you hadn't been arrested.
- you die.

The amount we pay will be the benefit amount you've applied for up to a maximum of £1,500 per month.

We'll pay the benefit after the deferred period on your application.

The importance of providing truthful and accurate information

Your protection promise and policy will be invalid if you haven't provided us with truthful and accurate information on your application.

You need to tell us about any changes in your health or medical history as soon as possible before we tell you when the cover will start, or we decline or defer the application.

If you don't, we may not be able to pay a protection promise claim, or any subsequent claim on a policy.

Until we confirm the protection promise has started, we can change or withdraw this offer.

Law, compensation and tax

The law of England will apply in legal disputes

This policy 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

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/investor-relations/institutional-investors/regulatory-returns](https://www.aviva.com/investor-relations/institutional-investors/regulatory-returns)

You could get compensation if we become insolvent

Our **Living Cost Protection** policy 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 up to 100% of any successful claim you make.

To find more information about the FSCS, including how to contact them via email and webchat: Website: [fscs.org.uk](https://www.fscs.org.uk)
Phone: **0800 678 1100** or **0207 741 4100**.

Tax

In the UK, the payments we make are free from personal liability to income and capital gains tax. You shouldn't be claiming tax relief on the premiums for this cover.

If you live in Gibraltar, we have to tell you that no tax relief is allowed on premiums. Normally no tax is payable on the payments we make.

Wherever you live, we'd always recommend that you get independent financial advice. This is because your individual circumstances can affect your tax position.

Premiums include insurance premium tax, where applicable.

Please remember that tax rules may change in the future.

How to complain

To complain you can:

If you've taken a product out with Aviva and are unhappy with the product or the service you received, you can contact us at:

Aviva Customer Relations

PO Box 3182

Norwich

NR1 3XE

Phone number: **0800 285 1098**

From outside the UK: **+44 1603 603 479**

Email: **protection@aviva.com**

We aim to resolve your complaint quickly. If we can resolve your complaint within three working days following the day we receive it, we will write and confirm this to you, along with your rights to refer your complaint to the Financial Ombudsman Service (FOS).

If your complaint is not resolved within three working days of receiving your complaint:

- Your complaint will be acknowledged promptly.
- A dedicated complaint expert will be assigned to review your complaint.
- A thorough and impartial investigation will be carried out.
- You will be kept updated of the progress.
- Everything will be done to resolve things as quickly as possible.
- A written response will be sent to you within eight weeks of receiving your complaint, this will inform you of the results of the investigation or explain why this isn't possible.

Where your concerns are unable to be resolved or have not been resolved within eight weeks, you may be able to ask the FOS to carry out an independent review. Whilst firms are bound by their decision you are not. Contacting the FOS will not affect your legal rights. You can contact them on **0800 023 4567** or visit their website at **financial-ombudsman.org.uk**, where you will find further information.

Contact us

Before you make a claim

If you can't work due to illness or injury you should tell us as soon as possible. This should be before you've been off work for two months, or one month if you've chosen a deferred period of 4 weeks. If you don't tell us within this time it may delay the payment of your claim or may mean we can't pay your claim at all.

Remember that we won't be able to pay your benefit if:

- your policy has ended because you haven't paid your premiums
- you've cancelled your policy
- you get ill or injured outside the policy term
- your unemployment isn't due to incapacity
- you've misled us by giving us false information or by keeping information from us relating to your claim
- you're working less than 16 hours a week immediately before your incapacity
- you're unemployed.

We may amend or cancel your policy, or we may not pay a claim at all, if you haven't answered all the questions on the application completely, truthfully and accurately.

This isn't the kind of policy that you can 'cash in' – so you don't get any money if you cancel it.

To make a claim



Call us on:

0800 158 3105



If you're outside the UK, call:

+44 2381 247091
option 3

For our opening hours, please refer to our website aviva.co.uk.

Calls may be monitored and will be recorded.



Write to us at:

Income Protection Claims Department
Aviva Life & Pensions UK Limited
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire SO53 3RY

Make a claim under global treatment

To make a claim, you can call us on **0345 030 8071** and select the option to start a global treatment claim.

Your call will be transferred to Further, who will evaluate and process your claim and provide you with any options for overseas treatment.

Further's claims line is open Monday to Friday 8.30am to 5pm. These times are correct at the time of publishing. Calls may be monitored and will be recorded.

Talk to us about your policy



Call us on:

0800 285 1098



If you're outside the UK, call:

+44 1603 603 479

For our opening hours, please refer to our website aviva.co.uk.

Calls may be monitored and will be recorded.



Write to us at:

Aviva
PO Box 520
Norwich
NR1 3WG



Email us at:

protection@aviva.com


Calls to 0800 numbers from UK landlines and mobiles are free. The costs of calls to 03 and +44 1603 prefixed numbers are charged at national call rates (charges may vary dependent on your network provider) and are usually included in inclusive minute plans from landlines and mobiles. Calls from outside the UK may be charged at international rates.



Need this in a different format?

Please get in touch if you'd prefer these policy conditions (**AL19001**) in large font, braille, or as audio.

How to contact us

 0800 285 1098 (+44 1603 603 479)

 protection@aviva.com

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