



# Living Costs Protection

## Policy Conditions



# Keep this document safe

These **policy conditions** are written confirmation of your contract with Aviva Life & Pensions UK Limited. It's important that you read them carefully together with your **policy schedule** and then keep both documents in a safe place.

The words in **bold** are defined terms with specific meanings. We explain these in the Definitions section.

## Any questions?

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](https://www.aviva.co.uk).

**Calls may be monitored and will be recorded.**

## Need to make a claim?

Please read our 'Making a claim' section first then call us on:

**0800 158 3105**

For our opening hours, please refer to our website [aviva.co.uk](https://www.aviva.co.uk).

**Calls may be monitored and will be recorded.**

## 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.

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.

# Your cover

## Core Benefits

Your policy includes the core benefits, any optional benefits that you've selected and any additional benefits that you're eligible for.

Your policy has a limited payment term – this means that we'll pay your benefit for a maximum of 12 months for each **incapacity**. The period over which we pay this benefit - your **claim period** - could either be a single continuous period or a collection of shorter periods. If you go back to an **occupation** for six consecutive months after **incapacity** you can claim again for the same or a different illness or injury.

There's no limit on the number of claims you can make.

You can only have one Living Costs Protection policy plus any additional policies taken out under the life change benefit option (see additional benefits below). If you do have more than one Living Costs Protection policy then we'll only pay benefit on the first policy (plus any additional policies taken out under the life change benefit). We'll refund the premiums paid for any further policies, without interest. You won't be able to claim on any additional policy not taken out under the life change benefit.

**Main benefits**

**Back to work benefit**

**Waiver of premium**

## Additional benefits

You may be eligible for the life change benefit. If you are, we'll automatically add it to your policy. This will be shown on your **policy schedule**. The life change benefit is outlined in your **policy conditions**.

**Life change benefit**

## Optional benefits

You can choose to add optional benefits to your policy when you take it out. Your **policy schedule** will show exactly which optional benefits you've chosen. We'll send you your **policy conditions**, which will include a description of all optional benefits you've selected.

**Fracture cover**

**Global treatment**

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# Core Benefits

The core benefits available under this policy are set out below, and are only payable if we accept a claim.

For each of the core benefits below, a set number of weeks, selected by you at outset, must've passed before you're entitled to receive benefit. This is known as the **deferred period** and will be shown in your **policy schedule**. If you wish to make a claim, you must contact us as soon as possible from the onset of your **incapacity**, regardless of the **deferred period** you've selected.

## Main benefit

We'll pay this if immediately before **incapacity** you were either:

- in an **occupation**, or
- on maternity leave (which commenced up to 52 weeks before **incapacity**), or parental leave for the other parent (and the **child** was born up to 52 weeks before **incapacity**), or
- on adoption leave (and the **child** had been legally adopted up to 52 weeks before **incapacity**).

We'll only pay if, after the start of **incapacity**, you weren't in any other **occupation**.

### What do we pay?

We'll pay the monthly benefit, which is shown in your **policy schedule**.

Your monthly benefit amount is selected at outset.

The minimum benefit you can select is £500 per month or £6,000 per year. This is subject to the minimum premium limits.

The maximum benefit you can select is £1,500 per month or £18,000 per year.

### When do we start paying your benefit?

If your claim is accepted, you'll be eligible for benefit when your **deferred period** ends. Benefit will be paid monthly in arrears after the end of your **deferred period**. If your **claim period** starts or ends part way through a month, we'll pay a daily amount for that period.

### When do we stop paying your benefit?

We'll stop paying your benefit when:

- we've paid the benefit for a total of 12 months including back to work benefit, or
- your **incapacity** ends or, we've made one back to work benefit payment, or
- the policy ends, or
- you are remanded in custody (we'll pay the benefit retrospectively if you are not convicted of the offence) or receive a custodial sentence, or
- you die.

### How we'll pay your benefit

Benefits will only be paid in the currency of the UK and to a UK, Channel Islands, Isle of Man or Gibraltar bank account.

# Core Benefits

## Back to work benefit

We'll pay this if, immediately before **incapacity**, you were in an **occupation** and following your **incapacity**, your **earnings** are reduced because:

- you're in a different **occupation** due to your continued **incapacity**, or
- you've returned to your **occupation** but you've had to restrict your **duties** or hours worked because of your **incapacity**.

### What do we pay?

For each valid claim for back to work benefit, we'll pay the equivalent of one months' benefit when you return to an **occupation**.

### Points to note

Any payment made under the back to work benefit will be included in the 12 months' maximum **claim period**.

## Waiver of premium

If we accept your claim for one of the core benefits we'll pay your premiums (including premiums for fracture cover and/or global treatment if you have this cover as well) from the earlier of:

- the end of your **deferred period**, or
- 13 weeks after the start of your **incapacity**.

We'll start to collect your premiums again, once the **claim period** has ended.

# Additional benefits

This benefit will only be included if we accepted your policy on **standard terms**.

## Life change benefit

You can take out more cover through an additional policy without any further health and lifestyle questions being asked if:

- You increase your mortgage payments due to a house move, remortgage or home improvements, or
- An increase to your rental payments is imposed by your landlord, or you increase your rental payments due to moving to a new rental property, or
- You change from rental payments to mortgage payments.

You can do this at any time six months after your policy **start date**.

We'll need to see evidence of your increased mortgage or rental payment. This includes copies of your rental agreement, mortgage offer, and/or bank statements showing the increase in your mortgage or rental payment.

The extra cover will be a new policy in addition to this policy.

### How much benefit can be selected?

The minimum benefit you can select under the new policy is £100 per month or £1,200 per year.

The maximum benefit you can select under the new policy can't be more than 2x the benefit amount under your original policy.

Your total monthly benefit amount under your original policy and any new policy can't be more than £1,500 per month.

The new policy will be subject to our minimum premium limits.

### How many times can life change benefit be used?

You can use the life change benefit as many times as you like provided that your total monthly benefit amount under your original policy and any new policy isn't more than £1,500 per month, and you meet the eligibility requirements stated below.

#### Eligibility requirements

You must take out the new policy before you turn 55, and

The new policy must end before you turn 71, and

You must take out the new policy within 90 days of the life change happening, and

You must send us the evidence we need, and

You must not be within five years of the original **policy end date**, and

You must not be in claim or eligible to make a claim on your original policy.

This includes any accident or illness you've had where you are currently in the **deferred period**.

### The new policy

The following restrictions will apply to the new policy:

- the new policy can't have a shorter **deferred period** than the original policy
- the new policy can't end more than five years later than the original policy
- the new policy won't include the life change benefit.

The benefits, restrictions and options applying to the new policy will depend on what's available at the time. The policy conditions in force at the time will apply to the new policy. If we don't have a suitable policy available at the time then we can refuse your request.

The premium you'll pay for any new policy will be based on the rates available at the time of the request and your **personal circumstances**.

The minimum premium limit will apply on the new policy.

# Optional benefits - Fracture cover

Your **policy schedule** will show any optional benefits you've chosen to add to your policy.

## Fracture cover

Fracture cover is subject to our acceptance following underwriting.

You can only add fracture cover to your policy if you don't already have it on any other policy taken out with Aviva Life & Pensions UK Limited.

We'll cover you for the fractures listed on the following page. We'll only pay out if the fracture happens at least seven days after the **start date** and before the policy **end date**.

We only pay out a successful claim once in each policy year for the first fracture which occurs in that year. A policy year runs from the **start date** to the day before the **anniversary date** shown in your **policy schedule**.

If you suffer from more than one fracture at the same time we'll only pay for one of them. You can choose which one you claim for.

All fractures must be diagnosed by an **attending consultant**.

We won't cover a fracture which is classed as fatigue, stress, hairline, avulsion, chip or microfracture.

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 claim for this benefit, all medical certificates and results of medical examinations must be provided by an **attending consultant**.

You can cancel the fracture cover option at any time six months after the **start date**. However, you won't be able to reinstate it and we won't refund any premiums.

If we accept a claim under this benefit, it won't affect the other **benefits** under your policy.



# Optional benefits - Fracture cover

## Fracture cover continued

### What do we pay?

Fracture	Amount
<b>If you suffer from any one of the following fractures, we'll pay:</b>	
Skull (open fracture)	£6,000
Skull (closed fracture)	£4,000
Cheekbone	£1,500
Jaw	£3,000
Collar bone	£1,500
Shoulder blade	£2,000
Sternum	£2,000
Arm	£3,500
Ribs	£1,500
Vertebra	£2,500
Pelvis	£2,500
Wrist (we define the wrist as including the carpal bones, the distal radius or distal ulna)	£2,000
Upper leg	£6,000
Lower leg	£4,000
Ankle (we define the ankle as including the medial, posterior or lateral malleolus)	£2,500
Knee	£6,000
Hand (excluding fingers and thumbs)	£1,500
Foot (excluding toes)	£2,000

# Optional benefits - Global treatment

Your **policy schedule** will show any optional benefits you've chosen to add to your policy.

## Global treatment

Global treatment has extra definitions which we use in this section. These definitions are in **bold** and have specific meanings. We explain these in the definitions for global treatment section.

You can only add the global treatment option to your policy if you don't already have the option on any other policy with an Aviva group company.

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

## Global treatment

We'll pay the cost of treatment outside of the **territory** if, during the **policy term**, you or your **child** is diagnosed with any one of the **serious illnesses**, or require a **medical procedure** set out below.

**Further** will recommend appropriate doctors and treatment centres and manage all necessary medical and administrative arrangements for treatment overseas.

It includes **expenses** that have been incurred for the treatment from the date of issue of the **preliminary medical certificate**. We cover the medical, **medication**, travel, accommodation and miscellaneous **expenses** set out in the **expenses** section below.

It covers any **child** from birth up to their 18th birthday (or 21st birthday if in full-time education) at the date of starting the global treatment claim.

If you're no longer **resident** in the **territory**, we'll cancel this option and your policy will continue without global treatment for you or your **child**. If a **child** is no longer **resident** in the **territory**, they will need to return to the **territory** for confirmation of the initial diagnosis for you to make a claim for them under this option.

### What do we pay?

We'll pay a maximum of £1,000,000 (including all **expenses**) in every 12 month period from the issue of the **preliminary medical certificate**, up to an overall maximum of £2,000,000 over the **policy term**.

Once the maximum limit has been reached, this benefit under the policy will end.

# Optional benefits - Global treatment

## Global treatment continued

### Start and end of cover

Global treatment covers you and your **child** for three years from the **start date**.

At the end of this three year period, we'll renew it automatically, unless before that next **renewal date**:

- (a) the **policy term** ends, in which case it will end on the **end date** of the policy, or
- (b) you turn 71, in which case it will end on your 71st birthday, or
- (c) you have reached the maximum benefit of £2,000,000 available under this option, or
- (d) your policy cannot be renewed because:
  - you are **resident** outside of the **territory**, or
  - our relationship with **Further** comes to an end, or
  - there has been any change of law, regulatory requirement or taxation which means that we are no longer able to offer global treatment.

### Renewal of cover

We'll contact you at least 30 days before the **renewal date** and will tell you that either:

- (a) the key features of global treatment won't change. If this happens, we'll automatically renew the option from the next **renewal date**. Please be aware that we will automatically renew global treatment if we change the amount you pay for it, or
- (b) the key features of global treatment will change. If this happens, we'll offer you the opportunity to renew from the **renewal date** and we'll ask you to confirm that the option can be automatically renewed at further **renewal dates**, or
- (c) we won't renew the option. If this happens, the policy will continue without inclusion of global treatment and we'll remove the charge for it from your premium.

If you don't wish to renew global treatment, you must tell us before the **renewal date** and the change will apply from that **renewal date**. You can cancel the option at any time six months after the **start date**. However, you won't be able to reinstate it later and we won't refund your premiums.

Any new premium and any changes will come into effect upon renewal.

# Optional benefits - Global treatment

## Global treatment continued

### Indemnity period

A claim could still be made after the policy has ended in the following circumstances:

- (a) If the policy ends as a result of a successful claim, you can claim under the global treatment option after the policy has ended (for a maximum of 36 months from the date the policy ended). To do this, the **serious illness** or **medical procedure** for which you are claiming under this global treatment option must be directly related to the earlier claim under your policy.
- (b) If you or your **child** have a **serious illness** or require a **medical procedure** and you have started a global treatment claim for overseas treatment, but the policy subsequently ends as a result of a successful claim, the claim under global treatment can continue for a maximum of 36 months from the date the policy has ended.

If one of the above indemnity periods applies, all other benefits under the policy will have stopped when the policy ended and you won't be required to pay premiums.

Provided treatment has started within 36 months of the policy ending as described above, we'll cover the cost of any treatment you receive outside of the **territory** and the travel and accommodation **expenses** associated with that until you or your **child** return to the UK. We'll cover the cost of any medication **expenses** that are incurred in the **territory** after the return of you or your **child** to the **territory**, provided they are incurred during the indemnity period.

## Serious illnesses and medical procedures

### Bone marrow transplant

Bone marrow transplantation (BMT) or peripheral blood stem cell transplantation (PBSCT) of bone marrow cells to you or your **child** originating from:

- you or your **child** (autologous bone marrow transplant), or
- a living compatible donor

### Cancer treatment

The treatment of:

- any malignant tumour including leukaemia, sarcoma and lymphoma, characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissues,
- any in situ cancer which is limited to the epithelium where it originated and did not invade the stroma or the surrounding tissues,
- all cancers which are histologically classified as any of the following:
  - pre-malignant,
  - having borderline malignancy,
  - having low malignant potential.

# Optional benefits - Global treatment

## Serious illnesses and medical procedures continued

### Coronary artery bypass surgery

The undergoing of **surgery** on the advice of a **consultant** cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

### Heart valve replacement or repair

The undergoing of **surgery** on the advice of a **consultant** cardiologist to replace or repair one or more heart valves.

### Live-donor organ transplant

A surgical transplant in which you or your **child** receive a kidney, a segment of liver, a pulmonary lobe or a section of pancreas from another living compatible donor.

### Neurosurgery

Any surgical intervention, including minimally or non-invasive techniques of:

- the brain (or any intracranial structures), or
- benign tumours located in the spinal cord.

### What don't we pay for?

We won't pay for:

- any initial diagnosis that came from a hospital or **consultant** outside of the **territory**
- any treatment that is not **medically necessary**
- any **experimental treatment**
- any medical procedures in connection with or derived from **cosmetic surgery**.

The following limits apply to these specific serious illnesses and medical procedures:

### Coronary artery bypass surgery

- We won't provide cover for any correction of narrowing or blockage of coronary arteries which is treated using techniques other than bypass **surgery** eg angioplasty **surgery**.

### Live-donor organ transplant

We won't cover any of the following:

- organs listed under the live-donor organ transplant definition that involves stem cell treatment
- any organ transplant when the transplant is conducted as a self-transplant
- any transplant when you or your **child** is a donor for a third party, unless the recipient is also insured under global treatment
- if the transplant is made possible by the purchase of donor organs
- any disease which has been caused by an organ transplant, unless it is a **serious illness** or requires a **medical procedure**. For clarity, complications directly associated with transplant **surgery** covered by the global treatment option occurring during **surgery** or post-**surgery** recovery outside of the **territory** will be covered as it will be considered a continuation of the transplant procedure.

# Optional benefits - Global treatment

## Serious illnesses and medical procedures continued

### Treatment for your child

In order for a successful claim to be made for your **child**:

- the symptoms must not have started, and/or
- diagnosis of the illness or condition must not have occurred, and/or
- neither parent must have received counselling or medical advice in relation to the condition or have been aware of the increased risk of the condition before the policy **start date** or before the legal adoption of the **child**.

## Medical expenses

### What we cover

#### Hospital charges

Relating to:

- accommodation, meals and general nursing services provided during your, or your **child's** stay in a room, ward or section of the hospital or in an intensive care or monitoring unit,
- other hospital services including those provided by a hospital outpatient department, as well as expenses relating to the cost of an extra or **travelling companion's** bed if the hospital provides this service,
- the use of an operating room and all related services.

#### Day clinic

Day clinic or independent welfare centre expenses, but only if the treatment, **surgery** or prescription would have been covered by us if provided in hospital.

#### Consultant treatment

**Consultant** expenses relating to examination, treatment, medical care or **surgery**.

#### Stay in hospital

Expenses relating to **consultant** visits during your, or your **child's** stay in hospital.

#### Medication

For **medication** applied by medical prescription while you or your **child** are hospitalised for treatment of a covered illness or medical procedure. **Medication** prescribed for post-operative treatment is covered for 30 days from the date you or your **child** have completed the treatment received outside of the **territory** and only when these are purchased prior to returning to the **territory**. Please see below for separate benefits for **medication expenses** incurred in the **territory**.

# Optional benefits - Global treatment

## Medical expenses continued

### Hospital transfers

For transfers and transportation by ground or air ambulance for you or your **child** where their use is indicated and prescribed by a **consultant** and pre- approved by **Further**.

### Medical treatments

Expenses relating to the following medical and surgical services including **reconstructive surgery**, treatments or prescriptions:

- for anaesthesia and administration of anaesthetics, provided they are performed by a qualified anaesthetist,
- laboratory analysis and pathology,
- x-rays for diagnostic purposes,
- radiotherapy,
- radioactive isotopes,
- chemotherapy,
- electrocardiograms (ECG),
- echocardiography (ECHO),
- myelograms,
- electroencephalograms (EEG),
- angiograms,
- computerised tomography (CT scan),
- blood transfusions,
- administration of plasma and serum,
- expenses relating to the use of oxygen, application of intravenous solutions and injections,
- other similar tests and treatments required for the diagnosis and treatment of a covered illness or **medical procedure**, when performed by a **consultant** or under medical supervision.

### Living donor

For services provided to a living donor during the process of removal of an organ or tissue to be transplanted to you or your **child** arising from:

- the investigation procedure for the location of potential donors,
- hospital services provided to the donor, including accommodation in a hospital room, ward or section, meals, general nursing services, regular services provided by hospital staff, laboratory tests and use of equipment and other facilities (excluding items for personal use which are not required during the process of removal of the organ or tissue to be transplanted),
- **surgery** and medical services for the removal of a donor's organ or tissue to be transplanted to you or your **child**.

### Bone marrow transplant

For services and materials supplied for bone marrow cultures in connection with a tissue transplant to be applied to you or your **child**.

# Optional benefits - Global treatment

## Medical expenses continued

### What we don't pay for:

Any medical **expenses** (with the exception of medication **expenses** set out below) that are incurred in the **territory**.

Any treatment that is not arranged under the **preliminary medical certificate**.

Expenses incurred in the purchase or hire of any of the following equipment or similar items:

- orthopaedic appliances; corsets; bandages; crutches; artificial members or organs; wigs (even where their use is considered necessary during chemotherapy treatment); orthopaedic footwear; trusses; or other similar equipment or items,
- wheelchairs; special beds; air conditioning appliances; air cleaners; or any other similar equipment or items.

Any type of **prosthesis** that:

- are not fully inserted into the body, and
- are not required as a direct result of the damage to a structure made by the **medical procedure(s)** arranged under this global treatment option.

### Alternative medicine:

Any charges made for the use of alternative medicine, even where specifically prescribed by a **consultant**.

Any expense incurred in a different hospital from the authorised hospital stated in the **preliminary medical certificate**.

Any expense incurred in respect of confinement services, home health care, or services provided in a convalescence centre or institution, hospice or nursing home, even where such services are required or necessary as a result of a **serious illness** or **medical procedure**.

### Cerebral syndrome or impairment:

Any charges for medical attention or confinement in cases of:

- cerebral syndrome (presence of a cerebral disorder or damage to the brain resulting in the partial or total impairment of the brain functions), or
- senility, or
- cerebral impairment,

regardless of the status of their development.

Any charges made for any treatment, service, supply or medical prescription for a disease for which the best treatment is a transplant covered by global treatment.



# Optional benefits - Global treatment

## Medication expenses

### What we cover

If treatment of any of the **serious illnesses** or **medical procedures** which are paid for under this option resulted in a hospital stay for three nights or more, we'll pay for the cost of **medication** purchased in the **territory**. The maximum limit for this is £50,000 over the **policy term**.

We'll only cover the **medication expenses** if:

- the **medication** is recommended through **Further** by the international **consultant** that is treating you or your **child**, as necessary for on-going treatment,
- the **medication** recommended by the international **consultant** has been licensed and approved by the corresponding medical authority or agency in the **territory** and its prescription and administration is regulated,
- the **medication** is available for purchase in the **territory**,
- the **medication** must be required under prescription by a **consultant** in the **territory**, and
- no single prescription exceeds a dose for consumption longer than two months.

### What we don't pay for:

The cost of **medication** which is funded by the NHS or that is covered by any other insurance policy held by you.

Any costs associated with the administration of the **medication**.

Any **medication expenses** which you incurred which had not been sent to us within 180 days of the purchase.

Any **medication** that is not **medically necessary**.

# Optional benefits - Global treatment

## Travel, accommodation and miscellaneous expenses

### What we cover

#### Travel and accommodation

We'll pay for expenses for travel, in economy class, to and from the agreed hospital indicated in the **preliminary medical certificate**, and any necessary accommodation, arranged by us for:

- you and a **travelling companion**, or
- you, your **child**, and another **travelling companion** (if it is your **child** that is receiving the treatment under the global treatment option), and/or
- a living donor (if applicable).

We'll also pay £100 for each day you or your **child** receive medical services in a hospital outside of the **territory** in respect of treatment arranged under the **preliminary medical certificate**, whether these are on an in or out-patient basis, subject to a maximum of 60 consecutive days for each successful claim made under the global treatment option under the policy.

#### Repatriation expenses

If you or your **child** or a living donor dies whilst receiving treatment approved by the **preliminary medical certificate**, we'll pay the costs of transporting the body home, as well as the minimum costs necessary for administrative formalities, embalment and the coffin in which the body is transported back to the **territory**.

#### What we don't pay for:

- any travel arrangements which are not associated with travel from and to a permanent address in the **territory**
- any expenses for accommodation or transportation arranged by you, a **travelling companion** or a living donor
- any interpreter's fees, telephone and other charges for items for personal use or which are not of a medical nature, or for any other service provided to relatives or **travelling companions**
- any breakfast, meals and incidental costs incurred at the hotel. If you pay for an upgrade to your hotel accommodation, you will bear the full cost of the upgrade
- you, your **child** or **travelling companion** to obtain a passport to enable travel outside of the **territory**.

# Making a claim - Global treatment

## Making a claim under the global treatment option

You can make a claim at any time during the **policy term**, or within the indemnity period described above. You can make a claim regardless of whether you have made any other claims under your policy.

To make a claim, you can 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.

If you make a claim under Global Treatment, all medical certificates and results of medical examinations must be provided by medical practitioners. These practitioners must be resident and practising in one of these places: Andorra, Australia, Canada, the Channel Islands, the European Union, the Faroe Islands, Gibraltar, the Isle of Man, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, the UK, USA or the Vatican City.

# Making a claim

If you need to make claim, please contact us on **0800 158 3105** (from outside of the UK, please call **+44 2381 247091** option 3). For our opening hours, please refer to our website **aviva.co.uk**. For claims under the global treatment option, please read that section of these **policy conditions**. Or 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.

## When you need to tell us you want to make a claim

If you wish to make a claim, you must contact us as soon as possible from the onset of your **incapacity**. You need to tell us you want to make a claim before the:

- period of **incapacity** has lasted eight weeks, or
- **deferred period** ends, if it's shorter than eight weeks.

We can't start assessing your claim until the day you tell us about it. If you don't tell us within these time limits, we may be unable to confirm the **incapacity**. This may mean we have to refuse the claim or we may treat the **deferred period** as not having started until the date we are notified of the claim.

## Before we can pay a claim, we need to assess it

We assess your claim from when your **incapacity** has started. We need satisfactory evidence to support this. To assess the claim we'll ask for some important information, consents and documents. Apart from any medical evidence we ask for, you'll have to pay for the information. The kind of things we need may include, but aren't limited to:

- a claim form signed by you
- proof that you're ill or have been injured
- written consent that lets us:
  - access your medical records or reports
  - receive the results of any medical examinations or tests
  - apply for evidence and information from other third parties.
- conversations with, and reports from, third parties such as **medical practitioners**, and employers.

All evidence that is provided to us will need to be in English.

## Paying your claim

We may postpone or refuse a claim if we don't receive the information, consents or documents we need.

You must take whatever steps are necessary to help your recovery, including meeting, and working, with disability counsellors and/or advisers appointed by us.

If we need you to undergo any medical examinations or tests, we'll pay for them. We'll also appoint the medical examiner.

When we assess a claim, we rely on the information we're given. If any of the information isn't true or complete we may not be able to pay a claim. If we've already paid a claim it may mean we can reclaim the money and we won't make any further payments. Where any of the information isn't true or complete we may also cancel the policy without refunding any premiums.

This doesn't affect any other legal rights we have.

If we accept a claim, we'll make any relevant payment to you in the currency of the UK to a UK, Channel Islands, Isle of Man or Gibraltar bank account.

# Making a claim

## Recurring incapacity and subsequent incapacity

### You can make more than one claim over the policy term.

We'll pay benefit for a maximum of 12 months for each successful claim. This is the limited payment term.

The **claim period** will end once you've received the maximum annual benefit you've selected or the **incapacity** ends (whichever is earlier). However, the policy will continue and premiums will restart.

If you need to make a claim for the same medical condition within 12 months of the end of the previous **claim period**:

- if you've already received 12 months' payments you'll need to have returned to an **occupation** for at least six consecutive months and we'll apply the **deferred period**. A new limited payment term would apply. We'll assess your **incapacity** on the **occupation** you've been doing since your return to work after the end of the previous **claim period**, not the **occupation** you were assessed against in any previous claim, or
- if the previous limited payment term has not been fully used, the remaining months can be used, provided it does not exceed the **policy end date**. We won't reapply the **deferred period**.

If you need to make a claim which is not **related** (directly or indirectly) to an **incapacity** within 12 months of the end of the previous **claim period**:

- you'll need to have returned to an **occupation** for at least six consecutive months and we'll apply the **deferred period**. A new limited payment term would apply.
- we'll assess your **incapacity** on the **occupation** you've been doing since your return to work after the end of the previous **claim period**.

If you need to make a claim for the same or a **related** cause of **incapacity**, or a different or unconnected cause of **incapacity**, more than 12 months after the end of the previous **claim period**. You'll need to have returned to an **occupation** for at least six consecutive months and we'll apply the **deferred period**. A new limited payment term would apply.

We'll only pay one claim at a time.

## Paying a claim if you are overseas

If you claim whilst you are living, travelling or working outside the list of **countries**, we'll only pay a benefit for up to 3 months after the **deferred period** has ended.

You may need to return to the UK, at your own cost, to undergo a medical examination arranged by us in order for us to fully assess your **claim**.

If you return to live in one of **countries** listed and are still incapacitated, we'll start paying benefit to you again.

We won't backdate any benefit we didn't pay when you were outside the list of **countries**.

## State means tested benefit

Benefit we pay you may affect your eligibility for means tested state benefits. State benefits can change at any time

# Making changes to your policy

## Decrease the benefit amount or change your **occupation**

You can decrease your benefit amount, subject to the minimum benefit amount of £500 per month, six months after the **start date** without any further health and lifestyle questions being asked.

You can change your **occupation** six months from the **start date** without any further health and lifestyle questions being asked.

You can't make either of these changes if you're claiming or eligible to make a claim. We can't make either of these changes in the 10 weeks before the **anniversary date** of your policy.

If we can make the change, it'll apply from the date your next premium is due, and your premiums may change.

We'll use the premium rates and smoker status available at the time you took out your original policy, based on your age at the start of the policy.

After you've made the change, your premium can't be lower than the minimum premium limit which applies at the time we agree to your request.

We will amend your policy and these **policy conditions** will continue to apply to your amended policy.

# Your premiums

## For your policy to be maintained, you need to pay your premiums.

You must pay premiums monthly by Direct Debit. All Direct Debits need to come from a bank or building society in the UK, the Channel Islands, the Isle of Man or Gibraltar, in the currency of the UK.

Your **policy schedule** will show the initial premium you'll pay, together with the date it and subsequent premiums are due.

You have 60 days from each due date to pay your premium.

If you have to make a claim during this period, we'll deduct the unpaid premium from any benefit amount we pay. If you have an unpaid premium and we ask you to pay that unpaid premium, we'll only accept payment from a debit card. We'll also need you to provide new bank account details to ensure that your regular premium payments can continue.

If you don't pay your premiums within the 60 day period, we'll cancel your policy. If this happens, you won't be able to make a claim.

Your premiums are guaranteed, so they won't increase over the **policy term**, unless you:

- make changes to your policy, or
- have selected the global treatment option.

Your **policy schedule** will show which options you have.

# General

You need to let us know if your contact details change.

We can't accept any instruction, request or notice from you until we receive all the information we need. We'll tell you what kind of information or documentation we need.

## Cancelling your policy

You have a 30-day cooling-off period to change your mind.

If you cancel within this period, we'll refund any premiums you've paid. The cooling-off period begins on the later of:

- the day we tell you when your policy will start, and
- the day you receive your policy documents.

You can still cancel the policy after the cooling off period ends, but we won't refund your premiums. If you cancel your policy, you're not covered and you won't be able to claim

You can also remove any of the options (some of these can only be removed six months from the **start date**).

## Eligibility

To apply for this policy you must:

- be at least 18 years of age, and no older than 59 when we accept your application. and
- be working at least 16 hours per week.

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.

You need to tell us if you move outside of the UK, the Channel Islands, Isle of Man or Gibraltar and your main residence is in another **territory**. Laws in the **territory** you become resident in may affect your ability to continue to benefit fully from the features of your policy. We may need to change, reduce or remove any of your policy terms. We'll give you details once you've told us. You should seek your own independent advice to consider your options if you move to another **territory**.

Regardless of what is set out elsewhere in these terms we will not be obliged to exercise any of our rights and/or comply with any of our obligations under this policy, if to do so would cause, or be reasonably likely to cause, us to breach any law or regulation in any **territory**.

# General

## What to do if your circumstances change

We use the information you give us in your application to determine the cover we can offer and how much you'll pay for the policy. If any of the information changes before your policy starts, you must tell us. If, based on the new answer, our original decision would have been different we have the right to change the terms of, or withdraw our offer of cover. If we discover later that you failed to tell us any of this information, we may also cancel the policy without refunding any premiums.

You should review the level of cover if you:

- become unemployed or choose to stop working
- reduce your working hours to less than 16 hours a week
- change your planned retirement date
- take out any other insurance for illness or injury
- move to live outside of the list of **countries**.

If you don't review your cover, we won't backdate any refunds if you choose to reduce your cover at a later date, or if you discover that you are subsequently not eligible for any benefits.



# General

## General conditions

### Policy amendments

We may alter these **policy conditions** for any of the following reasons:

- to respond, in a proportionate manner, to changes in:
  - the way we administer these type of policies
  - technology or general practice in the life and pensions industry
  - taxation, law or the interpretation of the law, decisions or recommendations of an ombudsman, regulator or similar body, or any code of practice with which we intend to comply.
- to correct errors if it is fair and reasonable to do so.

If we think any alteration to these **policy conditions** is to your advantage, we'll make it immediately and tell you at a later date. We'll also do this if the alteration is due to regulatory requirements.

If any alteration is to your disadvantage, we'll aim to tell you in writing at least 60 days before we make it. However, external factors beyond our control may mean we have to give you less notice.

If you're not happy with any alteration we make to your policy, you can cancel it.

### Incorrect information

If your date of birth is wrong, we'll base the payment we make for any successful claim on the correct date of birth. We'll tell you if this happens.

If, using the correct date of birth, your age when you took out your policy would have been outside our limits, we'll cancel your policy. If this happens, we'll tell you. You won't be able to make a claim after we've cancelled your policy. However, we'll refund all your premiums (without interest).

We rely on the information provided to us. If any of it is not true or not complete and would have affected our decision to provide your policy, we may:

- change the terms of your policy
- change the premiums you have to pay
- cancel your policy and refund the premiums you've paid (without interest).

If we cancel your policy, you won't be able to make a claim.

We may at any time, in line with reasonable underwriting and insurance practice (and retrospectively where appropriate), change your policy terms or cancel your cover without refunding your premiums if you have:

- misled us, for example telling us incorrect information or not telling us something that we have asked for
- defrauded or attempted to defraud us
- agreed to any attempt by someone else to defraud us
- not acted openly and honestly in dealings with us
- unreasonably refused to comply with these **policy conditions**.

# General

## General conditions continued

### Third party rights

This policy does not give any rights to anyone except you and us.

We may, with your agreement, amend or cancel this policy without reference to, or consent from, any other person.

### Fairness of terms

We'll always act reasonably and with regard to the need to treat you and all of our customers fairly.

These **policy conditions** will apply to your policy so long as they are not held by a relevant court, or viewed by the Financial Conduct Authority or by us, to be unfair contract terms. If a term is unfair it will, as far as possible, still apply but without any part of it which causes it to be unfair.

### General

You may not transfer ('assign') the policy to someone else. The policy shall only be assigned if there is a requirement to do so by law.

### Law

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.

# Definitions

Throughout these **policy conditions** we have highlighted defined terms in bold type (except for personal terms like “we” and “you”) so you know when they apply. The meanings of these words are set out below.

You or your refers to the policyholder named in the **policy schedule**, who will be the person covered under the policy.

We, us or our means Aviva Life & Pensions UK Limited.

## Anniversary date

The anniversary of the **start date** shown in the **policy schedule**.

## Attending consultant

A surgeon, anaesthetist or physician who is legally entitled to practice medicine or surgery. They must have attended a recognised medical school and be recognised by the relevant authorities in the country in which the treatment takes place as having a specialised qualification in the field.

## Child

Your natural, step, legally adopted and/or future children.

## Claim period

The period under which the policyholder claims for a benefit under the **policy**. Each claim under the **policy** shall have its own **claim period**.

## Countries

Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Ireland, Isle of Man, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK and USA.

## Deferred period

The number of consecutive weeks of **incapacity** which must pass before you become entitled to receive the benefit. The **deferred period** will be shown in your **policy schedule**.

## Duties

The material and substantial activities or tasks that are normally required for, and form a significant and integral part of, the performance of your **occupation** that cannot be reasonably omitted or modified.

**Duties** do not include:

- activities or tasks which aren't necessary to perform the **occupation** within the trade/profession (eg **duties** that are not necessary with another employer or within another business) or;
- the commute to and from your place(s) of work.

## Earnings

Your employed salary or self-employed earnings.

- Employed salary  
Your earnings, salary or wage (including benefits in kind, regular and consistent bonus and commission) before income tax from your employment in the 12 months immediately before **incapacity**.
- Benefits in kind  
The following benefits in kind to a combined taxable total of up to £10,000 and evidenced on HMRC form P11D will be accepted as forming part of employed salary:
  - Company car.
  - Living accommodation.
  - Private medical insurance.
- Dividends  
If income from your trade or business is received in the form of company dividends or distributions, we'll include this amount as earnings under this policy as long as they are paid:
  - directly to you instead of/as well as regular wages or salary in the 12 months immediately before **incapacity**;  
or
  - to your spouse or civil partner and they:
    - a. do not contribute to the profit of the business

# Definitions

- b. would no longer receive such income as a result of your **incapacity**, or
- c. do not have separate income protection for themselves on their share of the dividends; or
- from the net trading profit of the business and not retained profit and are consistent with the level of regular wages or salary that the paying company's trading position reasonably allows on a continuing basis.

You must be an employed director of, and play an active role in, the private limited company that pays the dividends.

- Self-employed earnings  
The income from your business before income tax, in the 12 months immediately before **incapacity**, less any allowable expenses against income tax. This means your share of pre-tax profits from your insured **occupation** after trading expenses.

## End date

The date on which entitlement to benefits under this policy end. This is shown in your **policy schedule**.

## Incapacity

The inability, caused by illness or injury, to perform the **duties**, of each and every **occupation** you've been following in the 12 months before that illness or injury.

Or if you are on the first 52 weeks of maternity, parental or adoption leave; the inability, caused by illness or injury, to perform the **duties** of the last **occupation** you followed.

## Medical practitioner

A medical practitioner on the List of Registered Medical Practitioners with the UK General Medical Council, or in the case of benefit paid for temporary overseas residence, the equivalent body in the relevant country.

## Occupation

Work undertaken for profit, pay or reward for at least 16 hours a week.

## Personal circumstances

These can include your age, smoker status (both previous and current), **occupation**, health and lifestyle.

## Policy conditions

This document. It forms our contract of insurance with you.

The application (that you made and we accepted) and the **policy schedule** also form part of the contract and must be read together with these **policy conditions**.

## Policy schedule

This will show the specific detail of your policy, such as whom it covers, the benefit amount, how much it will cost and any optional benefits and additional benefits included. The **policy schedule** also includes any subsequent amendments to your policy, which we confirm to you in writing.

## Policy term

This relates to the period your policy is in force, from the **start date** until the **end date**.

## Related

Any illness or condition you had symptoms of, sought advice for, received treatment for, or were aware of, that directly or indirectly contributed towards your absence from work during any previous **claim period**.

## Standard terms

The premium and benefits we quote before the underwriting process is completed. If the premium and benefits for your policy are the same after the underwriting process, you will be on **standard terms**. If, following our underwriting process, we can only offer cover with a higher premium than first quoted, or with certain benefits excluded, or both, this would not be **standard terms**. We will have told you whether you were accepted on **standard terms** when confirming our decision on your application.

## Start date

The date on which cover under this policy starts. It's shown in the **policy schedule**.

# Definitions for global treatment only

In addition to the main definitions in these **policy conditions**, the following definitions apply only in relation to the global treatment option:

## Alternative medicine

Includes medical and health care systems, practices and products that are not presently considered to be part of conventional medicine or the standard treatments including but not limited to acupuncture, aromatherapy, chiropractic medicine, homeopathic medicine, naturopathic medicine and osteopathic medicine.

## Consultant

An **attending consultant** that has a specialised qualification in the field of, or expertise in the treatment of, the disease or illness.

## Cosmetic surgery

Procedures enhancing, reducing, lifting or removing a part of the body performed to improve and correct a structural defect. This includes removal of scars, birthmarks or normal evidence of ageing.

## Expenses

Means the medical, **medication**, travel, accommodation and miscellaneous **expenses** we cover under this global treatment option.

## Experimental treatment

A treatment, procedure, course of treatment, equipment, medicine or pharmaceutical product, intended for medical or surgical use, which has not been universally accepted as safe, effective and appropriate for the treatment of illnesses or injuries by the various scientific organisations recognised by the international medical community, or which is undergoing study, research, testing or is at any stage of clinical experimentation.

## Further

Further Underwriting International SLU. It is a company specialised in the development of both insurance products and the management of overseas treatment for serious medical conditions. Further Underwriting International SLU at Paseo de Recoletos 12, 28001 Madrid, Spain, registered in the Mercantile Registry in Madrid under hoja m-327635, tomo 18794, folio 76 and tax number (CIF) ESB83644484.

## Medically necessary

Health care services and supplies which are:

- necessary to meet your, or your **child's** basic health needs; and
- rendered in the most medically appropriate manner and type of setting appropriate for the delivery of the health service, taking into account both cost and quality of care; and
- consistent in type, frequency and duration of treatment with scientifically based guidelines of medical, research or health care coverage organisations or governmental agencies that are accepted by **Further**; and
- consistent with the diagnosis of the condition or illness; and
- required for reasons other than the convenience of you, your **child** or **consultant**; and
- demonstrated through prevailing pre-reviewed medical literature to be either:
  - effective for treating or diagnosing the condition or illness for which its use is proposed; or
  - efficient for treating a life threatening condition or illness in a clinically controlled research setting.

## Medical procedure

A medical procedure which we cover in this global treatment option.

## Medication

Any single substance or combination of substances, which may be used or administered to you or your **child** with a view to restoring, correcting or modifying physiological functions.

## Preliminary medical certificate

Written approval relating to a claim issued by **Further** and/or us prior to any treatment, services, supplies or prescriptions being performed. The **preliminary medical certificate** will include confirmation of your global treatment benefit and the hospital outside of the **territory** authorised for your, or your **child's** treatment.

# Definitions for global treatment only

## Prosthesis

A device which replaces all or part of an organ, or replaces all or part of the function of an inoperative or malfunctioning part of the body.

## Reconstructive surgery

Procedures that are intended to rebuild a structure in order to correct its loss of function where **medically necessary**, exclusively when the structure has been damaged or removed.

## Renewal date

The third anniversary of the **start date** and the end date of every following three year period.

## Resident

By resident:

- you must be in the **territory**, with a legal right to live in that jurisdiction, and
- your main home is in the **territory** and have no current intention of moving anywhere else permanently.

You need to tell us if you move outside of the UK and your main residence is in another territory. Laws in the territory you become resident in may affect your ability to continue to benefit fully from the features of your policy. We may need to change, reduce or remove any of your policy terms. We'll give you details once you've told us. You should seek your own independent advice to consider your options if you move to another territory.

## Serious illness

A serious illness which we cover in this global treatment option.

## Surgery

All operations with a diagnostic or therapeutic purpose, carried out through incision or other means of internal entry, by a **consultant** at a hospital and which normally requires the use of an operating theatre.

## Territory

England, Northern Ireland, Scotland, Wales, Jersey, Guernsey, the Isle of Man and Gibraltar.

## Travelling companion


The person you choose to accompany you or your **child** while travelling and receiving treatment overseas.



## Need this in a different format?

Please get in touch if you'd prefer these policy conditions (**AL19002**) in large font, braille, or as audio.

## How to contact us

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