

Critical Illness Plan

Policy Summary

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Critical Illness Plan

Tesco Insurance introduce the Critical Illness Plan which is provided, administered, and underwritten by Aviva Life & Pensions UK Limited.

Any references to: 'Aviva', 'we', 'us' or 'our' means Aviva Life & Pensions UK Limited unless stated otherwise.

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

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

What is the Critical Illness Plan?

Our Critical Illness Plan pays out if, during the policy term:

- you're diagnosed with a critical illness that meets our policy definition, and
- you survive for at least 10 days.

We only cover the critical illnesses we define in our policy and no others.

It doesn't pay out if you die.

You can use it to cover one person (single policy) or two people (joint policy).

The policy will only pay the full cover amount once. When we've paid a claim, the policy will end. For more information, please read the policy conditions.

This is not a savings or investment product. It only pays out on a successful claim.

Can I apply for a Critical Illness Plan?

To apply for a Critical Illness Plan you must:

1. be in the UK with a legal right to live in that jurisdiction, and
2. consider your main home as being in the UK and have no current intention of moving anywhere else permanently.

You must also be aged between 18 and 64.

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

How long does the policy last?

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

What do I need to do?

- You must answer all our application questions completely, truthfully and accurately. If you don't, we may amend or cancel your policy, we may reduce the amount of the claim, or we may not pay a claim.
- You need to tell us if any of the information you've given us changes between completing your application and us confirming when your policy will start.
- You need to pay all your premiums. If the payments stop, you will no longer be covered (and we won't return any payments already made.)
- You need to regularly review the cover you've got to make sure it meets your needs.

What types of cover can I choose?

You can choose from three types of cover:

- **Level cover** – We'll pay the cover amount as a lump sum. It will stay the same throughout the policy term.
- **Decreasing cover** – We'll pay the cover amount as a lump sum. It will decrease each month, broadly in line with a repayment loan, for example a mortgage, using a fixed interest rate.
- **Increasing cover** – We'll pay the cover amount as a lump sum. It will increase each year in line with the Consumer Prices Index (CPI), should the CPI increase, up to a maximum of 10%.
- You won't need to answer any more health and lifestyle questions when we carry out the yearly increase. You can choose not to increase your cover amount.
- If the CPI doesn't increase or you decline an increase then your cover amount will stay the same.

For more information please read the policy conditions.

Which critical illnesses do you cover?

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

In our policy conditions we've listed the full definition of the illnesses and when you can claim. The definitions use medical terms and explain in detail what is and isn't covered.

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

- **Aorta graft surgery** – for disease or trauma
- **Aplastic anaemia**
- **Bacterial meningitis**
- **Benign brain tumour** – resulting in permanent symptoms or requiring invasive surgery
- **Benign spinal cord tumour**
- **Blindness** – permanent and irreversible
- **Cancer** – excluding less advanced cases
- **Cardiac arrest** – with insertion of a cardiac defibrillator
- **Cardiomyopathy** – of specified severity
- **Coma** – with associated permanent symptoms
- **Coronary artery by-pass grafts**

- **Creutzfeldt-Jakob disease**
- **Deafness** – permanent and irreversible
- **Dementia** – of specified severity
- **Devic's disease** – with persisting clinical symptoms
- **Encephalitis**
- **Heart attack**
- **Heart valve replacement or repair**
- **Intensive care** – requiring mechanical ventilation for 10 consecutive days
- **Kidney failure** – requiring permanent dialysis
- **Liver failure**
- **Loss of hand or foot** – permanent physical severance
- **Major organ transplant** – from another donor
- **Motor neurone disease** – resulting in permanent symptoms
- **Multiple sclerosis** – where there have been symptoms
- **Multiple system atrophy**
- **Paralysis of a limb** – total and irreversible
- **Parkinson's disease** – resulting in permanent symptoms
- **Pneumonectomy** – removal of a complete lung
- **Primary pulmonary hypertension** – of specified severity
- **Progressive supranuclear palsy**
- **Pulmonary artery surgery**
- **Rheumatoid arthritis** – of specified severity
- **Severe lung disease** – of specified severity
- **Spinal stroke** – resulting in permanent symptoms
- **Stroke**
- **Structural heart surgery**
- **Systemic lupus erythematosus** – of specified severity
- **Terminal illness** – where death is expected within 12 months
- **Third degree burns** – covering at least 20% of the body's surface area or covering at least 20% of the surface area of the face or head
- **Traumatic brain injury** – resulting in permanent symptoms.

Additional critical illness benefit

Our Critical Illness Plan includes additional critical illness benefit.

If you're diagnosed with one of the following illnesses during the policy term and survive for 10 days we'll pay:

Carcinoma in situ of the breast – requiring surgery to remove the tumour	The lower of £25,000 or 25% of the cover amount
Low-grade prostate cancer – with specified treatment	
Arteriovenous malformation (AVM) of the brain – with specified treatment	The lower of £20,000 or 20% of the cover amount
Bladder removal	
Carcinoma in situ of the cervix – requiring treatment with hysterectomy	
Carcinoma in situ of the testicle – requiring surgical removal of one or both testicles	
Cerebral aneurysm – with specified treatment	
Crohn's disease – treated with intestinal resection	
Non-malignant pituitary tumour – with specified treatment	
Removal of an eyeball	
Ulcerative colitis – treated with total colectomy	

Each person covered by the policy can claim for each of these conditions once. If you claim for an additional critical illness, your policy will continue. It won't affect what we pay for any other benefit in the future.

Children's benefit

We also include a children's benefit in our critical illness cover. This benefit covers all your children (natural, step and legally adopted), including any future children. Your children need to be aged between 30 days and their 18th birthday, or their 21st birthday if they're in full time education.

If you claim for children's benefit, your policy will continue. It won't affect what we pay for any other benefit in the future.

Children's critical illness cover

If during the policy term, any of your children:

- are diagnosed with one of the critical illnesses or additional critical illnesses we cover (excluding terminal illness), and
- survive for 10 days after diagnosis,
- we'll pay you the lower amount of either:
 - £25,000, or
 - 50% of the cover amount.

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

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

For more information, please read the policy conditions.

Children's death benefit

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

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

What else is included on the policy?

Separation benefit

You can split your joint policy if you:

- separate from the other policyholder, or
- rearrange your mortgage into one name.

Your joint policy will be cancelled, and one or both of you can take out a new single policy.

At the point you split the policy, each new policy can have up to the same cover amount as your existing joint policy. You won't need to answer any extra health and lifestyle questions.

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

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

For more information, please read the policy conditions.

Premiums

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

If you've chosen increasing cover your premiums could change. They will go up each year at 1.5 times the rate of the CPI increase. If the CPI doesn't go up, your premiums won't either. The maximum your premium could increase by is 15% each year.

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

Example of increasing cover:

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

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

Their cover amount increases by 2.5%.

$$£50,000 \times 2.5\% = £1,250$$

$$£50,000 + £1,250 = £51,250$$

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

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

$$£25.00 + £0.94 = £25.94$$

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

Can I make changes to my policy?

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

For more information, please read the policy conditions.

When won't the policy pay out?

The policy won't pay out if:

- you die
- you're diagnosed with an illness which isn't defined in our policy
- your critical illness diagnosis doesn't meet the definition given in the policy conditions
- your policy ends because you haven't paid your premiums
- your policy is cancelled
- you haven't answered all the questions on the application completely, truthfully, and accurately
- you're diagnosed with a critical illness outside the policy term
- you don't survive 10 days following diagnosis.

If you have a joint policy and one of you dies, the policy will continue for the surviving life covered.

How to make a claim

Call our claims department on **0800 015 1142**. From outside the UK, the number is **+44 1603 603 277**. For our opening hours, please refer to our website **aviva.co.uk**. Calls may be monitored and will be recorded.

Calls to 0800 numbers from UK landlines and mobiles are free. Calls from outside the UK may be charged at international rates.

What about tax?

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

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

Can I change my mind?

You have 30 days to change your mind. The 30 days start from the later of:

- the date you get your policy schedule, or
- the day we confirm when your policy will start.

If you cancel within this period, we'll refund any premiums you've paid. If you don't cancel within this time your policy will continue in line with the policy conditions. You can still choose to cancel after the 30 days, but you won't get any money back.

Can I get advice?

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

How do I contact you about my policy?

You can get in touch with us:

Call us on **0800 285 1098**. From outside the UK, the number is **+44 1603 603 479**. For our opening hours, please refer to our website aviva.co.uk. Calls may be monitored and will be recorded.

Email us on directprot@aviva.com

Write to us at

Aviva
PO Box 520
Norwich
NR1 3WG

How to complain

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:

Write to us at

Aviva Customer Relations
PO Box 3182
Norwich
NR1 3XE

Phone: **0800 285 1098**. From outside the UK, the number is **+44 1603 603 479**. For our opening hours, please refer to our website aviva.co.uk. Calls may be monitored and will be recorded.

Email: directprot@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.

If your complaint relates to how the product was marketed by Tesco Insurance, please go to

<https://www.tescoinsurance.com/help/complaints/>

Solvency Financial Condition Report

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

Law

The 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

Compensation

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

Need this in a different format?

Please get in touch if you'd prefer this policy summary (**AL21007**) in large print, braille, audio or in a different colour.

How to contact us

 0800 285 1098 (+44 1603 603 479)

 Protection@Aviva.com

 MyAviva.co.uk

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