

Group Critical Illness Cover For Flexible Benefit Schemes

Guide to Cover

Extended – (13-02/19)

This guide contains key information about the Aviva flexible benefit Group Critical Illness Policy.

You should read this guide carefully and keep it in a safe place afterwards. This guide gives details of what is and is not covered by the policy. It does not give the full terms and conditions, which are contained in the policy document we issued to your employer. If you wish to see a copy, please contact your employer. Nothing in the policy confers any contractual rights on you.

Neither Aviva or your employer can give you any advice. In deciding you wish to join your employer's group scheme you are responsible for deciding if cover meets your needs, and periodically reviewing the cover to make sure it continues to meet your needs.

If you have any existing critical illness cover, we recommend you seek independent financial advice before deciding whether to cancel your existing arrangements. We also recommend you seek independent financial advice if you are unsure whether this cover is right for you. If you haven't got a financial adviser and you would like to speak to one, you can find one in your area by using www.unbiased.co.uk. An adviser may charge a fee for this service.

What is Aviva Group Critical Illness Cover?

- The Aviva Group Critical Illness cover is provided under a group critical illness policy by Aviva Life & Pensions UK Limited.
- The policy aims to provide:
 - A lump sum benefit which is payable if you, or your children:
 - are diagnosed with one of the specified medical conditions or undergo one of the listed operations and;
 - survive for at least 14 days; and
 - the medical condition or operation meets the definition in the policy conditions.
 - The amount of cover you select through your employer's flexible benefit scheme

The full list of medical conditions and operations covered is given on the next page and the full definitions are available in the 'Group Critical Illness Protection – conditions covered' booklet.

- Your employer has taken out the group policy which will be used to provide the cover. Only one policy is issued to your employer for the whole group scheme, it is not possible to divide the policy into individual policies. If you would like to see a copy, please contact your employer.
- The policy doesn't pay put on death, has no cash in value and if you leave the scheme any premiums you have paid will not be returned.

Who can be covered?

- If you are eligible for cover under your employer's flexible benefit scheme, you can select this benefit. You will not have to complete an application form but all cover (including any increases in cover) will be subject to the pre-existing conditions exclusion from the date that cover starts or you increase your cover. See 'When will the cover not pay out?' later in this document.

Children's cover

- Your children (including stepchildren and legally adopted children) are automatically covered from birth up to 18 years of age (21 if in full time education). There is no limit to the number of children who can be covered.
- The amount of benefit provided for each child will be 25% of your benefit up to a maximum of £20,000.

Which critical illnesses are covered?

- You or any children will only be covered for the medical conditions and operations detailed in your employer's policy. No other conditions or operations are covered.
- The 'Group Critical Illness Protection – conditions covered' booklet contains the full definitions for all the medical conditions and operations covered under your employer's policy.
- The conditions covered may be changed in the future. If this happens you will be informed of the changes.

The complete list of conditions and operations that are covered by the policy are:

- **Alzheimer's disease** – resulting in permanent symptoms
- **aorta graft surgery** – for disease
- **aplastic anaemia** – with permanent bone marrow failure
- **bacterial meningitis** – resulting in permanent symptoms
- **benign brain tumour** – resulting in permanent symptoms or removed via craniotomy
- **benign spinal cord tumour**
- **blindness** – permanent and irreversible
- **cancer** – excluding less advanced cases
- **cancer** – second and subsequent
- **cardiac arrest**
- **cardiomyopathy** – of specified severity
- **coma** – with associated permanent symptoms
- **coronary angioplasty** – to two or more coronary arteries
- **coronary artery by-pass grafts** – with surgery to divide the breastbone
- **Creutzfeldt-Jakob disease** – resulting in permanent symptoms
- **deafness** – permanent and irreversible
- **dementia** – resulting in permanent symptoms
- **encephalitis** – resulting in permanent symptoms

- **heart attack** – of specified severity
- **heart valve replacement or repair**
- **HIV infection** – caught from a blood transfusion, a physical assault or at work in an eligible occupation*
- **kidney failure** – requiring permanent dialysis
- **liver failure** – of advanced stage
- **loss of hand or foot** – permanent physical severance
- **loss of independent existence** – permanent and irreversible
- **loss of speech** – total, permanent and irreversible
- **major organ transplant**
- **motor neurone disease** – resulting in permanent symptoms
- **multiple sclerosis** – with persisting symptoms
- **open heart surgery** – with surgery to divide the breastbone
- **paralysis of limb** – total and irreversible
- **Parkinson's disease** – resulting in permanent symptoms
- **primary pulmonary arterial hypertension**
- **progressive supranuclear palsy** – resulting in permanent symptoms
- **pulmonary artery graft surgery**
- **respiratory failure** – of advanced stage
- **rheumatoid arthritis** – chronic and severe
- **stroke** – resulting in permanent symptoms
- **systemic lupus erythematosus** – with severe complications
- **terminal illness**
- **third degree burns** – covering 20% of the body's surface area or 30 % loss of surface area to the face
- **traumatic brain injury** – resulting in permanent symptoms

* The eligible occupations for HIV infection caught at work are:

- the emergency services – police, fire and ambulance
- the medical profession – including administrators, cleaners, dentists, doctors, nurses and porters
- the armed forces.

Child specific conditions

In addition to the listed conditions and operations any children covered under the policy are also covered for the following child specific conditions:

- **cerebral palsy**
- **children's intensive care benefit** – requiring mechanical ventilation for 7 days
- **cystic fibrosis**
- **hydrocephalus** – treated with the insertion of a shunt
- **loss of independent existence**
- **muscular dystrophy**
- **Spina bifida**

How much does the cover cost?

- The cost of the cover will be shown on your employer's flexible benefit system and will be based on your age, your age and the amount of cover you select. When you enter a new age band, the premium will go up. This means the same level of critical illness cover will increase in cost as you both get older.
- The cost of any cover will be deducted from your salary by your employer, who is responsible for paying us the total premium each month for all members.

When does cover start?

- You will normally be able to join the scheme during a fixed enrolment period each year or shortly after your employment starts. Your employer will be able to tell you when you can join and when your cover can start. This will always be after the date you select the benefit and cover cannot be backdated.
- You will not have to fill out an application form for cover to begin. However, all cover will be subject to a pre-existing conditions exclusion (please refer to the 'When will the cover not pay out?' section later in this document).

When does cover stop?

- The policy will stop if it is cancelled by your employer or they do not pay the premiums.
- Your cover will stop when:
 - you reach the policy expiry age shown on your employer's flexible benefit scheme
 - you leave the service of your current employer
 - you de-select this benefit as an option under your employer's flexible benefit scheme
 - your contract of employment is ended
 - you die
 - a benefit is paid in respect of a claim (see next section below)
- Cover for any children covered by the policy will stop when:
 - your cover stops
 - they reach 18 (or 21 years if in full time education)
 - your child dies
 - a benefit is paid in respect of a claim.

Can cover continue following a claim?

- Your cover will stop if you have claimed for:
 - paralysis of limb, or
 - terminal illness,even if that claim was with a previous insurer of your

employer's policy.

- If you have claimed for any other condition or operation, and you remain eligible for cover under the policy, cover will immediately start again. However, this means there is a break in cover and you will be treated as a new member. A new pre-existing conditions exclusion will be re-applied from the start of your cover.
- Cover for children will stop following the payment of a claim for them.

What is not covered?

Pre-existing conditions

We will not pay a claim for you or your child who has a critical illness or operation if that same critical illness or operation:

- was pre-existing at any time prior to the date their cover commenced under your employer's scheme and;
- has previously met the conditions for a valid claim under your employer's scheme.

In addition, if you increase your cover (or cover for your child), we will not pay the amount of any increase in lump sum benefit if you or your child has a valid claim for a critical illness or operation which was pre-existing at any time before the date of any increase in benefit. We will still consider the claim for the pre-increase amount.

A pre-existing condition is one that you or any children covered by the policy have:

- received medication, advice, treatment or diagnostic tests or experienced symptoms of the critical illness whether the critical illness was diagnosed or not:

An operation is pre-existing if you or any children covered by the policy have:

- received medical, advice, treatment or diagnostic tests for the condition that led to the operation or
- experienced symptoms of the condition that led to the operation whether the operation was known or not.

Related conditions

When deciding if a condition is pre-existing, we will not pay a claim if you or your child has a critical illness or operation that is related to:

- any critical illness or operation defined in the policy (whether covered by the policy or not) and which was pre-existing at any time prior to the date their cover commenced under your employer's scheme, and;
- a critical illness or operation that has previously met the conditions for a valid claim under the scheme.

In addition, if you increase your cover (or cover for your child), we will not pay the amount of any increase in benefit if you or your child has a valid claim for a critical illness or operation which is related to a critical illness or operation defined in the policy (whether covered by the policy or not) at any time before the date of each increase. We will still consider the claim for the pre-increase amount.

Please be aware that for this policy the following critical illnesses and operations are related:

- Aorta graft surgery
- Cardiac arrest
- Cardiomyopathy
- Coronary angioplasty
- Coronary artery by-pass graft
- Heart attack
- Heart transplant
- Heart valve replacement or repair
- Primary pulmonary arterial hypertension
- Open heart surgery
- Pulmonary artery graft surgery
- Stroke

For example, if you or your child experienced kidney failure before their cover started, we would not pay a claim if they have a kidney transplant in the future.

Also, if you or your child had a benefit paid for a heart attack, we would not pay a claim if they suffered a stroke in the future.

Associated conditions

We will not pay a lump sum benefit for you or your child who has a critical illness or operation if they had an associated condition at any time prior to:

- the date their cover commenced under your employer's scheme; and
- the most recent date (prior to the current claim) that they met the conditions for a valid claim for a critical illness or operation under your employer's scheme.

In addition, if you increase your cover (or cover for your child), we will not pay the amount of any increase in lump sum benefit if you or your child has a valid claim for critical illness or operation but had an associated condition at any time prior to the date of each increase.

We will still consider the claim for the pre-increase amount.

This exclusion will apply indefinitely in respect of claims for:

- loss of independent existence – permanent and irreversible; and
- paralysis of limb – total and irreversible.

For all other critical illnesses and operations, the exclusion will no longer apply if you or your child does not have a valid claim for that critical illness or operation within the first two years of the date they joined your employer's scheme.

For increases in benefit the exclusion will no longer apply to the increase in cover if you or your child does not have a valid claim for that critical illness or operation within the first two years of the date of each increase.

For example, if you or your child experienced reduced hearing or vision after their cover started but before an increase to their benefit and they make a claim within two years of the increase for a brain tumour, we will cap benefit at the pre-increase level of benefit if the symptoms of reduced hearing are considered to be an associated condition.

Exclusion for children

We will not pay a lump sum benefit for a child if symptoms first arose, the underlying condition was first diagnosed, or you or your spouse/partner received counselling or medical advice in relation to the condition:

- before you joined your employer's scheme; and
- before your legal adoption or legal guardianship of the child; and
- if the critical illness or operation was brought about by intentional harm inflicted on the child by you or your spouse/partner.

Terminal illness

We will not pay a lump sum benefit for terminal illness if you or your child died before you notified us of a claim.

Self-inflicted injury

We will not pay a claim if the critical illness or operation is a direct or indirect result of a self-inflicted injury.

Can I change the cover?

- You may change your cover during the annual enrolment period or after a 'lifestyle event'. The lifestyle events have been agreed between Aviva and your employer. Typically, events such as marriage and birth of a child are included.
- Your employer will be able to tell you the full list of any lifestyle events applicable to their scheme.

Further information

How to make a claim

- Claims should be submitted within 3 months of first diagnosis or undergoing surgery or as soon as reasonably practicable.
- If we are not notified of a claim within three months we will not pay the lump sum benefit where any evidence required is no longer available due to the lapse of time. Where we are not notified within 3 months of first diagnosis the lump sum benefit will only be payable at our discretion.
- You can submit a claim by calling us on **0800 015 7523** or emailing us at groupclaim@aviva.com. We will then send you any relevant claim forms.

Calls to and from Aviva may be monitored and/or recorded.

What we might need to assess a claim.

Once we have received the information we require:

- We will assess the claim to see if the medical evidence confirms that you or your child has suffered a critical illness or undergone one of the operations that the policy covers.
- If we need more medical information, we will ask for it. If we ask for any other medical information that comes from the UK (for example a medical report), we will pay for it. In some circumstances we may ask for an independent medical examination.

We cannot pay a claim if we are not able to get the information that we need to assess the claim.

How a claim is paid

- We will pay all lump sum payments, directly to you (even if the claim is for your (or your child) provided it is to a UK bank account.
- All payments will be in pounds sterling.

How to complain

- If you have a query or complaint about anything other than a claim you should speak to your employer (the policyholder) who will contact us.
- If you are complaining about the decision we have made on a claim, we will consider any new evidence submitted by you or your employer. Any evidence should support the contention that you or your child has been diagnosed with one of the specified medical conditions or undergone one of the listed operations and that the other terms and conditions of the policy are met.

Our contact details are:

Group Protection Complaints
PO Box 3240
Norwich
Norfolk
NR1 3ZF

Telephone: 0800 404 9541.

Email: grcomp@aviva.com

Lines are open from 8:30am to 5:00pm, Monday to Friday. Calls to and from Aviva may be monitored and/or recorded.

- Any appeal by you or your employer must be made as soon as reasonably practicable following notification by us of a claim being rejected.
- If you are not happy with the way we've dealt with your complaint, or if we have not replied within eight weeks, you may be able to take your case to the Financial Ombudsman service for them to investigate. The Financial Ombudsman Service can look at most complaints and is free to use. You do not have to accept their decision and will still have the right to take legal action.

Their contact details are:

The Financial Ombudsman Service
Exchange Tower, Harbour Exchange Square, London
E14 9SR

Telephone **0800 023 4567** or **0300 123 9123**.

Email complaint.info@financial-ombudsman.org.uk

Please be aware that the Financial Ombudsman Service will only be able to consider your complaint if you have given us the opportunity to resolve it.

Law and language

- The cover is governed by the law of England and Wales. All communications will be in English.

Compensation

- We are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that we cannot meet our obligations, you may be entitled to compensation from the Financial Services Compensation Scheme (FSCS). This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer the policy to another insurer, provide a new policy or where appropriate, provide compensation.
- For more information on this scheme, please visit:
www.fscs.org.uk
or call 0800 678 1100 or 0207 417 4100.

Taxation of premiums and benefit

- Any premiums paid by your employer will be treated by HM Revenue and Customs as a benefit in kind, so will be added to your taxable income.
- Under current HM Revenue & Customs practice benefit under a Aviva Group Critical Illness policy is payable free of tax.
- HM Revenue & Customs rules regarding the taxation of benefits and premiums may change in the future and are based on individual circumstances.

Paper, braille large font and audio material

Our literature is available free of charge on paper or in braille, large print or audio format.

Just call **08000 686 800** or email groupprotection@aviva.com and tell us;

- the format you want
- your name and address
- the name or document code of this document.
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The document code is in the bottom left hand corner of this page.

For our joint protection, telephone calls may be recorded and /or monitored and will be saved for a minimum of five years.

Calls to 0800 numbers from UK landlines and mobiles are free.