



Group Critical Illness Cover for Flexible Benefit Schemes

Guide to Cover

Reference GR05100 - 12/22 - Extended & Spouse/Partner



Important notes

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 read your employer's group scheme. you are responsible for deciding if the 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 financial advice before deciding whether to cancel your existing arrangements. We also recommend you seek 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.
- Cover will only be provided if you elect to join your employer's policy and pay the premiums.
- The policy aims to provide:
 - A lump sum benefit which is payable if you, your spouse/partner 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. No other conditions or operations are covered.
 - The amount of cover you select through your employer's flexible benefit scheme.

The full list of medical conditions and operations covered is given in this booklet and the full definitions are available in the 'Group Critical Illness Protection – conditions covered' booklet available from your employer.

- 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 out 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, related and associated conditions exclusions from the date that cover starts, or you increase your cover. See 'What is not covered?' 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.

Spouse/Partner cover

- You can also select a benefit for your spouse/partner. You can only select cover for your spouse/partner if you also select the cover for yourself and their benefit cannot be higher than your benefit.
- They will not have to complete an application form but all cover (including any increases in cover) will be subject to the pre-existing, related and associated conditions exclusions from the date that cover starts, or any increase in cover. See 'What is not covered?' later in this document.

Which critical illnesses are covered?

- You, your spouse/partner 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 spouse/partner's age and the amount of cover you select. When you and/or your spouse/partner 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, related and associated conditions exclusions (please refer to the 'What is not covered?' 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 stop paying the premium
 - 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 certain conditions (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.
- Cover for your spouse/partner will stop when:
 - your cover stops
 - they reach the policy expiry age shown on your employer's flexible benefit scheme
 - they die
 - 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,
 - loss of independent existence, 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, a new pre-existing and related conditions exclusion will apply to your continuing cover.
- Cover for children and your spouse/partner will stop following the payment of a claim for them.

What is not covered?

Pre-existing conditions

We apply a pre-existing condition exclusion to all benefits under the policy. This means we will not pay a claim for any insured condition or operation if it:

- was pre-existing at any time prior to the date the cover started, or;
- has previously met the conditions for a valid claim.

A new pre-existing condition exclusion will also apply if the cover provided by the policy is increased. This means we will not pay the amount of any increase in lump sum benefit for 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, your spouse/partner or any children covered by the policy have:

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

An operation is pre-existing if you, your spouse/partner 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 need for the operation was known or not.

Related conditions

We will not pay a lump sum benefit for you, your spouse/partner or any children covered by the policy who has a critical illness or operation that is related to any critical illness or operation:

- which was pre-existing at any time prior to the date their cover commenced under the scheme, and
- that has previously met the conditions for a valid claim.

Critical illnesses and operations are related if it is recognised by a reasonable specialist medical opinion, that one is a result of the other or if each is a result of the same disease, illness or injury.

For example, if you, your spouse/partner 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.

Please be aware that for this policy the following critical illnesses and operations are always regarded as 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

So, if you, your spouse/partner 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.

Related conditions will also apply if the cover provided by the policy is increased. This means we will not pay the amount of any increase in lump sum benefit for a valid claim for a critical illness or operation which is related to a critical illness or operation defined in the policy that was pre-existing at any time before the date of each increase. We will still consider the claim for the pre-increase amount.

Associated conditions

We will not pay a lump sum benefit for anyone covered under the policy, who has a critical illness or operation if they had an associated condition at any time prior to the date their cover commenced under the policy.

An associated condition is any symptom, condition, illness, injury, disease, or treatment which is either:

- recognised by a reasonable specialist medical opinion to be related to the occurrence of a critical illness or operation, or
- is listed in the “associated conditions” section in the “Group Critical Illness Protection – Conditions Covered” booklet.

Associated conditions will also apply if the cover provided by the policy is increased. This means we will not pay the amount of any increase in lump sum benefit for a valid claim for critical illness or operation if the person the claim was for 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, your spouse/partner or your child does not have a valid claim for that critical illness or operation within the first two years of the date cover started.

For increases in benefit the exclusion will no longer apply to the increase in cover if you, your spouse/partner 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 were diagnosed with diabetes mellitus after your cover started, but before an increase in your benefit and subsequently made a claim within two years of the increase for a stroke, we would cap the benefit at the pre-increase level if the diabetes was found to be an associated condition of the stroke.

Full details of the associated conditions exclusion are available in the “Group Critical Illness Protection – Conditions Covered” booklet.

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

Exclusion for Spouse/partner

Spouse/partners are not covered for:

- children’s benefit.

Terminal illness

We will not pay a lump sum benefit for terminal illness if you, your spouse/partner or your child die before we are notified 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 allowed under 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, your spouse/partner 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 spouse/partner or 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, your spouse/partner 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:
Website: **www.fscs.org.uk** or
Telephone: **0800 678 1100** or **0207 417 4100**

Taxation of premiums and benefit

- Any premiums paid on your behalf 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, any benefit paid under an 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.

Solvency and 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 at **www.aviva.com/investors/regulatory-returns/**

Data protection

Aviva Life and Pensions UK Limited is the data controller responsible for processing any personal information your employer provides us.

At Aviva we take data protection and Data privacy very seriously.

Details of our full Privacy Policy is available at www.aviva.co.uk/services/about-our-business/products-and-services/privacy-policy or you can request a copy by contacting us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD.


If you have any questions about how we use personal information, please contact our Data Protection Officer by writing to them at Data Protection Officer, Aviva, Level 4, Pitheavlis, Perth, PH2 0NH.



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How to contact us

 0800 051 3472

 group.protection@aviva.co.uk

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