

For use with employees

Group Critical Illness Insurance For Flexible Benefit Schemes

Guide to cover - Extended, Spouse

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 AVIVA

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This guide contains key information about the Aviva Group Critical Illness Cover for Flexible Benefit Schemes.

Things you need to consider

Before you decide to take out this cover and join your employer's scheme, you should read this guide carefully and keep it in a safe place afterwards. This guide gives details of what's covered, and what isn't covered by the policy. It doesn't give the full terms and conditions, these are in the policy document held by your employer. If you would like to see a copy, please contact your employer.

Neither Aviva or your employer can give you any advice about joining this scheme. If you decide to join your employer's group scheme, you should make sure the cover meets your needs and regularly review 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 or not to cancel your existing arrangements. If you're unsure about whether critical illness cover is right for you, we also recommend that you seek financial advice. If you haven't got a financial adviser at the moment and you would like to speak to one, you can find one in your area by using unbiased.co.uk. An adviser may charge for their services.

What's Aviva Group Critical Illness Cover?

- The policy aims to provide:
 - An amount of cover, payable as a lump sum, that you select through your employer's flexible benefit scheme.
 - The lump sum benefit is payable if you, your spouse/partner or any children covered by the policy are diagnosed with one of the specified medical conditions or undergo one of the listed operations and;
 - the medical condition or operation meets the definition in the policy conditions. No other conditions or operations are covered. The full definitions that need to be met to make a claim are listed on [pages 13-27](#).
 - survive for at least 14 days.
- The Group Critical Illness cover is provided by a Group Critical Illness policy from Aviva Life & Pensions UK Limited.
- Only one policy is issued to your employer (the policyholder) for the whole group scheme, we don't send individual policies. If you'd like to see a copy of the policy documents please contact your employer. Nothing in the policy gives you any contractual rights.
- The policy doesn't pay out on death and has no cash-in value. If you leave the scheme any premiums you have paid won't be returned.
- Cover will only be provided if you choose to join your employer's scheme and pay the premiums.



Your questions answered

Who can be covered?

- If you're eligible for cover under your employer's flexible benefit scheme, you can select this benefit. You won't have to complete an application form but we won't pay a lump sum benefit if you, your spouse/partner or any children covered by the policy had a pre-existing, related or associated condition prior to the date your cover started or before any increases in your cover. If you have any questions about eligibility for this benefit, please contact your employer. See **What's not covered?** later in this document.

Children's cover

- Your children (including stepchildren and legally adopted children) are automatically covered from birth up to age 18 (23 if in full time education). There's no limit to the number of children who can be covered.
- The amount of benefit provided for each child will be 25% of your lump sum benefit, up to a maximum of £25,000. For example, if you choose £50,000 of cover, your children will be covered for £12,500 each.

Spouse/Partner cover

- You can also select a lump sum 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.
- Your spouse/partner won't have to complete an application form but we won't pay a lump sum benefit if your spouse/partner had a pre-existing, related or associated condition prior to the date their cover started or before any increases in their cover. See **What's not covered?** later in this document.

Which critical illnesses are covered?

- You, your spouse/partner or any children covered by the policy, will only be covered for the medical conditions and operations detailed in your employer's policy. No other conditions or operations are covered.
- The full definitions of the conditions covered (including the child specific conditions are shown [here](#)).
- The conditions covered may be changed in the future. If this happens we'll let you know the changes.

The conditions and operations that are covered by the policy are:

- **Alzheimer's disease** - resulting in permanent symptoms
- **Aorta graft surgery**
- **Aplastic anaemia** - with permanent bone marrow failure
- **Bacterial meningitis** - resulting in permanent symptoms or undergoing defined treatments
- **Benign brain tumour** - resulting in permanent symptoms or undergoing defined treatments
- **Benign spinal cord tumour** - resulting in permanent symptoms or undergoing defined treatments
- **Blindness** - permanent and irreversible
- **Cancer** - excluding less advanced cases
- **Cancer** - second and subsequent
- **Cardiac arrest** - with insertion of a defibrillator
- **Coma** - with associated permanent symptoms
- **Coronary angioplasty** - with specified treatment
- **Coronary artery by-pass surgery**
- **Creutzfeldt-Jakob disease (CJD)**
- **Deafness** - permanent and irreversible
- **Dementia including Alzheimer's disease** - of specified severity
- **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** - from another donor where applicable
- **Motor neurone disease** - resulting in permanent symptoms
- **Multiple sclerosis** - where there have been symptoms
- **Paralysis of limb** - total and irreversible
- **Parkinson's disease** - resulting in permanent symptoms
- **Primary cardiomyopathy** - of specified severity or undergoing defined treatment
- **Progressive supranuclear palsy** - resulting in permanent symptoms
- **Pulmonary arterial hypertension** - of specified cause and severity
- **Pulmonary artery surgery**
- **Respiratory failure** - of specified severity
- **Rheumatoid arthritis** - chronic and severe
- **Stroke or spinal cord stroke** - resulting in permanent symptoms
- **Structural heart surgery**
- **Systemic lupus erythematosus** - with severe complications
- **Terminal illness** - where death is expected within 12 months
- **Third degree burns** - of specified severity
- **Traumatic brain injury due to trauma, anoxia or hypoxia** - resulting in specified 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**
- **Down's syndrome**
- **Edwards' syndrome**
- **Hydrocephalus** - treated by surgery
- **Loss of independent existence**
- **Muscular dystrophy**
- **Osteogenesis imperfecta**
- **Patau syndrome**
- **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 and your spouse/partner's age and the amount of cover you select. This means, the same amount of cover will cost you more as you and your spouse/partner get older.
- The cost 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'll 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 will start. This will always be after the date you select the benefit and cover can't be backdated.

When will cover stop?

The policy will stop if it is cancelled by your employer or if they don't pay the premiums.

- Cover for you and your spouse/partner will stop when:
 - you or they reach the cease age
 - you leave the service of your current employer or your contract of employment is ended
 - you or they die
 - you de-select this benefit as an option under your employer's flexible benefit scheme
 - you stop paying the premium for your cover, or
 - a benefit is paid in respect of certain conditions see Can cover continue following a claim? below.
- Cover for any children covered by the policy will stop when:
 - your cover stops
 - they reach age 18 (or 23 years if in full time education)
 - your child dies, or
 - a benefit is paid in respect of certain conditions see Can cover continue following a claim? below.

Can cover continue following a claim?

- Cover for you, your spouse/partner, or any children covered by the policy, will continue following a claim unless you choose to cancel it.
- If you, your spouse/partner, or any children covered by the policy, then suffer another critical illness or undergo a further operation covered by the policy, we may pay a lump sum benefit subject to the exclusions details in the "**What's not covered?**" section later in this document.
- Cover for you, your spouse/partner, or any children covered by the policy, will stop if the claim was for:
 - total permanent disability,
 - paralysis of limb
 - loss of independent existence, or
 - terminal illness;even if that claim was with a previous insurer of your employer's policy.

Does any evidence of health have to be provided?

We don't need any medical information before the cover begins. If you need to make a claim, we'll investigate whether or not the illness or an associated illness existed before cover started, and then assess the claim.

Cover isn't provided for pre-existing conditions. See "**What's not covered?**" for further details.



Claiming benefit

In order to make a claim, you (or your spouse/partner or any children covered by the policy) must have:

- been diagnosed with a critical illness, or
- undergone one of the operations;

that's covered under this scheme, and have survived for 14 days after the date of the diagnosis or operation.

For the definitions of the critical illnesses and operations see [Critical illness and operations](#) later in this document.

For details on how to make a claim see [How to make a claim](#) later in this document.

How a claim is paid

- We'll 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.

Can I change the cover?

You should regularly review your cover to make sure it continues to meet your needs. You may not have enough cover if you don't review your choices during your enrolment period or after a qualifying "lifestyle event".

- You can change your cover during the annual enrolment period or after a lifestyle event. The enrolment period and lifestyle events have been agreed between Aviva and your employer. Typically, lifestyle events such as marriage and birth of a child are included.
- Your employer will be able to tell you when your enrolment period is and provide a full list of any lifestyle events applicable to their scheme.
- If you reduce your cover, you may not be able to easily and quickly increase your cover back to the same amount in the future, because of limits on the amount you can increase your cover during your enrolment period or after a qualifying lifestyle event.
- If you increase your cover, any increase amount will be subject to a new a new pre-existing, related and associated conditions exclusion from the date of the increase. See [What's not covered?](#) in this document.

Taxation of premiums and benefits

- 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.
- If you require any further information concerning the taxation of your benefits, we'd recommend seeking professional financial advice. A financial adviser will charge you a fee for this service.



What's not covered?

A lump sum benefit for each critical illness or operation covered by the scheme, will only be paid once in respect of you, your spouse/partner or any children covered by the policy.

The insurer who insured the scheme at the time the definition of the critical illness or operation was first met should consider the claim.

If the definition of a critical illness or operation insured by this policy has changed, any claim will be considered against the definition of the critical illness or operation at the time you, your spouse/partner or any children covered by the policy, was diagnosed or underwent the operation.

If a claim has been paid for you, your spouse/partner or your child, for a critical illness or operation, under a previous group critical illness policy, that claim will be treated by us as a first claim under this policy.

If any new critical illnesses or operations are added, the exclusions detailed in this section will apply to the new definitions from the date they were added to this policy.

Pre-existing conditions

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 medication, 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.

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

- was pre-existing at any time before the date the cover commenced under the scheme, or
- has, prior to the current claim, previously met the definition for that critical illness or operation.

A new pre-existing condition exclusion will also apply if the cover provided by the policy is increased. This means we won't 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'll still consider the claim for the pre-increase amount.

Related conditions

We won't 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 defined in [Critical illness and operations](#) later in this document, which was pre-existing at any time prior to the date their cover commenced under the scheme, or
- another critical illness or operation which at any time has previously met the definition.

Critical illnesses and operations are related if it's 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 or your child experienced kidney failure before their cover started, we wouldn't pay a claim if you or 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
- Coronary angioplasty
- Coronary artery by-pass surgery
- Heart attack
- Heart transplant
- Heart valve replacement or repair
- Primary cardiomyopathy
- Primary pulmonary arterial hypertension
- Pulmonary artery surgery
- Stroke or spinal cord stroke
- Structural heart surgery



Related conditions will also apply if the cover provided by the policy is increased. This means we won't 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'll still consider the claim for the pre-increase amount.

So, if you or your child had a benefit paid for a heart attack, we wouldn't pay a claim if you or they suffered a stroke in the future.

Associated conditions

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 of **Critical illness and operations** later in this document.

We won't 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 started under the scheme.

Associated conditions will also apply if the cover provided by the policy is increased. This means we wouldn't 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'll still consider the claim for the pre-increase amount.

This exclusion will apply indefinitely in respect of claims for:

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

For all other critical illnesses and operations, the exclusion will no longer apply if you, your spouse/partner or your child don't have a valid claim for that critical illness or operation within the first two years of joining the scheme.

For increases in benefit, the exclusion won't apply to the increase in cover if you, your spouse/partner or your child doesn't have a valid claim for that critical illness or operation within the first two years of the date of each increase.

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

Associated conditions are shown in **Critical illness and operations** later in this document.

Exclusions for children

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

- before you joined the 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.



Exclusions for Spouse/partner

Spouse/partners are not covered for:

- children's benefit.

Self-inflicted injury

We won't pay a critical illness claim if it is caused, directly or indirectly, from intentional self-inflicted injury.

Terminal illness

We won't pay a claim for terminal illness if the member or child has already died.

Alcohol or drug abuse

We won't pay a lump sum benefit if the critical illness or operation is a direct or indirect result of the inappropriate use of alcohol or drugs, including but not limited to:

- Consuming too much alcohol
- Taking an overdose of drugs, whether lawfully prescribed or otherwise
- Taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.



Claims information

How to make a claim

If you're unsure if your condition or operation meets the insured definition, you can ring our claims team on the number below, or talk to your medical professional to clarify the definition.

You can submit a claim by

 calling us on **0800 015 7523**

 emailing us at **groupciclaims@aviva.com**

Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

We will advise you what will happen next and what information we require.

- Claims should be notified to us within 3 months of first diagnosis or undergoing surgery, or as soon as reasonably practicable.
- If we're not told about a claim within 3 months, we'll not pay the lump sum benefit where any evidence required is no longer available due to the passing of time. Where we aren't told about a claim within three months of first diagnosis, any lump sum benefit will only be payable at our discretion.

In order to consider a claim we may ask for:

- a completed member's claim form. This form gives us:
 - medical information about the illness or operation
 - contact details for the doctors who are treating you, your spouse/partner or any children covered by the policy
 - the opportunity to ask for consent to contact your child's or your spouse/partner's GP and the doctors involved in their treatment and ask for medical information relevant to the claim
- Depending on who and what the claim is for, we may need to see birth or adoption certificates, marriage certificates or civil partnership agreements. If we need any more information, we'll contact the people that we need to in order to get it (provided that we have the appropriate consent to do this).

We can't pay a claim if we're not able to get the information that we need to assess the claim.

How do we assess claims?

Once we've received the information we require:

- we'll assess the claim to see if the medical evidence confirms that you, your spouse/partner or any children covered by the policy has suffered a critical illness or undergone one of the operations covered.
- if we need more medical information we'll ask for it. If we ask for any other medical information that comes from the UK (for example a medical report), we'll pay for it. In some circumstances we may ask for an independent medical examination.
- if we accept a claim we'll pay the lump sum to you. All payments will be in pounds sterling.

Can another claim be made in the future?

- If you, your spouse/partner or child has been paid a lump sum benefit and then they suffer another critical illness or undergo a further operation covered by the policy, we may pay a lump sum benefit subject to the pre-existing and associated condition exclusion.

Second and subsequent cancer

If anyone has suffered with cancer:

- before joining the scheme, or
- whilst covered;

we'll pay a lump sum if they're diagnosed with any subsequent cancer. This is subject to the conditions stated in the table of 'Critical illnesses and operations, and their associated conditions' under the section '**Cancer - Second and Subsequent**'.



- We won't pay a lump sum benefit for any critical illness or operation covered by this policy if you, your spouse/partner or any children covered by the policy, have previously received a lump sum benefit for:

- total permanent disability
- paralysis of limbs
- loss of independent existence, or
- terminal illness;

and that claim was paid even if the first payment was from a previous insurer of the policy. This would also mean we'd cancel cover for you, your spouse/partner or any children covered by the policy.

- We won't pay a lump sum benefit for:

- total permanent disability
- paralysis of limbs
- loss of independent existence, or
- terminal illness;

if you, your spouse/partner or any children covered by the policy, have previously received a lump sum benefit for any other critical illness or operation.



Critical illnesses and operations, and their associated conditions

We adhere to the Association of British Insurers (ABI) minimum standards for critical illnesses. Some of our definitions are more generous than the ABI model wording definition. The definitions that are defined by the ABI are marked with an asterisk in these tables.

The right hand column shows the associated conditions for each critical illness or operation.

There are some terms which are referred to, which have very specific meanings - these are:

Irreversible

Cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the claim.

Permanent

Expected to last throughout the member's life, irrespective of when the cover ends or the member retires.

Permanent neurological deficit with persisting clinical symptoms

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the member's life. Symptoms that are covered include:

- numbness
- hyperaesthesia (increased sensitivity)
- paralysis
- localised weakness
- dysarthria (difficulty with speech)
- aphasia (inability to speak)
- dysphagia (difficulty in swallowing)
- visual impairment
- difficulty in walking
- lack of coordination
- tremor
- seizures
- lethargy
- dementia
- delirium
- coma.

The following aren't covered:

- an abnormality seen on brain or other scans without definite related clinical symptoms
- neurological signs occurring without symptomatic abnormality, eg brisk reflexes without other symptoms
- symptoms of psychological or psychiatric origin.



Critical illness/ operation	Definition	Associated conditions
*Alzheimer's disease – resulting in permanent symptoms	<p>A definite diagnosis of Alzheimer's disease by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following:</p> <ul style="list-style-type: none"> ● remember; ● reason; and ● perceive, understand, express and give effect to ideas. <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> ● other types of dementia. 	Head injury, pure amnesia, depression, psychosis, dementia.
*Aorta graft surgery	<p>The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft.</p> <p>The term aorta includes the thoracic and abdominal aorta but not its branches.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> ● any other surgical procedure, for example the insertion of stents or endovascular repair. 	Any disease or disorder of the heart or any obstructive/occlusive arterial disease.
Aplastic anaemia – with permanent bone marrow failure	<p>A definite diagnosis of aplastic anaemia by a Consultant Haematologist. There must be permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.</p>	Polyposis Coli, papilloma of the bladder or any cancer in situ.
Bacterial meningitis – resulting in permanent symptoms	<p>A definite diagnosis of bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms.</p> <p>The diagnosis must be confirmed by a Consultant Neurologist.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> - All other forms of meningitis including viral meningitis. 	Chronic ear disease or hydrocephalus.



Critical illness/ operation	Definition	Associated conditions
*Benign brain tumour - resulting in permanent symptoms or undergoing defined treatments	<p>A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in any of the following:</p> <ul style="list-style-type: none"> • permanent neurological deficit with persisting clinical symptoms; or • undergoing invasive surgery to remove part or all of the tumour; or • undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells. <p>For the above definition the following are not covered:</p> <ul style="list-style-type: none"> • Tumours in the pituitary gland. • Angioma. 	Neurofibromatosis (von Recklinghausen's disease), haemangioma (von Hippel- Lindau's syndrome).
Benign spinal cord tumour - resulting in permanent symptoms or undergoing defined treatments	<p>A non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, resulting in either of the following:</p> <ul style="list-style-type: none"> • Permanent neurological deficit with persisting clinical symptoms; or • Undergoing invasive surgery to remove part or all of the tumour; or • Undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells. <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> • granulomas, haematomas, abscesses, disc protrusions and osteophytes. 	Neurofibromatosis, meningocele, and syringomyelia.
*Blindness - permanent and irreversible	<p>Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 20 degrees or less of an arc, as certified by an ophthalmologist.</p>	Stroke or transient ischaemic attack.



Critical illness/ operation	Definition	Associated conditions
<p>*Cancer – excluding less advanced cases</p>	<p>Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes:</p> <ul style="list-style-type: none"> • leukaemia • sarcoma, and lymphoma except those that arise from or are confined to the skin (including cutaneous lymphomas and sarcomas). • pseudomyxoma peritonei • merkel cell cancer <p>For this definition of cancer, the following are not covered:</p> <ul style="list-style-type: none"> • All cancers which are histologically classified as any of the following: <ul style="list-style-type: none"> - non-invasive; - pre-malignant; - cancer in situ; - having borderline malignancy; or - having low malignant potential; • All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate). • Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above. • Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above. • All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0. • Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin). • Any non-melanoma cancer that arises from or is confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas) unless it has spread to lymph nodes or distant organs. • All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0. 	<p>Polyposis Coli, papilloma of the bladder or any cancer in situ.</p>



Critical illness/ operation	Definition	Associated conditions
Cancer - Second and subsequent	<p>For this benefit to be payable the following conditions must be met:</p> <ul style="list-style-type: none"> • The member has previously had a cancer that met the “Cancer - excluding less advanced cases” definition above, whether a claim was paid or not; and • The new cancer meets the definition of cancer - excluding less advanced cases (above), and • The new cancer was not pre-existing prior to the member joining the scheme or during the 120 days following the date they joined the scheme, and • the member has been treatment free for a period of 5 years from the date of the most recent diagnosis of cancer, and • there is no evidence, confirmed by appropriate up-to date investigations and tests, of any continuing presence, recurrence or spread of the previous cancer, and • the new cancer: <ul style="list-style-type: none"> - affects an organ that is physically and anatomically separate to any previous cancer, and - is not a secondary cancer or histologically related to any previous cancer; or - for haematological cancers, the new cancer is categorised or divided according to defined cell characteristics in a distinctly different manner to any previous cancer. <p>Treatment includes chemotherapy, radiotherapy, monoclonal antibody therapy, immunotherapy and invasive or non-invasive surgery, but does not include long term maintenance hormone treatment.</p> <p>In addition, we will not pay the amount of any increase in lump sum benefit if prior to the date of the increase:</p> <ul style="list-style-type: none"> - There was an associated condition relating to the new cancer, or - The new cancer was pre-existing. <p>We will still consider the claim for the pre-increase amount.</p>	



Critical illness/ operation	Definition	Associated conditions
Cardiac Arrest - with the insertion of a defibrillator	<p>Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:</p> <ul style="list-style-type: none"> • Implantable Cardioverter-Defibrillator (ICD); or • Cardiac Resynchronization Therapy with Defibrillator (CRT-D) 	Coronary artery disease, heart failure and cardiomyopathy, left ventricular hypertrophy, hyperlipidaemia, myocarditis, hypertrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy, Brugada syndrome, idiopathic VF (also called primary electrical disease), congenital or acquired long QT syndrome, familial SCD of uncertain cause, Wolff-Parkinson-White syndrome.
*Coma - with associated permanent symptoms	<p>A state of unconsciousness with no reaction to external stimuli or internal needs which:</p> <ul style="list-style-type: none"> • requires the use of life support systems for a continuous period of at least 96 hours; and • results in permanent neurological deficit with persisting clinical symptoms. <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> • medically induced coma. 	
Coronary angioplasty - with specified treatment	<p>Percutaneous coronary intervention (PCI) to correct narrowing or blockages of the left main stem artery, or two or more main coronary arteries. Multiple vessels must be treated at the same time or as part of a planned stage procedure within 60 days of the first PCI.</p> <p>The main coronary arteries for this purpose are defined as right coronary artery, left anterior descending artery, circumflex artery, or their branches.</p> <p>PCI is defined as any therapeutic intra-arterial catheter procedure including balloon angioplasty and/or stenting.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> • diagnostic angioplasty • two angioplasty procedures to a single main artery or branches of the same artery. 	Any disease or disorder of the heart, diabetes mellitus, any obstructive/occlusive arterial disease or hyperlipidaemia.
*Coronary artery by-pass surgery	The undergoing of surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.	Any disease or disorder of the heart, diabetes mellitus, any obstructive/occlusive arterial disease or hyperlipidaemia.
Creutzfeldt-Jakob disease (CJD)	A definite diagnosis of Creutzfeldt-Jakob disease by a Consultant Neurologist.	Organic brain disease, disease of the central nervous system, Parkinson's disease, depression, epilepsy, dementia, amnesic memory disorder, aphasia, psychosis.



Critical illness/ operation	Definition	Associated conditions
*Deafness – permanent and irreversible	Permanent and irreversible loss of hearing to the extent that the quietest sound that can be heard in the better ear is 70 decibels across all frequencies using a pure tone audiogram.	Acoustic nerve tumour, neurofibromatosis (von Recklinghausen’s disease).
*Dementia – including Alzheimer’s disease of specified severity	A definite diagnosis of Dementia, including Alzheimer’s disease, by a Consultant Geriatrician, Neurologist, Neuropsychologist or Psychiatrist supported by evidence including neuropsychometric testing. There must be permanent cognitive dysfunction with progressive deterioration in the ability to do all of the following: <ul style="list-style-type: none"> • remember • reason and • perceive, understand, express and give effect to ideas For the above definition, the following is not covered: <ul style="list-style-type: none"> - Mild Cognitive Impairment (MCI). 	Stroke, cerebrovascular disease, organic brain disease, brain tumours, disease of the central nervous system, hydrocephalus, Alzheimer’s disease, Creutzfeldt-Jakob disease, Parkinson’s disease, depression, epilepsy, pure amnesia, aphasia, psychosis.
Encephalitis – resulting in permanent symptoms	A definite diagnosis of encephalitis by a Consultant Neurologist. There must be permanent neurological deficit with persisting clinical symptoms.	
*Heart attack – of specified severity	A definite diagnosis of acute myocardial infarction with death of heart muscle as evidenced by all of the following: <ul style="list-style-type: none"> • Typical clinical symptoms (for example, characteristic chest pain). • New characteristic electrocardiographic changes or new diagnostic imaging changes. • The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher: <ul style="list-style-type: none"> - Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L) - Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L) The evidence must show a definite acute myocardial infarction. For the above definition, the following are not covered: <ul style="list-style-type: none"> • Myocardial injury without infarction. • Angina without myocardial infarction. 	Any disease or disorder of the heart, diabetes mellitus, hypertension, hyperlipidaemia or any obstructive/occlusive arterial disease.
*Heart valve replacement or repair	The undergoing of surgery including balloon valvuloplasty on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.	Any disease or disorder of the heart, or any obstructive/occlusive arterial disease.



Critical illness/ operation	Definition	Associated conditions
<p>HIV infection – caught from a blood transfusion, a physical assault or at work in an eligible occupation</p>	<p>Infection by Human Immunodeficiency Virus resulting from:</p> <ul style="list-style-type: none"> • a blood transfusion given as part of medical treatment; • a physical assault; or • an incident occurring during the course of performing normal duties of employment from the eligible occupations listed below; <ul style="list-style-type: none"> - ambulance workers - chiropodists - dental nurses - dental surgeons - district nurses - fire brigade firefighters - general practitioners - hospital caterers - hospital cleaners - hospital doctors, surgeons and consultants - hospital laboratory technicians - hospital laundry workers - hospital nurses - hospital porters - midwives - nurses employed by general practitioners - occupational therapists - paramedics - physiotherapists - podiatrists - policemen and policewomen - prison officers - radiologists - refuse collectors - social workers <p>after the start of the policy and satisfying all of the following:</p> <ul style="list-style-type: none"> • the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures • where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident • there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> • HIV infection resulting from any other means, including sexual activity or drug abuse. 	



Critical illness/ operation	Definition	Associated conditions
*Kidney failure - requiring permanent dialysis	Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.	Familial polycystic kidney disease, diabetes mellitus or any chronic renal disease or disorder.
Liver failure - of advanced stage	Liver failure due to cirrhosis and resulting in: <ul style="list-style-type: none"> • permanent jaundice • ascites, and • encephalopathy 	Chronic liver disease, including but not limited to hepatitis B & C, primary sclerosing cholangitis, and portal hypertension.
*Loss of hand or foot - permanent physical severance	Permanent physical severance of hand or foot at or above the wrist or ankle joint.	Diabetes mellitus, peripheral vascular disease, bone and soft tissue cancer.
Loss of independent existence - permanent and irreversible	<p>The total and permanent loss of the ability to perform routinely at least three of the six activities of daily living without the continual assistance of someone else, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.</p> <p>The activities of daily living we assess against are listed below.</p> <p>Activities of daily living:</p> <ol style="list-style-type: none"> 1. Washing - being able to wash and bathe unaided, including getting into and out of the bath or shower. 2. Dressing - being able to put on, take off, secure and unfasten all necessary items of clothing. 3. Feeding - being able to eat pre-prepared foods unaided. 4. Continence - being able to control bowel or bladder functions, whether with or without the use of protective undergarments and surgical appliances. 5. Moving - being able to move from one room to another on level surfaces. 6. Transferring - being able to get on and off the toilet, in and out of bed and move from a bed to an upright chair 	Multiple sclerosis, muscular dystrophy, motor neurone disease, or any disease or disorder of the brain, spinal cord or column.
*Loss of speech - permanent and irreversible	Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.	Stroke, transient ischaemic attack, motor neurone disease, brain or throat tumour, laryngeal polyps.



Critical illness/ operation	Definition	Associated conditions
*Major organ transplant - from another donor where applicable	<p>The undergoing as a recipient a transplant of:</p> <ul style="list-style-type: none"> • bone marrow, or • haematopoietic stem cells preceded by total bone marrow ablation, or • a complete heart, kidney, liver, lung, or pancreas from another donor, or • a whole lobe of the lung or liver from another donor, or • inclusion on an official UK waiting list for such a procedure. <p>The following are not covered:</p> <ul style="list-style-type: none"> • transplant of any other organs, parts of organs, tissues or cells. 	Cardiomyopathy, coronary artery disease, cardiac failure, chronic liver disease, chronic pancreatitis, pulmonary hypertension, cystic fibrosis, chronic lung disease or chronic kidney disease.
*Motor neurone disease - resulting in permanent symptoms	<p>A definite diagnosis of one of the following motor neurone diseases by a Consultant Neurologist:</p> <ul style="list-style-type: none"> • Amyotrophic lateral sclerosis (ALS) • Primary lateral sclerosis (PLS) • Progressive bulbar palsy (PBP) • Progressive muscular atrophy (PMA). <p>There must also be permanent clinical impairment of motor function.</p>	Progressive muscular atrophy, primary lateral sclerosis, progressive bulbar palsy.
*Multiple sclerosis - where there have been symptoms	A definite diagnosis of multiple sclerosis by a Consultant Neurologist. There must have been clinical impairment of motor or sensory function caused by multiple sclerosis.	Any form of neuropathy, encephalopathy or myelopathy (disorders or functions of the nerves) including but not restricted to the following: abnormal sensation (numbness) of the extremities, trunk or face/weakness or clumsiness of a limb/double vision/partial blindness/ocular palsy/vertigo (dizziness)/ difficulty of bladder control/optic neuritis/ spinal cord lesion/abnormal MRI scan.
*Paralysis of limbs - total and irreversible	Total and irreversible loss of muscle function to the whole of any limb.	Multiple sclerosis, muscular dystrophy, motor neurone disease or any disease or disorder of the brain, spinal cord or column.
*Parkinson's disease - resulting in permanent symptoms	<p>A definite diagnosis of Parkinson's disease by a Consultant Neurologist or Consultant Geriatrician.</p> <p>There must be permanent clinical impairment of motor function with associated tremor and muscle rigidity.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> • Parkinsonian syndromes/Parkinsonism. 	Treatment with dopamine antagonist, tremor, extra pyramidal disease.



Critical illness/ operation	Definition	Associated conditions
Primary cardiomyopathy – of specified severity or undergoing a defined treatment	<p>A definite diagnosis by a Consultant Cardiologist of primary cardiomyopathy. The disease must result in at least one of the following:</p> <ul style="list-style-type: none"> • left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months by an MRI scan. • marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months. • implantation of a Cardioverter Defibrillator (ICD) on the specific advice of a Cardiologist for the prevention of sudden cardiac death. <p>The following are not covered:</p> <ul style="list-style-type: none"> • any secondary cardiomyopathy • all other forms of heart disease, heart enlargement and myocarditis. 	Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial disease.
Progressive supranuclear palsy – resulting in permanent symptoms	<p>A definite diagnosis of progressive supranuclear palsy by a Consultant Neurologist. There must be permanent clinical impairment of eye movements and motor function.</p>	Organic brain disease, disease of the central nervous system, Parkinson's disease, treatment with dopamine antagonist, tremor, extra pyramidal disease, depression, epilepsy, dementia, amnesic memory disorder, aphasia, psychosis.
Pulmonary arterial hypertension – of specified cause and severity	<p>A definite diagnosis of one of the following by a Consultant Cardiologist or Consultant Respiratory Physician of either:</p> <ul style="list-style-type: none"> • idiopathic pulmonary arterial hypertension • chronic thrombo-embolic pulmonary hypertension <p>There must be all of the following:</p> <ul style="list-style-type: none"> • a systolic pulmonary arterial pressure (PAP) of greater than 50mmHg (mm of mercury) for more than a year • permanent and irreversible right ventricular dilatation and hypertrophy on echocardiogram and electrocardiogram(ECG). 	Any disease or disorder of the heart, diabetes mellitus or any obstructive/occlusive arterial disease.
Pulmonary artery surgery	<p>The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) or thoracotomy on the advice of a Consultant Cardiologist for one of the following procedures:</p> <ul style="list-style-type: none"> • Pulmonary artery surgery to excise and replace the diseased pulmonary artery with a graft. • Pulmonary endarterectomy. 	Pulmonary valve stenosis, pulmonary atresia, truncus arteriosus, Fallot's tetralogy, patent ductus arteriosus.



Critical illness/ operation	Definition	Associated conditions
Respiratory failure – of specified severity	<p>Confirmation by a Consultant Physician of severe lung disease with permanent impairment of lung function resulting in all of the following:</p> <ul style="list-style-type: none"> • the need for daily oxygen therapy for a minimum of 15 hours per day for at least six months • forced expiratory volume at one second (FEV1) below 50% of normal • forced vital capacity (FVC) below 50% of normal. 	Any disease or disorder of the respiratory system including the lungs, bronchi and trachea.
Rheumatoid arthritis – chronic and severe	<p>A definite diagnosis of rheumatoid arthritis by a Consultant Rheumatologist:</p> <ul style="list-style-type: none"> • there must be morning stiffness in the affected joints lasting for at least one hour • there must be arthritis of at least three joint groups, with soft tissue swelling or fluid observed by a physician • the arthritis must involve at least the: <ul style="list-style-type: none"> - wrists or ankles - hands and fingers, or - feet and toes • there must be symmetrical arthritis • there must be radiographic changes typical of rheumatoid arthritis. 	Inflammatory polyarthropathy.
*Stroke or spinal cord stroke – resulting in permanent symptoms	<p>Death of brain or spinal cord tissue due to inadequate blood supply or haemorrhage within the skull or spinal cord resulting in either:</p> <ul style="list-style-type: none"> - permanent neurological deficit with persisting clinical symptoms; or - definite evidence of death of tissue or haemorrhage on a brain or spinal cord scan; and - neurological deficit with persistent clinical symptoms lasting at least 24 hours. <p>The following are not covered:</p> <ul style="list-style-type: none"> - transient ischaemic attack - death of tissue of the optic nerve or retina/eye stroke. 	Atrial fibrillation, transient ischaemic attack, diabetes mellitus, hypertension, hyperlipidaemia, intracranial aneurysm or occlusive arterial disease.



Critical illness/ operation	Definition	Associated conditions
Structural Heart Surgery	The undergoing of heart surgery requiring median sternotomy (surgery to divide the breastbone) or thoracotomy on the advice of a Consultant Cardiologist, to correct any structural abnormality of the heart.	Any disease or disorder of the heart, diabetes mellitus, hyperlipidaemia, or any obstructive/occlusive arterial disease.
Systemic lupus erythematosus - with severe complications	A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist resulting in either of the following: <ul style="list-style-type: none"> • permanent neurological deficit with persisting clinical symptoms; or • the permanent impairment of kidney function tests as follows: <ul style="list-style-type: none"> - Glomerular Filtration Rate (GFR) below 30 ml/min. 	Hughes syndrome, rheumatoid arthritis, and Sjogren's syndrome.
Terminal illness - where death is expected within 12 months	A definite diagnosis by the attending Consultant of an illness that satisfies both of the following: <ul style="list-style-type: none"> • the illness either has no known cure or has progressed to the point where it cannot be cured; and • in the opinion of the attending Consultant, the illness is expected to lead to death within the earlier of 12 months and the member's cease age. 	Any medical condition that is listed as a critical illness condition.
*Third degree burns - of specified severity	Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20 percent of the body's surface area or 20 percent loss of surface area of the face which for the purposes of this definition includes the forehead and ears.	
*Traumatic brain injury due to trauma, anoxia or hypoxia - resulting in specified symptoms	Death of brain tissue due to traumatic injury or reduced oxygen supply (anoxia or hypoxia) resulting in permanent neurological deficit with persisting clinical symptoms.	



Childcover benefit.

Aviva will pay a benefit if a child is diagnosed with one of the conditions listed in the tables above or one of these child-specific conditions:

Critical illness/ operation	Definition	Associated conditions
Cerebral palsy	A definite diagnosis of cerebral palsy made by an attending Consultant.	
Children's intensive care benefit - requiring mechanical ventilation for 7 days	Due to sickness or injury continuous mechanical ventilation by means of tracheal intubation is required for 7 consecutive days (24 hours per day) unless it is as a result of the child being born prematurely (before 37 weeks).	
Cystic fibrosis	A definite diagnosis of cystic fibrosis made by an attending Consultant.	
Down's syndrome	A definite diagnosis of Down's syndrome made by an attending Consultant.	
Edwards' syndrome	A definite diagnosis of Edwards' syndrome made by an attending Consultant.	
Hydrocephalus - Treated by surgery	A definite diagnosis of hydrocephalus which is treated by surgery.	
Loss of independent existence	<p>If in the opinion of a specialist the child will not at 18 be able to perform routinely at least three of the specified six activities of daily living without the continual assistance of someone else, even with the use of special devices or equipment.</p> <p>The following are activities of daily living:</p> <ul style="list-style-type: none"> ● Washing - this means being able to wash and bathe unaided, including getting into and out of the bath or shower. ● Dressing - this means being able to put on, take off, secure and unfasten all necessary items of clothing. ● Feeding - this means being able to eat pre-prepared foods unaided. ● Continence - this means being able to control bowel or bladder functions, whether with or without the use of protective undergarments and surgical appliances. ● Moving - this means being able to move from one room to another on level surfaces. ● Transferring - this means being able to get on and off the toilet, in and out of bed and move from a bed to an upright chair or wheelchair and back again. <p>The loss of independence must be entirely due to illness or injury, and not as a result of the age of the child. Having met our definition, the child must survive for 90 days.</p>	



Critical illness/ operation	Definition	Associated conditions
Muscular dystrophy	A definite diagnosis of muscular dystrophy made by a Consultant Neurologist.	
Osteogenesis imperfecta	<p>A definite diagnosis of osteogenesis imperfecta by an attending Consultant.</p> <p>For the above definition, the following isn't covered:</p> <ul style="list-style-type: none"> • Type 1 osteogenesis imperfecta. 	
Patau syndrome	A definite diagnosis of Patau syndrome made by an attending Consultant.	
Spina bifida	<p>A definite diagnosis of spina bifida myelomeningocele or rachischisis by a Paediatrician.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> • spina bifida occulta, and • spina bifida with meningocele. 	



Further information

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're complaining about the decision we have made on a claim, we'll 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.



**Aviva
Group Protection
Complaints Department
PO Box 3240
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NR1 3ZF**



Telephone: **0800 158 2714**



E-mail: **gpcomplaints@aviva.com**

Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

- 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're not happy with the way we've dealt with your complaint, or if we haven't 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 don't 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
London
E14 9SR**



Telephone: **0800 023 4567**



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



Website: **www.financial-ombudsman.org.uk**

Please note that the Financial Ombudsman Service will only consider your complaint if you've given us the opportunity to resolve the matter first. Making a complaint to the Ombudsman won't affect your legal rights.

Law and language

The policy is issued in England and subject to English Law. All communications will be in English.

Financial Services Compensation Scheme

We're 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 further information, see www.fscs.org.uk or telephone **0800 678 1100**.

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 to read on our website at www.aviva.com/investors/regulatory-returns/

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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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