





Making a Group Critical Illness claim

Supporting you every step of the way



There's nothing that can prepare you for the diagnosis of a critical illness. Although it's natural to be angry, frightened, frustrated and confused, we won't pretend to know exactly how you feel. We can only reassure you that you'll have our dedicated expertise and compassion, and that we'll make certain the claims process is as stress-free and efficient as possible for you and your family.

We promise to do everything we can to help you.



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Making a claim

We hope it's a phone call that never needs to be made, but we do want to be sure you receive payment of an eligible claim as quickly as possible – it's one less thing for you to worry about. To do this, we ask that you or your employer lets us know about a possible claim within three months of the date that you or, if insured, a family member has been diagnosed with a critical illness or undergone an operation covered by the policy. The diagnosis must be during the policy period.

As soon as we are notified of a possible claim we will start the claim assessment.

We will ask for your consent for us to contact the doctors involved in your treatment to obtain the medical evidence we need to assess the claim. However, if you have any medical evidence which you feel may assist with the assessment of the claim, please forward this to us. It can sometimes speed up the assessment process.

The claims process

Our Group Critical Illness claims team are experienced professionals who understand that this can be a difficult time. We'll do our best to make things go as smoothly as possible.

Under normal circumstances, we will have been notified about a possible claim within three months of the date that you or a family member, if covered, has been diagnosed with a critical illness or undergone an operation covered by the policy.

With all the details to hand, we'll assess the claim to check that the medical evidence confirms that the illness you or a family member has suffered, or the operation undergone, is covered.

When we accept a claim, we'll pay it quickly. We will make payment directly to you for the total amount covered. If the claim is for a family member we will pay the money to you.

If you need help with any of the paperwork, call us on **0800 015 7523** or email **groupciclaims@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.



Frequently asked questions

There are some questions we can't answer here – your circumstances are unique and it's important to remember that these are brief explanations. Full details of your benefits are included in the policy Terms and Conditions which you can discuss with your employer.

What am I covered for?

This will depend on the level of cover selected by your employer. Full details of the conditions covered are included in the policy Terms and Conditions.

Can I make more than one claim?

Each covered employee can make more than one claim, providing each claim is for a different and unrelated condition, unless your employer has selected to include "Cancer - second and subsequent" cover. However, if a previous claim has been paid for total permanent disability, paralysis of limbs or terminal illness, we will not pay a second claim for any other critical illness or operation.

Could my children or my partner make a second claim?

No. Multiple claims do not apply to cover for spouses, partners and children.

What happens if I have started a claim and then the cover is cancelled?

If the cover is cancelled, we'll assess a claim for any insured illness or operation that occurred while it was in force. But if a diagnosis or operation was made after the cover was cancelled, we won't be liable for the payment of any claim.

What can I use the money for?

When we pay a claim, you can use the money for any purpose.

Do I need to provide medical evidence?

We will need you to sign a consent form which enables us to approach the doctors who are treating you or your family members. However, should you have any medical evidence (for example, consultant letters, pathology reports etc.) which you feel may help with the assessment of the claim, please forward these to us as it can sometimes speed up the assessment of the claim. We will only ask for the medical information we need.

When will I receive the payment?

We need to confirm the details of your condition, but once we accept your claim we'll pay it quickly.

If I'm receiving other benefits, will you take those into account?

No. We will pay the full sum to you, irrespective of other benefits being paid.

Details about your cover

If you're not sure if a condition is covered by the policy, please speak to your employer, who will have a copy of the full Terms and Conditions.

What is not covered?

Our Group Critical Illness product does not cover pre-existing conditions, related pre-existing conditions or associated conditions. This means:

Pre-existing Conditions

- If you have received medication, advice, treatment or diagnostic tests or experienced symptoms of a critical illness or operation before you join the scheme you will not be able to claim should you be diagnosed with that critical illness or operation before or after you join the scheme. For example, if you were waiting a biopsy for a lump discovered prior to joining the scheme, you would not be able to claim for a resulting diagnosis of cancer.

Related Pre-existing Conditions

- If you have suffered a critical illness or undergone an operation covered by the policy before joining the scheme, you will not be able to claim for a critical illness or operation that is directly or indirectly related to it. Critical illnesses and operations are related if, in our reasonable medical opinion, one is a result of the other or if each is a result of the same disease, illness or injury. For example, if you had a heart attack before joining the scheme, we would not pay a lump sum if you later needed coronary artery by-pass surgery.

Associated Conditions

- If before joining the scheme you have experienced symptoms of, or had a condition, illness, injury, disease or treatment which is associated to a critical illness or operation you will not be able to claim. However, except for total permanent disability, loss of independent existence and paralysis of limbs, we do not apply the associated condition exclusion if you have been covered by the scheme for at least two years. For example, if you had suffered symptoms of numbness and neuritis prior to joining the scheme and you were diagnosed with multiple sclerosis within two years of joining the scheme, a claim for multiple sclerosis would not be payable.

These exclusions also apply from the date of any increase in benefit, but only in respect of the amount of the increased benefit. For example, if before benefit was increased you were being investigated for chest pain and after benefit was increased and within the following two years you were diagnosed with heart disease requiring coronary artery by-pass grafts, the lump sum payable would be capped at the amount prior to the increase.

You can read full details of these exclusions in the policy Terms and Conditions. Full Terms and Conditions are available from your employer.

Contacting us

Whenever you call us to ask about Critical Illness, you'll be talking to a team of dedicated professionals, with plenty of experience when it comes to sensitive subjects such as illness and medical conditions. They know that any questions you have are important ones – their aim is to help you find answers.

If you need to speak to us, please call:

0800 015 7523
or email
**groupclaims@
aviva.com**

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