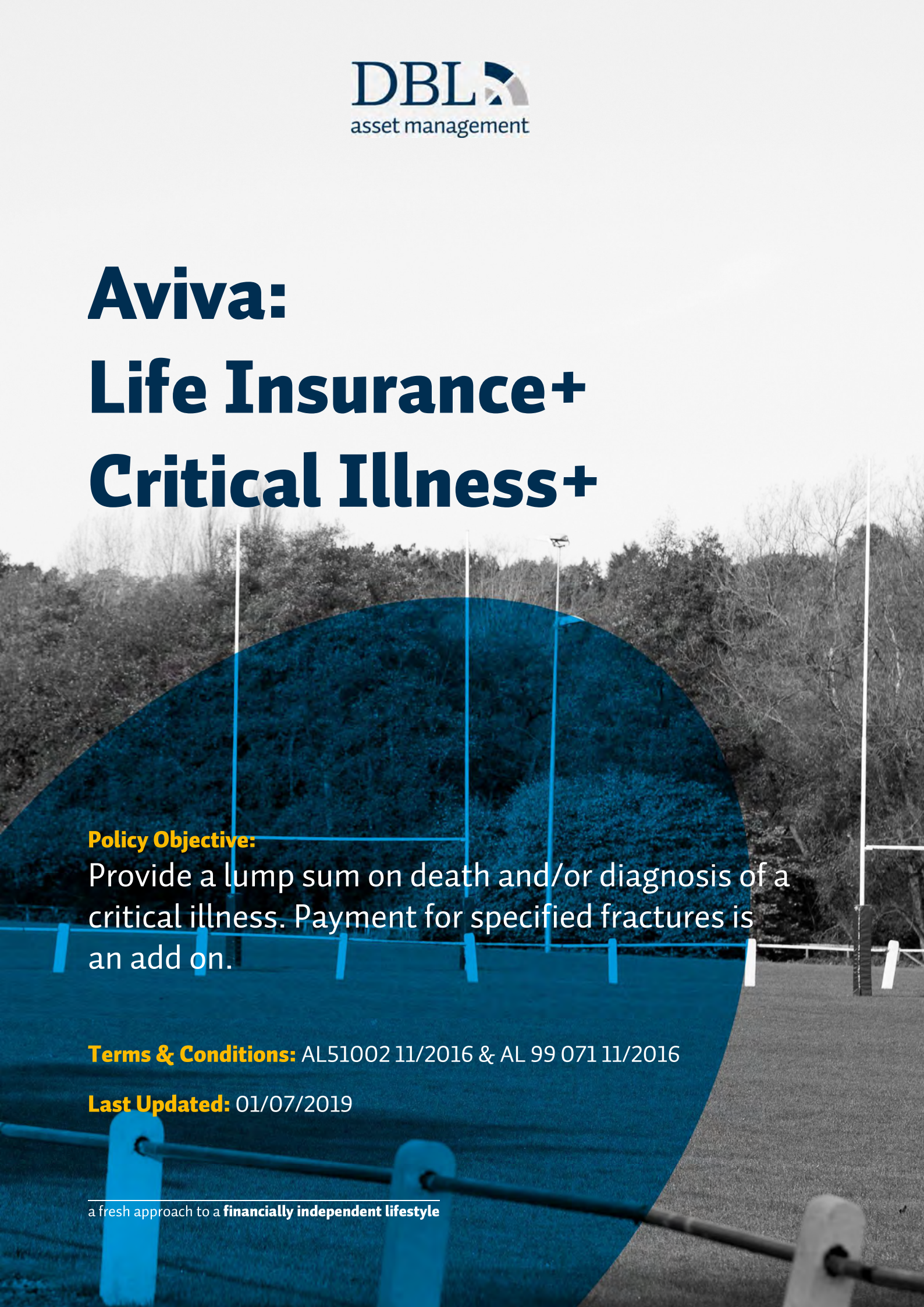
DBL
asset management

Aviva:
Life Insurance+
Critical Illness+



Policy Objective:
Provide a lump sum on death and/or diagnosis of a critical illness. Payment for specified fractures is an add on.

Terms & Conditions: AL51002 11/2016 & AL 99 071 11/2016

Last Updated: 01/07/2019

General information

This policy is not specific to the occupation of professional rugby player, anyone can take out the policy. It is designed to provide a lump sum of death and/or diagnosis of a critical illness. Traditionally these policies are used to protect mortgages, family or specific financial issues on death and/or being diagnosed with a critical illness. The benefit of the policy is that fracture cover can be added. This feature is not available as a standalone policy which means some life assurance and/or critical illness has to be included to get access to the fracture cover.

Product Availability:	Existing Policyholder Only
Provider:	Aviva
Regulated by the FCA:	Yes
AKG Financial Strength Rating:	A, Superior (18/03/2019)
Premium type:	Guaranteed or Reviewable
Premium frequency:	Monthly
Entry Ages:	Between 18 and 69 for life, 18 and 64 for critical illness
Medical underwriting?	Yes, for all applicants
Is the policy valid if contracted to a non-UK club?	Yes
Can the Terms & Conditions change once the policy has commenced?	No
Requirements to commence policy:	None
Maximum life insurance and/or critical illness cover:	£500,000
Is the benefit taxable?	No, it is tax free
Can I increase the life insurance and/or critical illness cover with contract changes?	Yes
Will the increase be on the same terms?	No. Medical underwriting which might affect the terms offered

Important Information

This document represents a summary of the Aviva Life Insurance + and Critical Illness policy's and the referenced Terms & Conditions provided by Aviva. This document has not been designed or approved by Aviva. This document is not a recommendation. It does not constitute advice by DBL Asset Management LLP. Should you require advice on the suitability of this contract please contact a financial adviser. All statements concerning the tax treatment of products and their benefits are based on DBL Asset Management LLPs understanding of current tax law and Inland Revenue practice.

Contact information

Who is the point of contact for this policy?	N/A as no longer available to rugby players
Is the company regulated by the FCA?	Yes
Is the point of contact authorised by the FCA to give advice?	N/A as no longer available
How was the point of contact paid for arranging this policy?	Commission, Fee or Combination

Fracture cover claim information

How many claims can you make in a 12-month period?	One per policy year
Does it cover all fractures?	No. 18 specified fractures are covered unless the fracture is classified as fatigue, stress or hairline. The fracture must be diagnosed by a consultant.
Does it cover all dislocations?	No. All joints are covered for dislocation except fingers, thumbs and toes. This is defined as the displacement of bone from its normal position at the joint requiring surgical intervention.
Does it cover all tendon rupture's?	No. Tendon rupture is defined as the rupture of a tendon requiring surgical intervention. The tendons covered are the Quadriceps, Achilles, Rotator Cuff and Bicep.
Does it cover all ligament tears?	No. Ligament tear is defined as the complete tear of a ligament to the knee, hamstrings or ankle joints, confirmed by radiological imaging.
Does the policy end if I stop playing rugby?	No. the policy can continue as it is not rugby specific.
Have any claims been accepted & benefits paid for this policy?	Yes
If I am in claim do I have to continue to pay the premiums?	Yes
If I move outside the UK can the policy continue?	Yes, provided Aviva have been notified.
Who do I contact to make a claim?	Your financial adviser or Aviva 0800 068 6800

What does the jargon mean?

Existing Policyholders Only Not available for new business but existing policy holders can continue with policy on the terms issued at commencement.

FCA The Financial Conduct Authority regulates firms and financial advisers so that markets and financial systems remain sound, stable and resilient. The FCA encourages transparent pricing that's easy for everyone to understand. The FCAs aim is to help firms put the interests of their customers and the integrity of the market at the core of what they do. http://www.fca.org.uk

AKG Financial Strength Rating AKG is an actuarially based consultancy specialising in the provision of ratings, information and market assistance to the financial services industry. The objective is to provide a simple broad-brush indication of the general financial strength of a company. In addition to an assessment of the company's ability to meet all of its guaranteed payments to policyholders, AKG also aims to factor in the degree to which policyholders' expectations are likely to be met, or even exceeded, in the long-term. http://www.akg.co.uk/

Reviewable Premium Reviews will be carried out by the provider to determine whether the premium will be changed. This is to establish if the premium is enough to provide the level of cover selected. If your premium increases you can accept the increased premium or keep your premium the same but reduce your level of cover.

Guaranteed Premium. Is a term used to indicate that the premiums for an insurance policy do not change over the term of the policy. By taking a policy with guaranteed premiums this offers the security and peace of mind of knowing exactly what your monthly premiums will be for the full length of the contract.

Life Insurance which can also be known as life cover or life assurance is a type of policy that offers peace of mind to you and your loved ones. It can help minimise the financial impact that your death could have on your family.

Most life insurance policies are designed to pay out a cash sum if you die while covered by the policy. It can help them deal with everyday money worries such as household bills, childcare costs or mortgage payments.

You choose the amount of cover you need and how long you need it for.

Critical Illness Cover can help minimise the financial impact on you and your family if you become critically ill. It's an option that can be added for an extra cost when you take out life insurance or as a standalone policy.

Entry Age The ages at which the policy can be applied for.

Medical Underwriting The use of medical or health information in the evaluation of an applicant for coverage. As part of the underwriting process, an individual's health information may be used in making two decisions: whether to offer or deny coverage; and what premium rate to set for the policy

Commission The arranger is paid by the product provider. Premiums fund the commission. Fee The arranger is paid by invoicing the client. This can result in lower premiums.

Combination The arranger is paid by invoicing you the client and receiving commission from the provider.

| Retirement | Investments | Insurance | Health |

AVIVA
Good thinking

Fracture cover

Helping to cushion the blow

Available with:
Life Insurance+
Critical Illness+
Income Protection+

A sudden injury could be hard on your finances, resulting in unexpected costs in addition to the obvious pain and inconvenience. That's why our fracture cover is designed to provide financial support in event of these injuries, helping you concentrate on your recovery.

Should you sustain a fracture, dislocation, ligament tear or tendon rupture, you'll benefit from a lump sum payment of up to £6,000. Only one claim is payable in each 12 month period. However, if you are unfortunate enough to suffer more than one injury at the same time, you have the option to choose which you wish to claim for.

From a fracture of the skull all the way down to a rupture of the Achilles tendon, this additional cover includes specified fractures, dislocations, ligament and tendon injuries, and can be added to Aviva protection policies for just £3 a month.

- ✓ Cover for
  - 18 specified fractures
  - 7 ligament and tendon injuries
  - Dislocations
- ✓ Lump sum payment of up to £6,000 per year
- ✓ Only one claim payable in each 12 month period
- ✓ Add to protection policies for just **£3 per month**

How does **fracture cover** work

Our fracture cover gives you the reassurance of knowing you may receive a lump sum of up to £6,000 if you suffer one of 18 specified fractures, 7 specified ligament tears or tendon ruptures, or a dislocation, during any 12 month period.

Fracture

Specified fractures are covered unless the fracture is classified as fatigue, stress or hairline. The fracture must be diagnosed by a consultant.

Dislocation

All joints are covered for dislocation except fingers, thumbs and toes. This is defined as the displacement of bone from its normal position at the joint requiring surgical intervention.

Tendon rupture

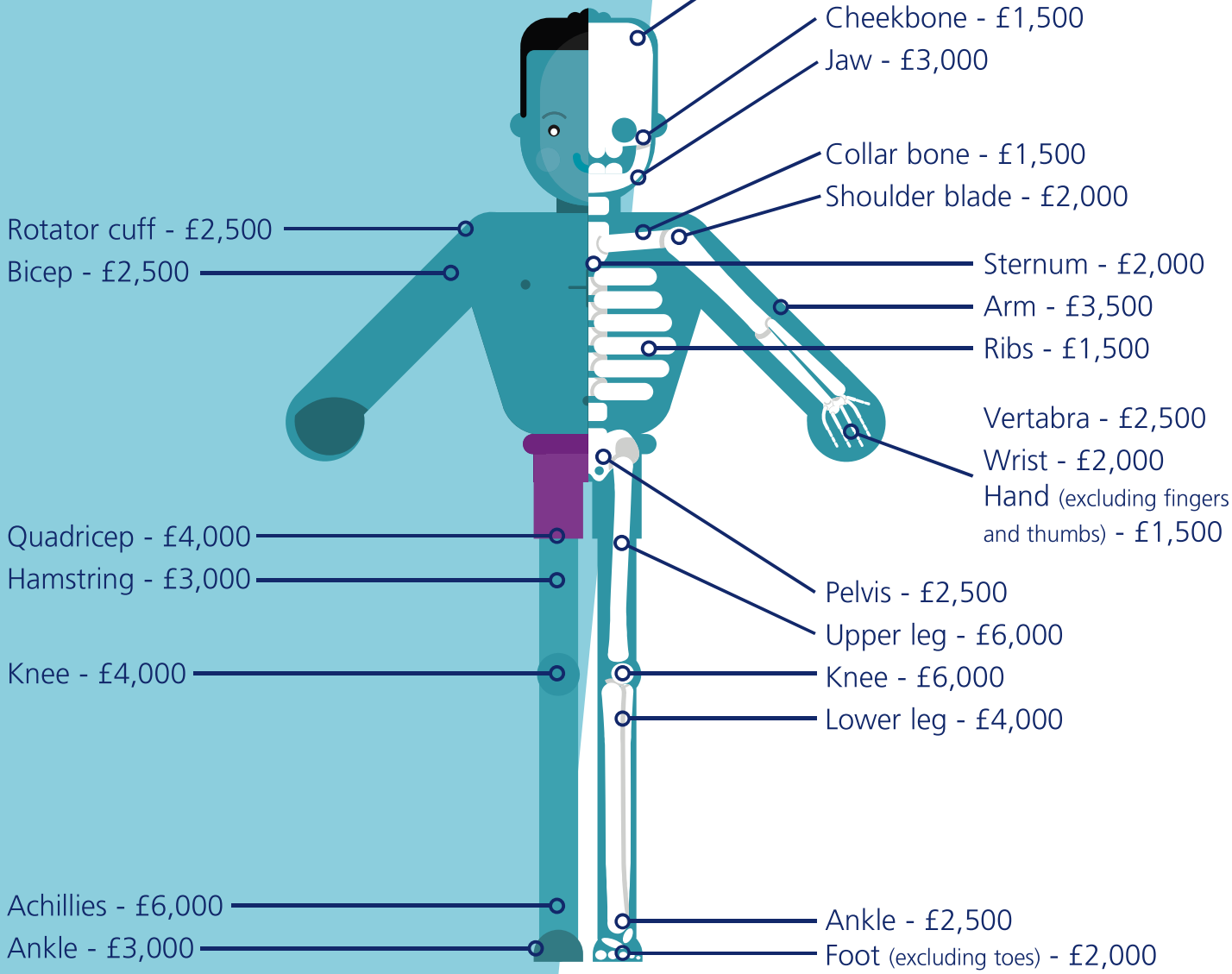
Tendon rupture is defined as the rupture of a tendon requiring surgical intervention. The tendons covered are the Quadriceps, Achilles, Rotator Cuff and Bicep.

Ligament tear

Ligament tear is defined as the complete tear of a ligament to the knee, hamstrings or ankle joints, confirmed by radiological imaging.

Ligament tears and Tendon ruptures

Fracture



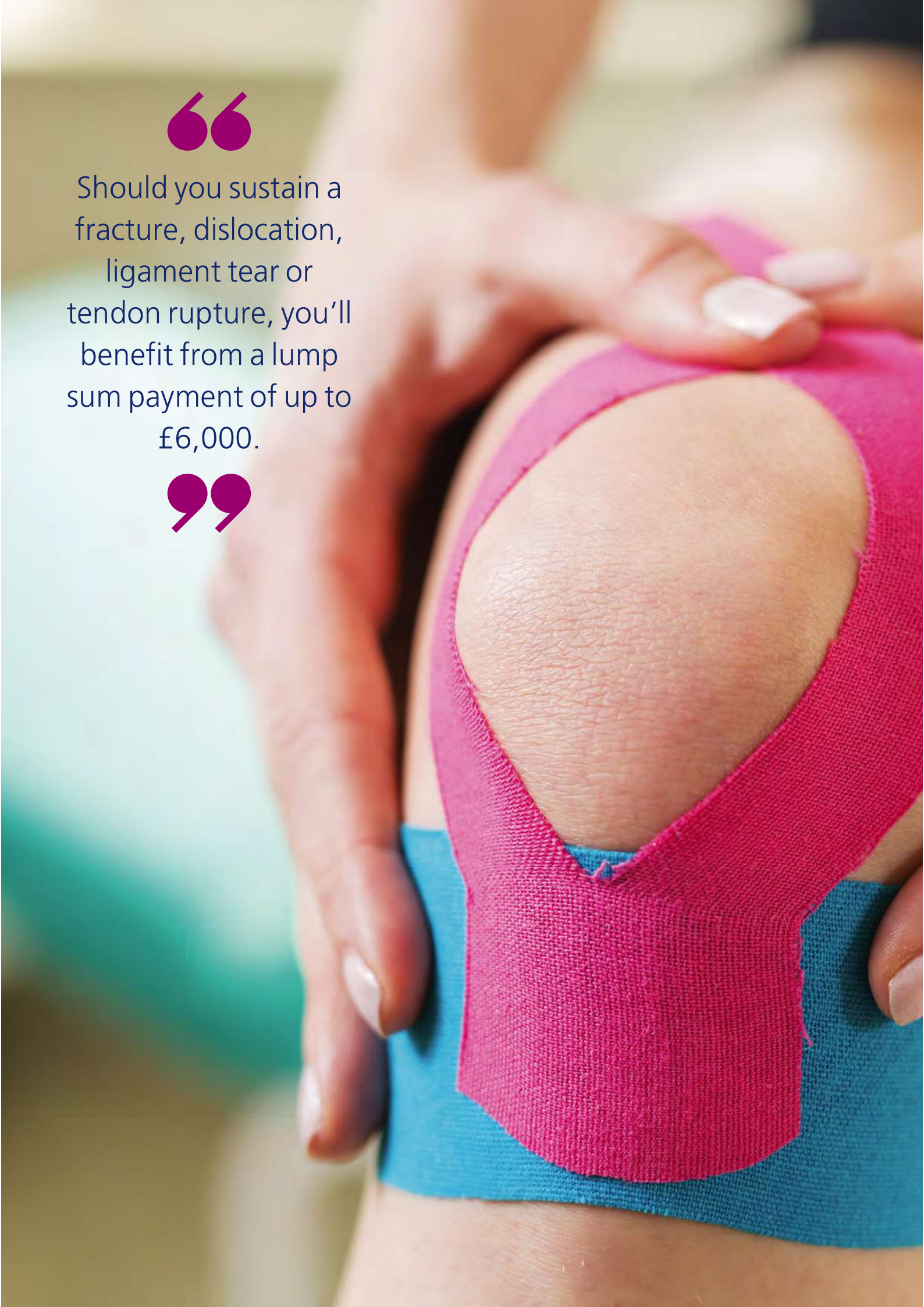
Dislocations

£6,000 – spine or hip dislocation

£5,000 – patella, knee, ankle or shoulder dislocation

£3,000 – all other joints but excluding fingers, thumbs and toes

For claims please see your policy documentation.
For further information, please contact your adviser.



“Should you sustain a fracture, dislocation, ligament tear or tendon rupture, you’ll benefit from a lump sum payment of up to £6,000.”

AVIVA
Good thinking

| Retirement | Investments | **Insurance** | Health |

Life Insurance+

Policy Conditions

Introduction

These **policy conditions** are written confirmation of your contract with Aviva Life & Pensions UK Limited. It's important that you read them carefully together with your **policy schedule** and then keep both documents in a safe place.

If you have any questions, you can call us on 0800 285 1098 (from outside of the UK, please call +44 1603 603 479).

The words shown in **bold** are defined terms; we explain these in the "Definitions" section.

Your cover

Main benefits

Your policy can have life cover or life and critical illness cover as the **main benefit**. For a **joint policy**, each **life covered** can have a different type of **main benefit**. The **policy conditions** and your **policy schedule** that you'll receive when you take out the policy will only contain the terms relating to **main benefits** that you have selected.

Optional benefits

You can select optional benefits at the start of the policy. Your **policy conditions** that you'll receive when you take out the policy will include a description of all optional benefits (other than fracture cover and/or global treatment if you have not selected these optional benefits). Your **policy schedule** will clearly state which optional benefits you have selected. For a **joint policy**, each **life covered** can select different optional benefits.

Additional benefits

You will receive additional benefits if you are eligible for them. A description of all additional benefits will be included in the **policy conditions** that you'll receive when you take out the policy. Your **policy schedule** will state which of the additional benefits you are eligible to receive. For a **joint policy**, each **life covered** may be eligible for different additional benefits.

Types of cover

You can choose from the following types of cover:

Level cover	Decreasing cover	Family income cover
Pays the **cover amount** as a cash lump sum if you make a successful claim.	Pays the **cover amount** as a cash lump sum if you make a successful claim.	Pays the **cover amount** as monthly instalments if you make a successful claim.
The **cover amount** stays the same throughout the **policy term**.	The **cover amount** decreases each month by a fixed interest rate.	The monthly instalment amount stays the same throughout the **policy term** and is payable from the date we accept a claim until the policy **end date**.

If you have level or family income cover and have chosen the increasing cover option, your **cover amount** may go up.

Your benefits

Life cover

If you have life cover, we'll pay one of the following benefits if we accept a claim. Once we've accepted a claim for one of the **main benefits** listed below, the policy will end. For **joint policies**, we'll only pay out once. So when we've accepted a claim for one **life covered**, the policy will end.

Main benefits

Death benefit	What we pay
We'll pay this benefit if the **life covered** dies during the **policy term**. Once we've accepted a claim, the policy will end. We won't pay if the death of the **life covered** is caused by suicide or intentional self-inflicted injury within 12 months of the policy **start date.** If this happens, the policy will end.	We'll pay the **cover amount** shown in the **policy schedule**.
Terminal illness benefit	**What we pay**
We'll pay this benefit if the **life covered is** diagnosed with a **terminal illness** during the **policy term**. Once we've accepted a claim, the policy will end.	We'll pay the **cover amount** shown in the **policy schedule**.

Life and critical illness cover

If you have life and critical illness cover, we'll pay one of the following benefits if we accept a claim. Once we've accepted a claim for one of the **main benefits** listed below, the policy will end (except for the **critical illness** benefit in the circumstances described below). For **joint policies**, we'll only pay out once. So when we've accepted a claim for one **life covered**, the policy will end (except for **critical illness** benefit in the circumstances described below).

Main benefits

Death benefit	**What we pay**
We'll pay this benefit if the **life covered** dies during the **policy term**. Once we've accepted a claim, the policy will end. We won't pay if the death of the **life covered** is caused by suicide or intentional self-inflicted injury within 12 months of the policy **start date.** If this happens, the policy will end.	We'll pay the **cover amount** shown in the **policy schedule.**
Terminal illness benefit	**What we pay**
We'll pay this benefit if the **life covered** meets our definition of **terminal illness** during the **policy term**. Once we've accepted a claim, the policy will end.	We'll pay the **cover amount** shown in the **policy schedule**.
Critical illness benefit	**What we pay**
We'll pay this benefit if the **life covered** meets our definition of **critical illness** during the **policy term** and survives for at least 10 days. Once we've accepted a claim, the policy will end for all benefits under the policy except **extra care cover** (if selected), for which that **life covered** may be eligible to claim.	We'll pay the **cover amount** shown in the **policy schedule**.
Accelerated surgery benefit	**What we pay**
We'll pay this benefit if the **life covered** is placed on an NHS waiting list for one of the **surgical treatments** and survives for at least 10 days. Once we've accepted a claim, the policy will end.	We'll pay the **cover amount** shown in the **policy schedule**.

Further benefits under life and critical illness cover

In addition, provided that you haven't already made, nor are you eligible to make, a claim for any of the above **main benefits**, we'll pay the benefits listed in the table below if we accept a claim.

If we accept such a claim, your policy will continue. So it won't stop you from making a claim for any of the **main benefits** at a later date. Also, it won't affect the payment we'll make if we accept your claim.

Additional critical illness benefit	**What we pay**
We'll pay this benefit if the **life covered** meets our definition of **additional critical illness** during the **policy term** and survives for at least 10 days. We'll accept one claim for each **additional critical illness** for each **life covered**. Once we've accepted a claim, the **life covered** who claimed will no longer be covered for that condition, but they will be covered for the other **additional critical illnesses**. This benefit will also continue for any other **life covered**. All other benefits selected under the policy will continue for each **life covered**.	We'll pay the lower of: ● £25,000; or ● 25% of the **cover amount** shown in the **policy schedule** (for family income cover, we'll multiply this figure by the number of months left on your policy up to a maximum of £25,000). If a claim meets our definition of **critical illness** benefit and an **additional critical illness** benefit at the same time, we will only pay the **cover amount**.
Children's benefit	
This benefit covers any **child** of any **life covered** under the policy that is aged between 30 days and their 18th birthday (or their 21st birthday if in full time education) at the time of their death, their hospitalisation or at the time they meet our definition for **children's critical illness**.	
Children's critical illness	**What we pay**
We'll pay this benefit if a **child** meets our definition of **children's critical illness** during the **policy term** and survives for at least 10 days. We'll accept one claim per **child**. Once we've accepted a claim, the cover will continue for any other **child**. The illness or condition must not have been present at birth (whether diagnosed or not), and the symptoms must not have started before the policy **start date** or before the **child** was covered by the policy. In addition, the illness or condition must not have been a result of intentional injury caused by you.	We'll pay the lower of: ● £25,000; or ● 50% of the **cover amount** shown in the **policy schedule** (for family income cover, we'll multiply this figure by the number of months left on your policy).
Hospital benefit	**What we pay**
We'll pay this benefit if a **child** is hospitalised for more than seven consecutive nights. We pay it from the eighth night's stay; we won't pay for the first seven nights. We won't pay if the hospitalisation is due to the **child** being born prematurely (before 37 weeks gestation). This benefit will apply for each **child** under the policy.	We'll pay £100 a night for a maximum of 30 nights for each **child**. The period of hospitalisation could either be for one period or multiple shorter periods over the **policy term**. For multiple periods of hospitalisation, where the **child's** return to hospital is related to the previous claim for hospital benefit, we will not require a further seven nights' stay before you can claim again.
Children's death benefit	**What we pay**
We'll pay this benefit if a **child** dies during the **policy term**. We'll pay it in addition to any benefit we may have already paid under the **children's benefit**. Once we've accepted a claim, the cover will continue for any other **child**.	We'll pay £5,000.

Optional benefits

Your **policy schedule** will show which optional benefits are included on your policy.

Upgraded critical illness benefit

Upgraded critical illness benefit	What it means for your policy	
Available if you have life and critical illness cover. Subject to our acceptance following underwriting.	**Upgraded full payment conditions**	**What we pay**
	In addition to the **critical illness** conditions covered under your **main benefits**, we'll also cover you for the **upgraded full payment conditions**. We'll pay this benefit if the **life covered** meets our definition of an **upgraded full payment condition** during the **policy term** and survives for at least 10 days. Once we've accepted a claim, the policy will end for all benefits under the policy except **extra care cover** (if selected), for which that **life covered** may be eligible to claim.	We'll pay the **cover amount** shown in the **policy schedule**.
	Upgraded additional critical illness benefit	**What we pay**
	We'll replace your **additional critical illness** benefit with **upgraded additional critical illness** benefit. We'll pay this if the **life covered** meets our definition of **upgraded additional critical illness** during the **policy term** and survives for at least 10 days. We'll accept one claim for each **upgraded additional critical illness** for each **life covered**. Once we've accepted a claim, the **life covered** who claimed will no longer be covered for that condition but they will be covered for the other **upgraded additional critical illnesses** . This benefit will also continue for any other **life covered**. All other benefits selected under the policy will continue for each **life covered**.	We'll pay the lower of: • £25,000; or • the **cover amount** shown in the **policy schedule** (for family income cover, we'll multiply this figure by the number of months left on your policy). If a claim meets the definition for **critical illness**, and/or an **upgraded full payment condition** and at the same time, meets our definition of **upgraded additional critical illness** , we will only pay the **cover amount**.
	Upgraded accelerated surgery benefit	**What we pay**
	In addition to the **surgical treatments** covered under your **main benefits**, we'll also cover you for the **upgraded surgical treatments** . We'll pay this benefit if the **life covered** is placed on an NHS waiting list for one of the **upgraded surgical treatments** and survives for at least 10 days. Once we've accepted a claim, the policy will end.	We'll pay the **cover amount** shown in the **policy schedule**.

Upgraded children's benefit

Upgraded children's benefit	What it means for your policy
Available if you have life and critical illness cover. Upgraded children's benefit replaces children's benefit.	This benefit covers any **child** of any **life covered** under the policy from birth up to their 18th birthday (or their 21st birthday if in full time education) at the time of their death, hospitalisation or at the time they meet our definition for **upgraded children's critical illness, child extra care cover** or **advanced illness.** In order for a successful claim to be made under **upgraded children's critical illness, child extra care cover** and **advanced illness:** ● the symptoms must not have started, and/or ● diagnosis of the illness or condition must not have occurred, and/or ● neither parent must have received counselling or medical advice in relation to the condition or have been aware of the increased risk of the condition before the policy **start date** or before the legal adoption of the **child**. The illness or condition must not have been a result of intentional injury caused by you. We'll upgrade your **children's benefit** as follows:

Upgraded children's critical illness	What we pay
We'll replace your **children's critical illness** benefit with **upgraded children's critical illness** benefit. We'll pay this benefit if a **child** meets our definition of **upgraded children's critical illness** during the **policy term** and survives for at least 10 days. We'll accept one claim per **child**. Once we've accepted a claim, the cover will continue for any other **child**.	We'll pay £25,000.

Child extra care cover	What we pay
We'll pay this benefit if a **child** meets our definition of **child extra care cover** during the **policy term** and survives for at least 10 days (except for loss of independence claims, where the **child** must survive for at least 90 days). We'll accept one claim per **child**. Once we've accepted a claim, that **child** will no longer be covered for any other benefit under the policy, except for hospital benefit and children's death benefit. However **child extra care cover** benefit and all other benefits under **upgraded children's benefit** will continue for any other **child**.	We'll pay: ● £50,000, or ● £25,000 if you've already made a claim for **upgraded children's critical illness.**

Advanced illness	What we pay
We'll pay this benefit if a **child** meets our definition of **advanced illness** during the **policy term** and survives for at least 10 days. We'll accept one claim per **child**. Once we've accepted a claim, that **child** will no longer be covered for any other benefit under the policy except for hospital benefit and children's death benefit. However, **advanced illness** and all other benefits under **upgraded children's benefit** will continue for any other **child**.	We'll pay £10,000.

Upgraded children's benefit	What it means for your policy	
	Hospital benefit	**What we pay**
	We'll pay this benefit if a **child** is hospitalised for more than seven consecutive nights. We pay it from the eighth night's stay; we won't pay for the previous seven nights. We won't pay if the hospitalisation is due to the **child** being born prematurely (before 37 weeks gestation). This benefit will apply for each **child** under the policy.	We'll pay £100 a night for a maximum of 30 nights for each **child**. The period of hospitalisation could either be for one period or multiple shorter periods over the **policy term**. For multiple periods of hospitalisation where the **child's** return to hospital is related to the previous claim for hospital benefit, we will not require a further seven nights' stay before you can claim again.
	Children's death benefit	**What we pay**
	We'll pay this benefit if a **child** dies during the **policy term**. This includes still birth where the **child** dies on or after 24 weeks of gestation. We'll pay it in addition to any benefit we may have already paid under **upgraded children's benefit**. Once we've accepted a claim, the cover will continue for any other **child**.	We'll pay £5,000.

Conversion option

Conversion option	What it means for your policy
Available if you have level life cover accepted on **standard terms.** Not available if you've chosen the increasing cover option or taken out life and critical illness cover.	You can convert your policy to a new whole of life policy without any further medical questions being asked. You can use the conversion option at any time before the policy **end date** as long as you haven't already made, nor are you eligible to make, a claim for the death benefit or **terminal illness** benefit. When you use it, we'll cancel your original policy. The new policy must: ● start immediately after your original policy ends; and ● have a **cover amount** less than, or equal to, the **cover amount** on your original policy. The premium you'll pay for any new policy will be based on the rates available at the time of the request and the age of the **life covered**. The policy conditions in force at the time will apply to the new policy. If your original policy: ● is a **single policy** – the new policy has to be a **single policy**. ● is a **joint policy** – the new policy can be either **single** or **joint**. Both policyholders need to agree to the new policy. It's not possible to change the **lives covered**.

Extra care cover

<table>
<tr><th>Extra care cover</th><th colspan="2">What it means for your policy</th></tr>
<tr><td rowspan="3">Available if you have life and critical illness cover.

Subject to our acceptance following underwriting.

Only payable once.</td><td colspan="2">You can make a claim for extra care cover if you meet any of the following conditions within the periods specified.</td></tr>
<tr><td>We'll pay this benefit if, during the policy term, the life covered is suffering from the total and permanent loss of the ability 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 equipment routinely available to help and having taken any appropriate prescribed medication.

The following are activities of daily living:

● 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 – being able to move from one room to another on level services.
● Transferring – 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.</td><td>We'll pay an amount equivalent to the cover amount and £50,000.

Once we've accepted a claim, the policy will end.

For family income cover, the £50,000 will be payable as a lump sum.

We won't pay this if the life covered has made or is eligible to make a claim for main benefit, upgraded full payment conditions, upgraded accelerated surgery benefit or total permanent disability benefit during the policy term.</td></tr>
<tr><td>We'll pay this benefit if during the policy term the life covered is under age 50 when they either:
● meet our critical illness definition for dementia, Parkinson's disease or motor neurone disease; or
● meet our definition for Parkinson's plus syndrome where upgraded critical illness has been included on the policy</td><td>At the same time as paying the cover amount for critical illness or upgraded full payment conditions (if selected), we'll pay £50,000.

Once we've accepted a claim, the policy will end.

For family income cover, the £50,000 will be payable as a lump sum.</td></tr>
</table>

Extra care cover	What it means for your policy	
	We'll pay this benefit if before the first anniversary (and as a direct result) of meeting our definition of **critical illness, upgraded full payment condition** or total permanent disability (if selected) the **life covered** is diagnosed by a consultant neurologist with any of the following: ● Locked in syndrome – permanent complete paralysis of voluntary muscles in all parts of the body, or all parts of the body except for the eyes. ● Permanent vegetative state – a state of wakefulness without awareness, characterised by complete absence of evidence of self or environmental awareness, for a minimum period of six months. ● Minimally conscious state – wakefulness, but with permanent minimal awareness for a minimum period of six months.	We'll pay £50,000 in addition to the **cover amount** already paid. For family income cover, this £50,000 will be payable as a lump sum. Once we've accepted a claim, the policy will end. All claims must be made within 18 months of meeting our definition of **critical illness, upgraded full payment condition** or total permanent disability (if selected).
	We'll pay this benefit if on the first anniversary (and as a direct result) of meeting our definition of a **critical illness, upgraded full payment condition** or total permanent disability (if selected), the **life covered** is suffering from: ● Permanent severe heart failure – a definite diagnosis of heart failure by a consultant cardiologist. There must be permanent clinical impairment of heart function resulting in all of the following: – Permanent loss of ability to perform physical activities to at least Class 4 of the New York Heart Association (NYHA) classification of functional capacity. (This means being unable to carry out any physical activity without discomfort, symptoms of heart failure at rest and if any physical activity is undertaken, discomfort increases) and, – Permanent and irreversible ejection fraction of 39% or less; or ● Permanent loss of independence – the total and permanent loss of the ability to perform routinely at least three of the six activities of daily living detailed above, 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.	We'll pay £50,000 in addition to the **cover amount** already paid. For family income cover, this £50,000 will be payable as a lump sum. Once we've accepted a claim, the policy will end. All claims must be made within 18 months of meeting our definition of **critical illness, upgraded full payment condition** or total permanent disability (if selected).

Fracture cover

Fracture cover	What it means for your policy		
You can only add the fracture cover benefit to your policy if you don't already have it on any other policy with Aviva Life & Pensions UK Limited. We will only pay out a successful claim once in each policy year for a fracture, dislocation, tendon rupture or ligament tear which occurs in that year. A policy year runs from the **start date** to the day before the **anniversary date** shown in your **policy schedule**. Subject to our acceptance following underwriting. If you suffer from more than one fracture, dislocation, tendon rupture or ligament tear at the same time we'll only pay for one of them. You can choose which one you claim for. If you make a claim for fracture cover, all medical certificates and results of medical examinations must be provided by an **attending consultant**. You can cancel the fracture cover option at any time six months after the **start date**. However, you won't be able to reinstate it. If you make a claim under this fracture cover benefit, it will not affect the other **benefits** under your policy.	**Fracture**	All fractures, dislocations, tendon ruptures and ligament tears must be diagnosed by an **attending consultant**. We won't cover for a fracture which is classified as fatigue, stress or hairline. If you suffer from one of the following fractures, we'll pay:	
		Type of fracture/dislocation/rupture/tear	**Fracture cover amount**
		Skull (open fracture)	£6,000
		Skull (closed fracture)	£4,000
		Cheekbone	£1,500
		Jaw	£3,000
		Collar bone	£1,500
		Shoulder blade	£2,000
		Sternum	£2,000
		Arm	£3,500
		Ribs	£1,500
		Vertebra	£2,500
		Pelvis	£2,500
		Wrist	£2,000
		Upper leg	£6,000
		Lower leg	£4,000
		Ankle	£2,500
		Knee	£6,000
		Hand (excluding fingers and thumbs)	£1,500
		Foot (excluding toes)	£2,000
	Dislocation	If you suffer from the dislocation of bone from its normal position at the joint requiring surgical intervention, we'll pay:	
		Spine or hip	£6,000
		Patella, knee, ankle or shoulder	£5,000
		All other joints (excluding fingers, thumbs and toes)	£3,000
	Tendon rupture	If you suffer from the rupture of a tendon requiring surgical intervention, we'll pay:	
		Quadriceps	£4,000
		Achilles	£6,000
		Rotator Cuff	£2,500
		Biceps	£2,500
	Ligament tear	If you suffer from the complete tear of a ligament to the knee, hamstrings or ankle joints, confirmed by radiological imaging, we'll pay a sum as follows:	
		Knee	£4,000
		Hamstring	£3,000
		Ankle	£3,000

Increasing cover

<table>
<tr><th>Increasing cover</th><th>What it means for your policy</th></tr>
<tr><td>Subject to our acceptance following underwriting.</td><td>
You can automatically increase your cover amount each year without any further medical questions being asked.

If you have life and critical illness cover, this will also increase the benefits payable for additional critical illness, children's benefit (except hospital benefit), upgraded critical illness benefit, upgraded children's benefit (except hospital benefit), total permanent disability benefit and extra care cover (if selected). The references to cover amount in this section also include the amount you may be entitled to under any of your additional and/or optional benefits.

We won't increase your cover amount if it would mean that the total amount of cover a life covered has with us (on this policy and any others) exceeds the maximum we allow at the time. We'll tell you if this happens.

The way increasing cover applies depends on whether you have level or family income cover:
<table>
<tr><th>Cover</th><th>Increase</th></tr>
<tr><td>Level cover</td><td>
There are three increasing cover options:
• Increase in your cover amount based on the percentage increase in the Retail Prices Index (RPI) over the 12 month period ending 12 weeks before the start of the month of your policy anniversary date; or
• 3% increase in your cover amount on the anniversary date of your policy; or
• 5% increase in your cover amount on the anniversary date of your policy.

Your premiums will also increase each year. We'll calculate the increase in premium by multiplying the percentage increase in the cover amount by a factor not exceeding 2. We'll then multiply that amount by the current premium to work out what the new premium will be.

If you've chosen the RPI option:
• The maximum increase in your cover amount will be 10% each year.
• Your premium won't increase by more than 20%, unless you have also chosen reviewable premiums where a combined increase in premium could exceed 20%.
• If the change in RPI is 0% or below, your cover amount – and your premium – will stay the same.

You can choose not to increase your cover amount if you don't want to pay the higher premium. If you do this, your cover amount and your premiums will stay the same. You must tell us as soon as possible before the anniversary date if you want us to cancel the increase. We'll reinstate the increasing cover option the following year.

If you decide against the increase three times in a row, we'll remove increasing cover from your policy.

We'll write to you at least eight weeks before the anniversary date to tell you how much your cover amount and premiums will increase by.

The increase will take effect from the anniversary date.
</td></tr>
</table>
</td></tr>
</table>

	Family income cover	There are two increasing cover options: • 3% increase in your **cover amount** on the **anniversary date** of your policy, or • 5% increase in your **cover amount** on the **anniversary date** of your policy. Your **cover amount** will continue to increase until the end of the policy, even if we've accepted a claim. Your premiums won't increase.

Renewal option

Renewal option	What it means for your policy
Available if you have level life cover or level life and critical illness cover with guaranteed premiums. Only available if accepted on **standard terms.** Not available if you've taken out the increasing cover option.	You can renew your cover on your policy **end date** without any further medical questions being asked. You can use the renewal option as long as you haven't already made, nor are you eligible to make a claim for the **main benefit.** In addition, for life and critical illness cover, if you have made, or are eligible to make a claim for an **upgraded full payment condition** , upgraded accelerated surgery benefit, total permanent disability or **extra care cover**, you will not be able to use the renewal option. The new policy must: • start immediately after your original policy ends; and • have a **policy term** no longer than your original policy; and • have a **cover amount** less than, or equal to, the **cover amount** on your original policy. The new policy can include any of the other benefits and options (except for the increasing cover option) that are on your original policy as long as they're available at the time and any eligibility criteria are met. In addition, it can only have the waiver of premium option if you select a **deferred period** on your new policy which is no shorter than on your original policy. If you've already claimed for an **additional critical illness, children's critical illness, upgraded additional critical illness** or **upgraded children's critical illness** under your original policy, you won't be able to claim for that same condition on your new policy. The premium you'll pay for any new policy will be based on the rates available at the time of the request and the age of the **life covered**. The policy conditions in force at the time will apply to the new policy. If your original policy: • has life and critical illness cover – you can have the same cover on the new policy, or you can choose life cover only • has life cover – the new policy must also be life cover only • is a **single policy** – the new policy has to be a **single policy** • is a **joint policy** – the new policy can be either **single** or **joint**. Both policyholders need to agree to the new policy. It's not possible to change the **lives covered**.

Total permanent disability

Total permanent disability	What it means for your policy	What we pay
Available if you have life and critical illness cover until the **life covered**, or eldest **life covered** for a **joint policy**, turns 71. Subject to our acceptance following underwriting.	We'll pay this benefit if the **life covered** meets our definition of total permanent disability during the **policy term**. We have two definitions of total permanent disability: ● Own occupation. ● Activities of daily work. Your **policy schedule** will confirm which one applies to your policy. If your **policy schedule** confirms the definition applying to your policy is own occupation, but the **life covered** was not performing any type of work (for profit or pay) immediately before the onset of the total permanent disability, we'll use the activities of daily work definition. Total permanent disability – *unable before age 71 to do your own occupation ever again.* Loss of the physical or mental ability through an illness or injury before age 71 to the extent that the **life covered** is unable to do the material and substantial duties of their own occupation ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the **life covered's** own occupation that cannot reasonably be omitted or modified. Own occupation means your trade, profession or type of work you do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the **life covered** expects to retire. Disabilities for which the relevant specialists cannot give a clear prognosis are not covered. Total permanent disability – *unable before age 71 to do 3 specified work tasks ever again.* Loss of the physical ability through an illness or injury before age 71 to do at least three of the six work tasks listed below ever again. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the **life covered** expects to retire.	We'll pay the **cover amount** shown in the **policy schedule**.

Total permanent disability	What it means for your policy	What we pay
	The **life covered** must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. The work tasks are: 1. Walking – the ability to walk more than 200 metres on a level surface. 2. Climbing – the ability to climb up a flight of 12 stairs and down again, using the handrail if needed. 3. Lifting – the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table. 4. Bending – the ability to bend or kneel to touch the floor and straighten up again. 5. Getting in and out of a car – the ability to get into a standard saloon car, and out again. 6. Writing – the manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard. Disabilities for which the relevant specialists cannot give a clear prognosis are not covered. Once we've accepted a claim, the policy will end for all benefits under the policy except **extra care cover** (if selected), for which that **life covered** may be eligible to claim.	

Waiver of premium

Waiver of premium	What it means for your policy
Available until the **life covered**, or eldest **life covered** for a **joint policy**, turns 71. Subject to our acceptance following underwriting.	We'll pay your premiums if the **life covered** is either: ● unable to perform the duties of their own occupation because of their illness or injury; or ● meets the below activities of daily work criteria. We'll consider the **life covered's** ability to perform their own occupation, unless the **life covered** stopped performing any occupation (for profit or pay) more than 12 months before the start of the illness or injury. In these circumstances, we'll apply the activities of daily work definition. **Own occupation:** The **life covered** must be unable to perform the material and substantial duties that are normally required for and/or form a significant and integral part of the performance of the **life covered's** own **occupation** that cannot be reasonably omitted or modified. **Activities of daily work:** The **life covered** must be unable to perform at least two of the work tasks listed below. The **life covered** must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

Waiver of premium	What it means for your policy
	The work tasks are: • Walking – the ability to walk more than 200 metres on a level surface. • Climbing – the ability to climb up a flight of stairs and down again, using the handrail if needed. • Lifting – the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table. • Bending – the ability to bend or kneel to touch the floor and straighten up again. • Getting in and out of a car – the ability to get into a standard saloon car, and out again. • Writing – the manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard. After we've accepted a claim, we apply a **deferred period** before we start paying your premiums. So you should carry on paying your premiums until the end of the **deferred period.** When the **deferred period** ends, we'll stop collecting your premiums until the earliest of the: • policy **end date**; or • date the **life covered** is able to perform the duties of their own **occupation** or they no longer meet the activities of daily work as described above; or • date the **life covered** starts any type of work (for profit or pay); or • date we accept a claim for the **main benefit**; or • (for life and critical illness cover only) date we accept a claim for the **main benefit, upgraded critical illness benefit,** total permanent disability benefit and extra care cover benefit (if selected). If the **life covered** becomes able to perform the duties of their own **occupation**, they no longer meet the activities of daily work definition, they start any type of work, or the eldest **life covered** turns 71, you will need to resume paying premiums in order to keep the policy in force. In order for us to continue waiving your premiums, we'll require evidence that the **life covered** is still unable to perform the duties of their own **occupation** or meet the activities of daily work as described above. You can't claim for waiver of premium if we establish that the **life covered** is living outside Andorra, Australia, Canada, the Channel Islands, the European Union, the Faroe Islands, Gibraltar, the Isle of Man, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, the UK, USA or the Vatican City for more than 13 consecutive weeks in any 12 month period. If the **life covered** or the eldest **life covered** for a **joint policy** turns 71 whilst they are claiming waiver of premium, they will no longer be eligible for the benefit and will be required to restart paying premiums to allow the policy to continue.

Additional benefits

Your **policy schedule** will show which additional benefits are included on your policy.

House purchase cover

House purchase cover	What it means for your policy	What we pay
Available with level or decreasing cover. Not available for family income cover.	Gives you free cover from when you exchange contracts to when your house purchase is completed. In Scotland, the free cover is available from when missives are completed for the property to the date of entry. The free cover will include death benefit. It begins when we've accepted your application and after you've exchanged contracts – or missives are completed – as long as you've given us a future **start date** for your policy which coincides with the completion of your house purchase/date of entry. The free cover ends on the earlier of: ● 90 days; or ● the date of completion/date of entry; or ● the policy **start date**. Once we've accepted a claim for house purchase cover, the policy will end and you won't be able to make another claim. We won't pay if the death of the **life covered** is caused by suicide or intentional self-inflicted injury. If this happens the policy will end.	We'll pay the lower of: ● £500,000; or ● the purchase price of the house (as confirmed when contracts are exchanged); or ● the **cover amount** shown in the **policy schedule**.

Life change benefit

<table>
<tr><th>Life change benefit</th><th>What it means for your policy</th></tr>
<tr><td>Available with all types of cover.

Can be used six months from the start date.</td><td>
If your circumstances change, you can take out more cover through an additional policy without any further medical questions being asked. The life change benefit will only be included if:

we accepted your policy on standard terms; and
the eldest life covered is under age 55 at the policy start date; and
you are the policyholder as well as the life covered; and
you didn't take out your policy under the life change benefit or separation benefit.

<table>
<tr><th>Life change</th><th>Evidence needed</th></tr>
<tr><td>Marriage or civil partnership</td><td>Marriage or civil partnership certificate</td></tr>
<tr><td>Divorce, dissolution of civil partnership or separation</td><td>Decree absolute or dissolution order, evidence of new mortgage, mortgage transfer or new separate addresses</td></tr>
<tr><td>Becoming a parent</td><td>Birth or adoption certificate</td></tr>
<tr><td>Increased mortgage due to a house move or purchase, or carrying out home improvements</td><td>Evidence of new mortgage or increase on existing mortgage, or builder's receipts for work carried out</td></tr>
<tr><td>20% increase in salary due to change of employer or promotion</td><td>Copy of recent payslips dated within 90 days of each other</td></tr>
</table>
You can use the life change benefit as many times as you like as long as:

you take out the new policy before the eldest life covered turns 55; and
you take out the new policy within 90 days of the life change happening; and
you send us the evidence we need; and
you haven't already made, nor are you eligible to make, a claim for any benefit except for children's benefit or upgraded children's benefit; and
the premium of the new policy meets the minimum premium limit that applies at the time.

If your original policy:

is a single policy – the new policy has to be a single policy.
is a joint policy – the new policy can be either single or joint. Both policyholders need to agree to the new policy.

It's not possible to change the lives covered.

The new policy can include the options and benefits that are on your original policy as long as they're available at the time except for the life change benefit, separation benefit or the conversion, renewal, fracture cover or global treatment options. In addition, it can only have the waiver of premium option if you select a deferred period on your new policy which is no shorter than on your original policy.
</td></tr>
</table>

<table>
<tr><th>Life change benefit</th><th colspan="2">What it means for your policy</th></tr>
<tr><td rowspan="4"></td><td colspan="2">The following limits apply depending on the type of cover you have:</td></tr>
<tr><td>Cover</td><td>Limits</td></tr>
<tr><td>Level and decreasing cover</td><td>For mortgage increases, the new cover amount cannot exceed the mortgage increase.

The total cover amount for all the policies you take out using the life change benefit must not exceed the lower of:

● £200,000; or
● the original cover amount.

The new policy must end before the eldest life covered on your original policy turns 70.</td></tr>
<tr><td>Family income cover</td><td>The total cover amount for all the policies you take out using the life change benefit must not exceed the lower of:

● the original cover amount; or
● the equivalent of £8,000 a year.

The new policy must end on the earlier of:

● the end date of the original policy; or
● before the oldest life covered turns 70.</td></tr>
<tr><td colspan="2">The premium you'll pay for any new policy will be based on the rates available at the time of the request and the personal circumstances of the life covered. The policy conditions in force at the time will apply to the new policy.</td></tr>
</table>

Separation benefit

<table>
<tr><th>Separation benefit</th><th>What it means for your policy</th></tr>
<tr><td>Available with all types of cover.

Applies only if you have a joint policy.

Can be used six months from the start date.</td><td>
If you separate, you can split your joint policy and each take out a new single policy without any further medical questions being asked.

The separation benefit will only be included if:
● we accepted your policy on standard terms; and
● the eldest life covered is under age 55 at the policy start date; and
● you are the policyholder as well as the life covered.

<table>
<tr><th>Separation</th><th>Evidence needed</th></tr>
<tr><td>Divorce, dissolution of civil partnership or separation</td><td>Decree absolute or dissolution order, evidence of new mortgage, mortgage transfer or new separate addresses</td></tr>
<tr><td>Mortgage transferred into one name only</td><td>Evidence of mortgage transfer</td></tr>
<tr><td>Moving into a different house</td><td>Evidence of new mortgage or new address</td></tr>
</table>
You can use the separation benefit as long as:
● you and the other life covered agree to cancel the original policy; and
● you take out the new policy before the eldest life covered turns 55; and
● you take out the new policy within 90 days of the separation happening; and
● you send us the evidence we need; and
● neither of you have already made, nor are you eligible to make a claim for any benefit except children's benefit or upgraded children's critical illness benefit; and
● the premium of the new policy meets the minimum premium limit that applies at the time.

The new policy:
● can only start when your original policy has been cancelled; and
● has to end before you turn 70; and
● has to have a cover amount which is less than, or equal to, the current cover amount. If you have family income cover, the new policy can't last longer than your original policy.

You can only use the separation benefit once.

The new policy can include any of the other benefits and options (except for the life change benefit, separation benefit or the conversion or renewal option) that are on your original policy as long as they're available at the time and any eligibility criteria are met. In addition, it can only have the waiver of premium option if you select a deferred period on your new policy which is no shorter than on your original policy.

The premium you'll pay for any new policy will be based on the rates available at the time of the request and the personal circumstances of the life covered. The policy conditions in force at the time will apply to the new policy.
</td></tr>
</table>

Making changes to your policy

You can make certain changes to your policy six months from the **start date,** provided you're neither claiming nor eligible to make a claim. If you ask to make any changes, they will apply from the date your next premium is due.

Amending your policy

If you make any of the following changes, we'll amend your policy:

- Reducing the **cover amount**.
- Reducing the **policy term**.
- Increasing the **policy term**.
- Changing from monthly to yearly premiums, or the other way round.
- Removing any of the options that you selected at outset.

With the exception of increasing the **policy term**, you can make the above changes without any further medical questions being asked.

If you want to increase the **policy term**, we may need to ask some further medical questions. Depending on the answers, we may not be able to carry out the increase. You can't increase the **policy term** if your policy includes the increasing cover or conversion/renewal options.

If you want to remove an option, we'll remove the charge for that option from your premium. For increasing the **policy term,** we'll use the premium rates available when we make the change, based on the **personal circumstances** of the **life covered.**

If you have family income cover and you selected the increasing cover option, it cannot subsequently be removed from the policy.

For all other changes, we'll use the original premium rates based on the **personal circumstances** of the **life covered.**

After you've made any of the above changes, your premium can't be lower than the minimum premium limit which applies at the time we agree to your request.

These **policy conditions** will continue to apply to your amended policy.

Issuing a new policy

If you increase the **cover amount,** we'll issue a new policy to go with your original policy, which will remain in force.

We may need to ask some further medical questions. Depending on the answers, we may not be able to carry out the change. If we can carry out the change, the policy conditions in force at the time will apply to the new policy.

For life and critical illness cover only

In addition to the above, you can also change the policy to become a life cover only policy. However, this will also remove the accelerated surgery benefit, **additional critical illness** benefit, **children's benefit, upgraded critical illness benefit, upgraded children's benefit, extra care cover** and total permanent disability.

Making a claim

If you need to make claim, please contact us on 0800 015 1142 (from outside of the UK, please call +44 1603 603 479). Our claims line is open Monday to Friday 8:00am to 8.00pm; Saturday 8.30am 5:00pm; Sunday 10.00am to 4.00pm.

Before we can pay a claim we need to assess it. To do this, we'll ask for some important information. If we ask for information from third parties, we'll pay for it. If you want to, you can provide additional evidence at your own expense.

The kind of information we need may include, but isn't limited to, the following:

- Proof that the event giving rise to the claim has happened.
- Proof that a **child** has died or met our definition for **children's benefit** or **upgraded children's benefit.**
- Proof of who legally owns the policy.
- Written consent that lets us:
  - access the medical records or reports of the **life covered** or **child**
  - receive the results of any medical examinations or tests of the **life covered**.
- Conversations with, and reports from, third parties such as coroners, **attending consultants**, employers and the police.

If you make a claim, all medical certificates and results of medical examinations must be provided by medical practitioners resident and practising in Andorra, Australia, Canada, the Channel Islands, the European Union, the Faroe Islands, Gibraltar, the Isle of Man, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, the UK, USA or the Vatican City.

For **extra care cover,** total permanent disability and waiver of premium claims, we may ask the **life covered** to have regular medical examinations. If we do, we'll appoint a medical examiner to carry them out.

For waiver of premium claims, the **life covered** must take all necessary steps to help their recovery.

If you have family income cover and we accept a claim, you can decide to take the **cover amount** as a cash lump sum instead of monthly instalments at any time. However, if you do, we'll have to recalculate your benefit. This means it will be less than the total amount of the monthly installments. We'll calculate the reduction fairly and reasonably so it reflects how much it costs us to pay out in advance.

Acceptance of a claim for the **main benefit** under the policy does not automatically infer you will be eligible to claim under the global treatment option; claims for global treatment will be assessed in their own right as described in the global treatment option section (if selected).

When we assess a claim, we rely on the information we're given. If any of the information is untrue or incomplete, it could affect whether we pay a claim or not, and may mean we won't pay a claim. Or, if we've already paid a claim, it may mean we can reclaim the money. If this happens, we won't make any further payments. We may also cancel the policy without refunding any premiums.

This doesn't affect any other legal rights we have.

If we accept a claim, we'll make any relevant payment to the person who is legally entitled to receive it.

Your premiums

In order for cover to be maintained, you need to pay your premiums.

You can pay premiums yearly or monthly by Direct Debit. All Direct Debits need to come from a bank or building society in the UK, the Channel Islands, the Isle of Man or Gibraltar, in the currency of the UK.

We show the initial premium you'll pay, and the date it and subsequent premiums are due, in the **policy schedule.** You have 60 days from each due date to pay your premium. If you have to make a claim during this period, we'll deduct the unpaid premium from the benefit we pay.

If you don't pay your premiums within the 60 day period, we'll cancel your policy. If this happens, you won't be able to make a claim.

For life cover only, your premiums will be guaranteed.

For life and critical illness cover, your premiums can be guaranteed or reviewable. Your **policy schedule** will show which premiums you have.

Guaranteed premiums will not increase over the **policy term**, unless you make subsequent changes to your policy, or if you have selected the increasing cover option or the global treatment option.

Your **policy schedule** will show which options you have.

Reviewable premiums

This applies only where you have chosen life and critical illness cover.

Your **policy schedule** will confirm whether you have reviewable premiums.

We review your premiums every five years over the **policy term** to determine if you're paying the right price for the **cover amount** you've chosen.

If our review shows your premium needs to change, we'll assess the change fairly. We'll use certain assumptions to work out what the new premium should be. We won't look at the **personal circumstances** of the **life covered.**

These assumptions will be based on our view of the following factors:

- The expected impact of medical advances and trends which may affect our expectation of future claims.
- Industry developments and claims experience.
- Changes to legislation, taxation and regulation.
- The amount, timing and cost of claims we're paying now, and those we may pay in the future.

Your premium may increase or decrease based on our assumptions at the review date. There are no limits on how much your premium can change by.

Following our five yearly review, we'll write to you to let you know the outcome of the review at least 30 days before the **anniversary date** and:

- if the change is less than 2% or 50p, your premium will stay the same
- if your premium goes down, we'll automatically change your Direct Debit
- if your premium goes up, you have two options:
  - you can pay the increased premium and we'll automatically change your Direct Debit.
  - you can keep your premium the same and reduce your **cover amount.** If you want to do this, you need to let us know before the **anniversary date.** If you don't, we'll increase your premium. You should then check to make sure that the **cover amount** is right for you.

Any changes to your premium, or your **cover amount,** will apply from the fifth anniversary of your policy and every five years thereafter.

Changing your details

You need to let us know if your contact details, or those of any **life covered,** change.

Acceptance of instructions

We can't accept any instruction, request or notice from you until we receive all the information we need. We'll tell you what kind of information or documentation we need.

Cancelling your policy

You have a 30 day cooling off period to change your mind. If you cancel within this period, we'll refund any premiums you've paid. The cooling off period begins on the later of:

- the day we tell you when your policy will start; and
- the day you receive your policy documents.

You can still cancel the policy after the cooling off period ends, or remove any of the options (six months from the **start date**), but we won't refund your premiums. If you do this, you won't be able to make a claim.

Eligibility

You must be at least 18 to apply for this policy and, if different, the **life covered** must also be 18. You must be a **resident** of the UK, the Channel Islands, the Isle of Man or Gibraltar.

General conditions

Policy amendments

We may alter these **policy conditions** for any of the following reasons:

- To respond, in a proportionate manner, to changes in:
  - the way we administer these type of policies
  - technology or general practice in the life and pensions industry
  - taxation, law or the interpretation of the law, decisions or recommendations of an ombudsman, regulator or similar body, or any code of practice with which we intend to comply.
- To correct errors if it is fair and reasonable to do so.

If we think any alteration to these **policy conditions** is to your advantage, we'll make it immediately and tell you at a later date. We'll also do this if the alteration is due to regulatory requirements.

If any alteration is to your disadvantage, we'll aim to tell you in writing at least 60 days before we make it. However, external factors beyond our control may mean we have to give you less notice.

If you're not happy with any alteration we make to your policy, you can cancel it.

Incorrect information

If the date of birth of any **life covered** is wrong, we'll base the payment we make for any successful claim on the correct date of birth. We'll tell you if this happens.

If, using the correct date of birth, the age of any **life covered** when you took out your policy would have been outside our limits, we'll cancel your policy. If this happens, we'll tell you. You won't be able to make a claim after we've cancelled your policy. However, we'll refund all your premiums (without interest).

We rely on the information provided to us. If any of it is untrue or incomplete and would have affected our decision to provide your policy, we may:

- change the terms of your policy
- change the premiums you have to pay
- cancel your policy and refund the premiums you've paid (without interest).

If we cancel your policy, you won't be able to make a claim.

Trusts and assignments

If the policy is placed under trust or transferred to someone else (assigned), any generic reference in documents to 'critical illness' shall include **critical illness** benefit, **additional critical illness,** accelerated surgery benefit, **children's benefit** and, if selected, **upgraded critical illness benefit, upgraded children's benefit, extra care cover** and total permanent disability, unless otherwise stated.

The global treatment and fracture cover optional benefits, if selected, cannot be gifted under trust and global treatment cannot be transferred to someone else.

Third party rights

This policy does not give any rights to anyone except you and us.

We may, with your agreement, amend or cancel this policy without reference to, or consent from, any other person.

General

If you want to transfer (‘assign’) the policy to someone else, you must tell us in writing before we can pay a claim. Where appropriate, words in the singular include the plural and vice versa.

Law

This policy is issued in England, under English law.

Definitions

Throughout these **policy conditions** we have highlighted defined terms in bold type (except for personal terms like “we” and “you”) so you know when they apply. The meanings of these words are set out below.

You or **your** refers to the **policyholder(s)** named in the **policy schedule**, or anyone else who becomes the legal owner of the policy.

We, **us** or **our** means Aviva Life & Pensions UK Limited.

Additional critical illness

The diagnosis of an illness or condition suffered by the **life covered**, as detailed in Appendix 1B. This only applies if you have life and critical illness cover.

Advanced illness

The diagnosis of an illness suffered by the **child**, as detailed in Appendix 3C. This only applies if you have life and critical illness cover and only where you have selected **upgraded children’s benefit**.

Anniversary date

The anniversary of the **start date** shown in the **policy schedule**.

Attending consultant

A surgeon, anesthetist or physician who is legally entitled to practice medicine or surgery following attendance at a recognised medical school and is recognised by the relevant authorities in the country in which the treatment takes place as having a specialised qualification in the field.

Child

The natural, step, legally adopted and/or future children of any **life covered**.

Child extra care cover

The diagnosis of, or the undergoing of surgery for an illness or condition suffered by the **child** as detailed in Appendix 3B. This only applies if you have life and critical illness cover and only where you have selected **upgraded children's benefit**.

Children's benefit

This includes the benefits **children's critical illness**, hospital benefit and children's death benefit. This only applies if you have life and critical illness cover.

Children's critical illness

The diagnosis of, or the undergoing of surgery for an illness or condition suffered by the **child**, as detailed in Appendix 1D. This only applies if you have life and critical illness cover.

Cover amount

The amount we pay for the **main benefits** under this policy. The **cover amount** is shown in your **policy schedule**. For family income cover, the **cover amount** is shown as a monthly figure. Following a successful claim, we'll pay this monthly **cover amount** for each full month until the policy **end date**.

Critical illness

The diagnosis of, or the undergoing of surgery for an illness or condition, suffered by the **life covered**, as detailed in Appendix 1A. This only applies if you have life and critical illness cover.

Deferred period

The number of consecutive months which must pass before the policyholder becomes entitled to receive the benefit provided by the waiver of premium option. The deferred period is shown in your **policy schedule**.

End date

The date that cover under this policy will end. This is shown in your **policy schedule** either as a specific date, or an expiry age. If you have family income cover and have made a successful claim, your monthly instalments will stop on the **end date**.

Extra care cover

If selected, the **life covered** may be eligible for this benefit if we have accepted a claim under the policy for **critical illness, upgraded full payment conditions** or total permanent disability.

Or, the life covered may be eligible for this benefit if they are unable to perform at least three of the activities of daily living and are not eligible to claim for **main benefit, upgraded full payment conditions,** upgraded accelerated surgery benefit or total permanent disability.

A claim can be made for this benefit after all other benefits under the policy have ceased.

Once we accept a claim, the policy will end.

This only applies if you have life and critical illness cover.

Joint policy

The policy can cover up to two people – usually you and your partner, spouse or civil partner. A **joint policy** will only pay out once following a successful claim for the **main benefit**, total permanent disability benefit, **upgraded full payment conditions,** or upgraded accelerated surgery benefit unless **extra care cover** has been selected, in which case the **life covered** who successfully claimed may also be eligible for **extra care cover**. When we've accepted a claim for the **main benefit**, total permanent disability benefit, **upgraded full payment conditions** or upgraded accelerated surgery benefit for one person, all benefits for both lives will stop. The policy will then end unless the life covered for which we accepted the claim has **extra care cover** and is eligible to claim for that benefit.

Life covered

The person whose life is being covered.

Main benefits

For life cover only, the **main benefits** are death benefit and **terminal illness** benefit. For life and critical illness cover, the **main benefits** are death benefit, **terminal illness** benefit, **critical illness** benefit and accelerated surgery benefit.

Personal circumstances

These can include the age, smoker status (both previous and current), health and lifestyle of the **life covered**.

Policy conditions

This document which forms our contract of insurance with you providing the cover under the policy as agreed. The application (that you made and which we have accepted) and the **policy schedule** also form part of the contract and must be read together with these policy conditions.

Policy schedule

This will show the specific detail of your policy, such as who it covers, the **cover amount,** how much it will cost and any optional benefits or additional benefits included. The definition also includes any subsequent amendments to your policy, which we confirm to you in writing.

Policy term

This is the period your policy is in force, from the **start date** until the **end date**.

Resident

At the time you complete the application you must be physically living in the named territory and:

- a citizen of that territory or a British Overseas Territories citizen; or
- have been granted permission to settle permanently in the named territory.

Retail Prices Index (RPI)

The monthly index calculated by the government that demonstrates the movement of retail prices in the UK, or an equivalent replacement of that index.

Single policy

A policy which covers the life of just one person.

Standard terms

The premium and benefits we quote before the underwriting process is completed.

Following an application being underwritten, we may only be able to offer cover with a higher premium than first quoted, with certain benefits excluded, or both. This would not be classed as **standard terms**. We will have told you whether you were accepted on **standard terms** when confirming our decision on your application.

Start date

The date on which cover under this policy starts. It's shown in the **policy schedule**.

Surgical treatments

A surgical treatment detailed in Appendix 1C. This only applies if you have life and critical illness cover.

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:

- 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 12 months.

Upgraded additional critical illness

The diagnosis of, or the undergoing of surgery for an illness or condition suffered by the **life covered,** as detailed in Appendix 2B. This only applies if you have life and critical illness cover and only where you have selected **upgraded critical illness benefit** .

Upgraded children's benefit

This includes the benefits **upgraded children's critical illness, child extra care cover, advanced illness,** hospital benefit and children's death benefit. This only applies if you have life and critical illness cover and only where you have selected **upgraded children's benefit**.

Upgraded children's critical illness

The diagnosis of, or the undergoing of surgery for an illness or condition suffered by the **child,** as detailed in Appendix 3A. This only applies if you have life and critical illness cover and only where you have selected **upgraded children's benefit** .

Upgraded critical illness benefit

This includes the benefits **upgraded full payment conditions, upgraded additional critical illness** benefit, and upgraded accelerated surgery benefit. This only applies if you have life and critical illness cover and only where you have selected **upgraded critical illness benefit**.

Upgraded full payment condition

The diagnosis of, or the undergoing of surgery for an illness or condition suffered by the **life covered,** as detailed in Appendix 2A. This only applies if you have life and critical illness cover and only where you have selected **upgraded critical illness benefit** .

Upgraded surgical treatments

A surgical treatment listed in Appendix 2C. This only applies if you have life and critical illness cover and only where you have selected **upgraded critical illness benefit** .

Appendix 1 – Main benefits and additional benefits under life and critical illness cover

(A) Critical illnesses

For each **critical illness** listed in alphabetical order below, we have set out the definition we'll use when we're assessing a claim.

Aorta graft surgery

The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft. The term aorta includes the thoracic and abdominal aorta, but not its branches.

The following are not covered:

- any other surgical procedure, for example, the insertion of stents or endovascular repair.

Aplastic anaemia – with bone marrow failure

A definite diagnosis of aplastic anaemia by a consultant haematologist. There must be permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.

Bacterial meningitis – resulting in permanent symptoms

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be confirmed by a consultant neurologist.

The following are not covered:

- all other forms of meningitis including viral meningitis.

Benign brain tumour – resulting in permanent symptoms or undergoing defined treatments

A non-malignant tumour or cyst originating in the brain, cranial nerves or meninges within the skull, resulting in any of the following:

- 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.

The following are not covered:

- tumours in the pituitary gland
- angiomas.

Blindness – permanent and irreversible

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, certified by an ophthalmologist.

Brain injury due to anoxia or hypoxia – resulting in permanent symptoms

Death of brain tissue due to reduced oxygen supply (anoxia or hypoxia) resulting in permanent neurological deficit with persisting clinical symptoms.

Cancer – excluding less advanced cases

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:

- leukaemia
- sarcoma
- lymphoma (except cutaneous lymphoma - lymphoma confined to the skin)
- pseudomyxoma peritonei
- Merkel cell cancer

The following are not covered:

- all cancers which are histologically classified as any of the following:
  - pre-malignant
  - non-invasive
  - cancer in situ
  - having borderline malignancy
  - 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 T2bN0M0
- malignant melanoma skin cancer that is confined to the epidermis (outer layer of skin)
- any non-melanoma skin cancer or cutaneous lymphoma unless it has spread to lymph nodes or distant organs.

Cardiac arrest – with insertion of a defibrillator

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and either of the following devices being surgically implanted:

- implantable cardioverter-defibrillator (ICD); or
- cardiac resynchronisation therapy with defibrillator (CRT-D).

Cardiomyopathy – of specified severity

A definite diagnosis of cardiomyopathy by a consultant cardiologist. There must be clinical impairment of heart function resulting in permanent loss of ability to perform physical activities to at least class 3 of the New York Heart Association (NYHA) classification of functional capacity (i.e. heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain).
The following are not covered:

- all other forms of heart disease, heart enlargement and myocarditis.

Coma – with associated permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems; and
- results in associated permanent neurological deficit with persisting clinical symptoms.

Coronary artery bypass graft

The undergoing of surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Creutzfeldt-Jakob disease

A definite diagnosis of Creutzfeldt-Jakob disease by a consultant neurologist.

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.

Dementia – resulting in permanent symptoms

A definite diagnosis of dementia including 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:

- remember; and
- reason; and
- perceive, understand, express and give effect to ideas.

Encephalitis – resulting in permanent symptoms

A definite diagnosis of encephalitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

Heart attack

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- new characteristic electrocardiographic changes or other positive findings on diagnostic imaging tests
- the characteristic rise of cardiac enzymes or Troponins.

The evidence must show a definite acute myocardial infarction.

The following are not covered:

- other acute coronary syndromes
- angina without myocardial infarction.

Heart valve replacement or repair

The undergoing of surgery on the advice of a consultant cardiologist to replace or repair one or more heart valves.

HIV infection – caught from a blood transfusion, a physical assault or at work

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment; or
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment,

after the start of the policy and satisfying all of the following:

- 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 five days of the incident
- there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.

The following are not covered:

- HIV infection resulting from any other means, including sexual activity or drug misuse.

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.

Liver failure

Chronic liver disease, being end stage liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy.

Loss of hand or foot – permanent physical severance

Permanent physical severance of a hand or foot at or above the wrist or ankle joint.

Loss of speech – total, permanent and irreversible

Total, permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

Major organ transplant – from another donor where applicable

The undergoing as a recipient a transplant of:

- 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.

The following is not covered:

- transplant of any other organs, parts of organs, tissues or cells.

Motor neurone disease – resulting in permanent symptoms

A definite diagnosis of one of the following motor neurone diseases by a consultant neurologist:

- amyotrophic lateral sclerosis (ALS)
- Kennedy's disease
- primary lateral sclerosis (PLS)
- progressive bulbar palsy (PBP)
- progressive muscular atrophy (PMA)
- spinal muscular atrophy (SMA).

There must also be permanent clinical impairment of motor function.

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.

Paralysis of a limb – total and irreversible

Total and irreversible loss of muscle function to the whole of a limb.

Parkinson's disease – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease by a consultant neurologist. There must be permanent clinical impairment of motor function with associated tremor or muscle rigidity.

The following are not covered:

- Parkinsonian syndromes
- Parkinsonism.

Pulmonary arterial hypertension – of specified cause and severity

A definite diagnosis of one of the following by a consultant cardiologist or consultant respiratory physician of either:

- idiopathic pulmonary arterial hypertension
- chronic thrombo-embolic pulmonary hypertension.

There must be all of the following:

- 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).

Pulmonary artery surgery

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) or thoracotomy on the advice of a consultant cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Respiratory failure – of specified severity

Confirmation by a consultant physician of severe lung disease with permanent impairment of lung function resulting in all of the following:

- the need for daily oxygen therapy for a minimum of 15 hours per day for at least six months
- forced expiratory volume at 1 second (FEV1) below 50% of normal
- forced vital capacity (FVC) below 50% of normal.

Spinal stroke – resulting in permanent symptoms

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms.

Stroke

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in either:

- permanent neurological deficit with persisting clinical symptoms; or
- definite evidence of death of tissue or haemorrhage on a brain scan and neurological deficit with persistent clinical symptoms lasting at least 24 hours.

The following are not covered:

- transient ischaemic attacks (TIA)
- death of tissue of the optic nerve or retina/eye stroke.

Structural heart surgery

The undergoing of heart surgery requiring median sternotomy (surgery to divide the breast bone) or thoracotomy on the advice of a consultant cardiologist to correct any structural abnormality of the heart.

Systemic lupus erythematosus – of specified severity

A definite diagnosis of systemic lupus erythematosus by a consultant rheumatologist resulting in either of the following:

- permanent neurological deficit with persisting clinical symptoms; or
- permanent impairment of kidney function with glomerular filtration rate (GFR) below 30 ml/min.

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% of the body's surface area or covering at least 20% of the surface area of the face or head.

Traumatic brain injury – resulting in permanent symptoms

Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.

(B) Additional critical illness

For each **additional critical illness** we have set out the definition we'll use when we're assessing a claim.

Less advanced cancer of the breast – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the breast with surgery to remove the tumour.

Less advanced cancer of the prostate – of specified severity and treatment

Tumours of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive providing the tumour has progressed to a clinical TNM classification between T1N0M0 and T2aN0M0 and the tumour has been treated by one of the following:

- complete removal of the prostate
- external beam or interstitial implant therapy
- cryotherapy
- hormone therapy
- high intensity focused ultrasound.

The following is not covered:

- prostate cancers where the treatment is not one of the specified treatments above, or requires observation only.

(C) Surgical treatment

We will make an advance payment of the **cover amount** if the **life covered** is placed on an NHS waiting list for one of the following surgical treatments:

- aorta graft surgery
- coronary artery bypass grafts
- heart valve replacement or repair
- major organ transplant
- pulmonary artery surgery
- structural heart surgery.

Full definitions for these **surgical treatments** are detailed in Appendix 1A.

(D) Children's critical illness

We will pay for the **critical illnesses** listed in Appendix 1(A) above and the **additional critical illnesses** listed in Appendix 1(B) above.

Appendix 2 – Upgraded critical illness benefit

(A) Upgraded full payment condition

This includes all of the **critical illnesses** covered in Appendix 1A, together with the **upgraded full payment conditions** listed below. For each of the **upgraded full payment conditions** listed in alphabetical order below, we have set out the definition we'll use when we're assessing a claim.

Benign spinal cord tumour – resulting in permanent symptoms

A non-malignant tumour in the spinal canal, involving the meninges or the spinal cord. This tumour must be interfering with the function of the spinal cord which results in permanent neurological deficit with persisting clinical symptoms.

The following are not covered:

- cysts
- granulomas
- malformations in the arteries or veins of the spinal cord
- haematomas
- abscesses
- disc protrusions
- osteophytes.

Crohn's disease – treated with two intestinal resections or total colectomy

A definite diagnosis by a consultant gastroenterologist of Crohn's disease, resulting in either:

- surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions; or
- total colectomy (removal of entire large bowel).

Heart failure – of specified severity

A definite diagnosis by a consultant cardiologist of failure of the heart to function as a pump which is evidenced by all of the following:

- permanent and irreversible limitation of function to at least class III on the New York Heart Association (NYHA) classification of functional capacity (ie. heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain)
- permanent and irreversible ejection fraction of 39% or less.

Intensive care – requiring mechanical ventilation for 10 consecutive days

Any sickness or injury resulting in the insured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an intensive care unit in a UK hospital.

Interstitial lung disease – of specified severity

A definite diagnosis of interstitial lung disease by a consultant respiratory physician resulting in all of the following:

- radiological evidence of pulmonary fibrosis
- permanent and irreversible DLCO (diffusing capacity of the lung for carbon monoxide) below 40% of predicted.

Neuromyelitis optica (Devic's disease) – where there have been symptoms

A definite diagnosis of neuromyelitis optica (Devic's disease) by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by neuromyelitis optica.

The following is not covered:

- neuromyelitis optica spectrum disorder.

Parkinson's plus syndromes – resulting in permanent symptoms

A definite diagnosis of one of the following Parkinson's plus syndromes by a consultant neurologist:

- multiple system atrophy
- progressive supranuclear palsy
- Parkinsonism-dementia-ALS complex
- diffuse lewy body disease
- corticobasal degeneration.

There must also be permanent clinical impairment of at least one of the following:

- motor function; or
- eye movement disorder; or
- postural instability; or
- dementia.

The following are not covered:

- other Parkinsonian syndromes
- Parkinsonism.

Peripheral vascular disease – requiring bypass surgery

A definite diagnosis of peripheral vascular disease by a consultant cardiologist or vascular surgeon with objective evidence from imaging of obstruction in the arteries requiring bypass graft surgery to an artery of the legs.

The following is not covered:

- angioplasty.

Pneumonectomy

The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung due to disease or traumatic injury.

The following is not covered:

- other forms of surgery to the lungs including removal of a lobe of the lungs (lobectomy) or lung resection.

Psychosis and bipolar affective disorder – of specified severity

A definite diagnosis by a consultant psychiatrist of any of the following:

- bipolar affective disorder; or
- paranoid (delusional) psychosis; or
- schizo-affective disorder; or
- schizophrenia,

which has resulted in at least three of the following occurring within one year:

- being under the care of a psychiatrist, psychiatric nurse, community mental health team or approved social worker
- chronic symptoms lasting at least a year or requiring continuous therapy or medication to control them
- in patient admission to a psychiatric ward for at least 14 consecutive nights
- a court order being made by the Court of Protection under the Mental Capacity Act.

For the above definition the following are not covered:

- delirium where there is no underlying psychiatric disorder
- conditions caused by or exacerbated by alcohol or drug misuse.

Rheumatoid arthritis – of specified severity

Severe chronic rheumatoid arthritis evidenced by widespread joint destruction and deformity of at least three major joint groups, resulting in the inability to do three of the following:

- bend or kneel to pick up an object from the floor
- use hands or fingers to pick up or manipulate small objects such as cutlery or a pen
- lift or carry an everyday object such as a kettle
- walk a distance of 200m on flat ground with or without the use of a walking stick and without experiencing severe discomfort.

Syringomyelia or syringobulbia – requiring surgery

The undergoing of surgery to treat a syrinx in the spinal cord or brain stem.

Ulcerative colitis – with total colectomy

A definite diagnosis of ulcerative colitis by a consultant gastroenterologist, which is treated with total colectomy (removal of entire large bowel).

(A) Upgraded additional critical illness

Instead of the **additional critical illnesses** listed in Appendix 1B, we'll cover the following **upgraded additional critical illnesses** . For each of the **upgraded additional critical illnesses** listed in alphabetical order below, we have set out the definition we'll use when we're assessing a claim.

Aortic aneurysm – with endovascular repair

The undergoing of endovascular repair of an aneurysm of the thoracic or abdominal aorta with a graft.

The following is not covered:

- procedures to any branches of the thoracic or abdominal aorta.

Aplastic anaemia – of specified severity

A definite diagnosis of aplastic anaemia by a consultant haematologist. There must be bone marrow hypocellularity confirmed by biopsy with at least two of the following:

- absolute neutrophil count (ANC) <0.5 x 10^9/L
- platelet count <20 x 10^9/L
- Hb <100 g/L (<10g/dL)

The following is not covered:

- other types of anaemia.

Carotid artery stenosis – with surgical repair

The undergoing of endarterectomy or angioplasty with or without stent on the advice of a consultant physician to treat severe symptomatic stenosis in a carotid artery. This operation must be to treat:

- at least 50% diameter narrowing; and
- angiographic evidence will be required.

Cauda equina syndrome – with permanent symptoms

Compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- permanent bladder dysfunction; and
- permanent weakness and loss of sensation in the legs.

The diagnosis must be supported by appropriate neurological evidence.

Central retinal artery or vein occlusion – with permanent visual impairment

Death of the optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in permanent visual impairment of the affected eye.

The following are not covered:

- branch retinal artery or vein occlusion or haemorrhage
- traumatic injury to tissue of the optic nerve or retina.

Cerebral or spinal aneurysm – with specified surgery

The undergoing of either of the following surgical procedures:

- surgical correction via craniotomy (surgical opening of the skull) or embolisation treatment using coils or other materials, in order to treat a cerebral aneurysm; or
- surgical resection, wrapping, clipping or embolisation of a spinal aneurysm.

Cerebral or spinal arteriovenous malformation – with specified surgery

The undergoing of either of the following surgical procedures:

- surgical correction via craniotomy (surgical opening of the skull) or endovascular treatment using coils or other materials, in order to treat a cerebral arteriovenous malformation; or
- surgical correction or embolisation of a spinal arteriovenous malformation.

Coronary angioplasty – with specified treatment

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 for the first PCI.

The main coronary arteries for this purpose are defined as right coronary artery, left anterior descending artery, circumflex artery, or their branches.

PCI is defined as any therapeutic intra-arterial catheter procedure including balloon angioplasty and/or stenting.

The following are not covered:

- diagnostic angioplasty
- two angioplasty procedures to a single main artery or branches of the same artery.

Crohn's disease – treated with one intestinal resection

A definite diagnosis by a consultant gastroenterologist of Crohn's disease, which has been treated with surgical intestinal resection.

Diabetes mellitus type 1

A definite diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections.

The following are not covered:

- gestational diabetes
- type 2 diabetes (including type 2 diabetes treated with insulin).

Drug resistant epilepsy – with specified surgery

The undergoing of invasive surgery to brain tissue in order to control epilepsy that cannot be controlled by oral medication.

The following is not covered:

- deep brain stimulation.

Guillain-Barre syndrome – with persisting clinical symptoms

A definite diagnosis of Guillain-Barre syndrome by a consultant neurologist. There must be clinical impairment of motor or sensory function which must have persisted for a continuous period of at least six months.

Less advanced cancer of the anus – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the anus with surgery to remove the tumour.

The following are not covered:

- anal intraepithelial neoplasia (AIN) grade 1 or 2, or low grade squamous intraepithelial lesions (LGSIL)
- all non-surgical therapies which include but are not limited to all forms of ablative therapy and topical therapy.

Less advanced cancer of the appendix, colon or rectum – with specified surgery

A positive diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the appendix, colon or rectum resulting in surgery to remove a portion of the colon, rectum or appendix.

Less advanced cancer of the bile ducts – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the extra-hepatic bile ducts with surgery to remove the tumour.

Less advanced cancer of the breast – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the breast with surgery to remove the tumour.

Less advanced cancer of the cervix – with specified surgery

A positive diagnosis with histological confirmation of cancer in situ of the cervix uteri resulting in trachelectomy (removal of the cervix) or hysterectomy.

The following are not covered:

- loop excision
- laser surgery
- conisation
- cryosurgery
- cervical intraepithelial neoplasia (CIN) grade I or II, or low grade squamous intraepithelial lesions (LGSIL).

Less advanced cancer of the gallbladder – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the gallbladder with surgery to remove the tumour.

Less advanced cancer of the larynx – with specified treatment

A positive diagnosis with histological confirmation of cancer in situ of the larynx treated with surgery, laser or radiotherapy.

Less advanced cancer of the lung or bronchus – with specified surgery

A positive diagnosis with histological confirmation of any of the following tumours of the lung or bronchus resulting in wedge resection or lobectomy:

- cancer in situ; or
- neuroendocrine tumour (NET) of low malignant potential; or
- carcinoid tumour.

Less advanced cancer of the oesophagus – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the oesophagus with surgery to remove the tumour.

Less advanced cancer of the oral cavity or oropharynx – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the oral cavity or oropharynx with surgery to remove the tumour.

This includes lips, inside of the cheeks, floor of the mouth, tongue, gums, hard palate, soft palate and tonsils.

Less advanced cancer of the ovary – with surgical removal

A positive diagnosis with histological confirmation of ovarian tumour of borderline malignancy or low malignant potential which has resulted in surgical removal of an ovary.

The following is not covered:

- removal of an ovary due to a cyst.

Less advanced cancer of the pancreas – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the pancreas with surgery to remove the tumour.

Less advanced cancer of the prostate – of specified severity and treatment

Tumours of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive providing the tumour has progressed to a clinical TNM classification between T1N0M0 and T2aN0M0 and the tumour has been treated by one of the following:

- complete removal of the prostate
- external beam or interstitial implant therapy
- cryotherapy
- hormone therapy
- high intensity focused ultrasound.

The following is not covered:

- prostate cancers where the treatment is not one of the specified treatments above, or requires observation only.

Less advanced cancer of the renal pelvis or ureter – of specified severity

A positive diagnosis with histological confirmation of cancer in situ of the renal pelvis or ureter.

The following are not covered:

- non-invasive papillary carcinoma
- tumours of TNM classification stage Ta.

Less advanced cancer of the small intestine – with specified surgery

A positive diagnosis with histological confirmation of neuroendocrine tumour (NET) of low malignant potential of the duodenum, jejunum or ileum resulting in intestinal resection.

Less advanced cancer of the stomach – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the stomach with surgery to remove the tumour.

Less advanced cancer of the testicle – with specified surgery

A positive diagnosis with histological confirmation of intra-tubular germ cell neoplasia unclassified (ITGCNU) or benign testicular tumour resulting in orchidectomy (removal of a testicle).

Less advanced cancer of the thymus – with surgical removal

A positive diagnosis with histological confirmation of epithelial tumour (thymoma) or neuroendocrine tumour (NET) of low malignant potential of the thymus with surgery to remove the tumour.

Less advanced cancer of the thyroid – with surgical removal

A positive diagnosis with histological confirmation of neuroendocrine tumour (NET) of low malignant potential of the thyroid with surgery to remove the tumour.

Less advanced cancer of the urinary bladder – of specified severity

A positive diagnosis with histological confirmation of cancer in situ of the urinary bladder. The following are not covered:

- non-invasive papillary carcinoma
- TNM classification stage Ta bladder cancer.

Less advanced cancer of the uterus – with specified surgery

A positive diagnosis with histological confirmation of cancer in situ of the lining of the uterus (endometrium) resulting in hysterectomy.

Less advanced cancer of the vagina – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the vagina resulting in surgery to remove the tumour.

The following are not covered:

- all non-surgical therapies which include but are not limited to all forms of ablative therapy and topical therapy
- vaginal intraepithelial neoplasia (VAIN) grade 1 or 2 or low grade squamous intraepithelial neoplasia.

Less advanced cancer of the vulva – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the vulva resulting in surgery to remove the tumour.

The following are not covered:

- all non-surgical therapies which include but are not limited to all forms of ablative therapy and topical therapy
- vulval intraepithelial neoplasia (VIN) grade 1 or 2 or low grade squamous intraepithelial neoplasia.

Non-malignant pituitary adenoma – with specified treatment

A non-malignant pituitary tumour requiring radiotherapy or surgical removal.

The following is not covered:

- non-malignant tumours of the pituitary gland treated by any other method.

Removal of one or more lobe(s) of the lung

The undergoing of surgery for the removal of one or more lobes of the lung due to underlying disease or trauma.

The surgery must be carried out on the advice of a consultant physician.

Significant visual loss – permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids vision is measured at 6/24 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 45 degrees or less of an arc, as certified by an ophthalmologist.

(C) Upgraded accelerated surgical treatment

In addition to the **surgical treatments** listed in Appendix 1C, we'll make an advance payment of the **cover amount** if the **life covered** is placed on an NHS waiting list for one of the following surgical treatments:

- peripheral vascular disease
- pneumonectomy
- syringomyelia or syringobulbia
- ulcerative colitis.

Full definitions for these **upgraded accelerated surgical treatments** are detailed in Appendix 2A.

Appendix 3 – Upgraded children's benefit

(A) Upgraded children's critical illnesses

This includes all of the **critical illnesses** covered in Appendix 1A and 1B, together with the **upgraded children's critical illnesses** listed below. For each **upgraded children's critical illness** or condition listed in alphabetical order below, we have set out the definition we'll use when we're assessing a claim.

Benign spinal cord tumour – resulting in permanent symptoms

A non-malignant tumour in the spinal canal, involving the meninges or the spinal cord. This tumour must be interfering with the function of the spinal cord which results in permanent neurological deficit with persisting clinical symptoms.

The following are not covered:

- cysts
- granulomas
- malformations in the arteries or veins of the spinal cord
- haematomas
- abscesses
- disc protrusions
- osteophytes.

Cerebral palsy

A definite diagnosis of cerebral palsy made by an **attending consultant**.

Crohn's disease – treated with two intestinal resections or total colectomy

A definite diagnosis by a consultant gastroenterologist of Crohn's disease, resulting in either:

- surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions; or
- total colectomy (removal of entire large bowel).

Cystic fibrosis

A definite diagnosis of cystic fibrosis made by an **attending consultant**.

Down's syndrome

A definite diagnosis of Down's syndrome by an attending paediatrician.

Hydrocephalus – treated with the insertion of a shunt

A definite diagnosis of hydrocephalus which is treated by the insertion of a shunt.

Intensive care – requiring mechanical ventilation for 7 consecutive days

Any sickness or injury resulting in a **child** requiring continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) or more unless it is as a result of the child being born prematurely (before 37 weeks).

Ulcerative Colitis – with total colectomy

A definite diagnosis of ulcerative colitis by a consultant gastroenterologist, which is treated with total colectomy (removal of entire large bowel).

(B) Child extra care cover

We'll pay for the following **child extra care cover** conditions:

Blindness – permanent and irreversible

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, certified by an ophthalmologist.

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.

Liver failure

Chronic liver disease, being end stage liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy.

Loss of independence

The total and permanent loss of the ability to perform routinely at least two of the specified six activities of daily living without the continual assistance of someone else, even with the use of special devices or equipment.

The following are activities of daily living:

- 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.

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.

Loss of two limbs – permanent physical severance

Permanent physical severance of any two limbs at or above the wrist or ankle joint.

Major organ transplant – from another donor where applicable

The undergoing as a recipient a transplant of:

- 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.

The following is not covered:

- transplant of any other organs, parts of organs, tissues or cells.

Motor neurone disease – resulting in permanent symptoms

A definite diagnosis of one of the following motor neurone diseases by a consultant neurologist:

- amyotrophic lateral sclerosis (ALS)
- Kennedy's disease
- primary lateral sclerosis (PLS)
- progressive bulbar palsy (PBP)
- progressive muscular atrophy (PMA)
- spinal muscular atrophy (SMA).

There must also be permanent clinical impairment of motor function.

Muscular dystrophy

A definite diagnosis of muscular dystrophy made by a consultant neurologist.

Paralysis of two limbs – total and irreversible

Total and irreversible loss of muscle function to the whole of two limbs.

Spina bifida myelomeningocele

A definite diagnosis of spina bifida myelomeningocele or rachischisis by a consultant paediatrician.

The following are not covered:

- spina bifida occulta
- spina bifida with meningocele.

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% of the body's surface area or covering at least 20% of the surface area of the face or head.

(C) Advanced illness

Confirmation by the **attending consultant** with one of the following:

- a definite diagnosis of cancer that has reached an advanced stage and meets all of the following:
  - treatment has failed to achieve remission of the condition as evidenced by medical investigations; and
  - there are no curative treatments available that will prevent further progression of the condition; or
- a definite diagnosis of an advanced or rapidly progressing and incurable condition with a life expectancy of no greater than 12 months.

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Life Insurance+

Policy Summary

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

In this summary, we assume you're the policyholder and life covered. It's possible to use our Life Insurance+ policy to cover the life of someone else, although this means the life change benefit, separation benefit, fracture cover and global treatment will not be available.

When you take out a policy, we'll send you a policy schedule. You should read this carefully because it shows what's included on your policy. If something isn't included on your policy, it may be because:

- you didn't select it
- it wasn't available for you to select
- you selected it but we've excluded it due to underwriting.

Life Insurance+ is provided by Aviva Life & Pensions UK Limited.

What is Life Insurance+?

Our Life Insurance+ policy lets you choose life cover or life and critical illness cover:

- Life cover pays out if you die during the policy term.
- Life and critical illness cover pays out if you either die or are diagnosed with, or undergo surgery for, a critical illness that meets our policy definition during the policy term and then survive for at least 10 days. We only cover the critical illnesses we define in our policy and no others.

Both types of cover include terminal illness cover. This pays out if, during the policy term, you're diagnosed with a terminal illness that meets our definition. You can find the definition in our policy conditions.

You can use Life Insurance+ to cover one person (single policy) or two people (joint policy). For joint policies, you can choose a combination of life cover and/or life and critical illness cover.

We'll only pay the full cover amount once. So when we've accepted a claim, the policy will end (unless you have selected extra care cover and your claim was for critical illness, upgraded critical illness or total permanent disability, in which case you may be eligible to make a further claim for extra care cover). For joint policies, when we've accepted a claim for one life covered, all benefits will end for the other person. The life covered for which we accepted the claim may also be eligible for extra care cover, if selected, where the claim was for critical illness, upgraded critical illness or total permanent disability, after which the policy will end.

For more information, please read the policy conditions.

The policy has no cash in value at any time. If you stop paying your premiums, we'll stop providing cover and we won't pay any money back to you. We'll only make a payment if a successful claim is made.

Can I apply for a Life Insurance+ policy?

You can apply if you're:

- a permanent resident of the UK, the Channel Islands, the Isle of Man or Gibraltar
- aged between 18 and 89 for life cover only
- aged between 18 and 64 for life cover with waiver of premium, conversion option or renewal option

- aged between 18 and 64 for life and critical illness cover
- aged between 18 and 59 for life and critical illness cover with the renewal option (only available with guaranteed premiums) or the fracture cover option
- aged between 18 and 74 for global treatment
- aged between 18 and 85 for increasing cover.

How long does the policy last?

- The policy can last between one and 50 years.
- The policy term can be in full years or until you reach a specific age.
- For life cover, increasing cover or life and critical illness cover with reviewable premiums, the policy has to end before you turn 91.
- For life and critical illness cover with guaranteed premiums, the policy has to end before you turn 76.
- For life and critical illness cover with the renewal option your policy has to end before you turn 65.
- For life cover with the conversion option or renewal options, your policy has to end before you turn 71.
- For total permanent disability and waiver of premium, the benefits provided by these options will end before the eldest life covered turns 71. The policy can continue if you've selected a longer term, but these benefits will no longer apply.
- For global treatment, the benefit will end before you turn 85 and for fracture cover, the benefit will end before you turn 71. The policy can continue if you have selected a longer term, but these benefits will no longer apply. For joint lives, the benefits will end for each life separately.

	Maximum age at the start of the policy The lowest maximum age applies where multiple options are selected	**Maximum age at the end of the policy** The lowest maximum age applies where multiple options are selected	**Minimum policy term** The highest minimum term applies where multiple options are selected
Life only	89	90	1 year
Life and critical illness (guaranteed premiums)	64	75	1 year
Life and critical illness (reviewable premiums)	64	90	6 years
Waiver of premium	64	70*	1 year
Conversion option	64	70	5 years
Total permanent disability	64	70*	1 year
Renewal option (Life)	64	70	5 years
Renewal option (Life and critical illness)	59	64	5 years
Fracture cover	59	70**	1 year
Global treatment	74	84**	1 year
Increasing cover	85	90	5 years

* The benefit will end before the eldest life covered turns 71, but the policy may continue.

** The benefit will end independently for each life covered at this age, but the policy may continue.

What do I need to do?

- You must answer all of our application questions completely, truthfully and accurately. If you don't, we may amend or cancel your policy, or we may not pay a claim.
- You need to tell us if any of the information you've given us changes between completing your application and us confirming when your policy will start.
- You need to pay all your premiums when due.
- You need to regularly review the cover you've got to make sure it meets your needs.

What types of cover can I choose?

You can choose from three types of cover:

- Level cover – We'll pay the cover amount as a lump sum. The amount we pay stays the same throughout the policy term.
- Decreasing cover – We'll pay the cover amount as a lump sum. The amount we pay decreases each month broadly in line with a repayment loan, such as a mortgage, using a fixed interest rate which you choose when you apply.
- Family income cover – We'll pay the cover amount as monthly instalments which stop at the end of your policy term.

Which critical illnesses do you cover?

Our life and critical illness cover automatically includes cover for 36 full payment conditions, additional critical illness benefit, accelerated surgery benefit and children's benefit.

The conditions we cover on life and critical illness cover are listed here. This is only a guide to what's covered. You can find the full definition of the illnesses, and the circumstances in which you can claim, in our policy conditions.

The definitions typically use medical terms to describe the illnesses but, in some cases, they may also limit the cover. For example, some types of cancer are not covered. Also, for some illnesses, you need to have permanent symptoms to make a claim.

Full payment conditions

- **Aorta graft surgery**
- **Aplastic anaemia** – with bone marrow failure
- **Bacterial meningitis** – resulting in permanent symptoms
- **Benign brain tumour** – resulting in permanent symptoms or undergoing defined treatments
- **Blindness** – permanent and irreversible
- **Brain injury due to anoxia or hypoxia** – resulting in permanent symptoms
- **Cancer** – excluding less advanced cases
- **Cardiac arrest** – with insertion of a defibrillator
- **Cardiomyopathy** – of specified severity
- **Coma** – with associated permanent symptoms
- **Coronary artery bypass grafts**
- **Creutzfeldt-Jakob disease**
- **Deafness** – permanent and irreversible
- **Dementia** – resulting in permanent symptoms
- **Encephalitis** – resulting in permanent symptoms
- **Heart attack**
- **Heart valve replacement or repair**
- **HIV infection** – caught from a blood transfusion, a physical assault or at work

- **Kidney failure** – requiring permanent dialysis
- **Liver failure**
- **Loss of hand or foot** – permanent physical severance
- **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 a limb** – total and irreversible
- **Parkinson's disease** – resulting in permanent symptoms
- **Pulmonary arterial hypertension** – of specified cause and severity
- **Pulmonary artery surgery**
- **Respiratory failure** – of specified severity
- **Spinal stroke** – resulting in permanent symptoms
- **Stroke**
- **Systemic lupus erythematosus** – of specified severity
- **Structural heart surgery**
- **Third degree burns** – of specified severity
- **Traumatic brain injury** – resulting in permanent symptoms

You can claim if, during the policy term, you're diagnosed with, or undergo surgery for, a critical illness that meets one of our full payment condition definitions and survive for at least 10 days. Following a successful claim, your policy will end unless you've selected the extra care cover benefit, in which case you may be able to make a further claim for extra care cover only.

Additional critical illness benefit

Life and critical illness cover includes additional critical illness benefit. If, during the policy term, you're diagnosed with a critical illness that meets one of our additional critical illness definitions and survive for at least 10 days, we'll pay the lower of £25,000 or 25% of the cover amount. The additional critical illnesses

we cover are:

- **Less advanced cancer of the breast** – with surgical removal
- **Less advanced cancer of the prostate** – of specified severity and treatment

Each person covered by the policy can claim for each additional critical illness once. Claiming for additional critical illness benefit won't affect what we'll pay on a successful claim for any other benefit in the future.

For family income cover, we'll pay 25% of the monthly cover amount multiplied by the number of months left on the policy, up to a maximum of £25,000.

Accelerated surgery benefit

Life and critical illness cover includes accelerated surgery benefit. We'll make an advance payment of the full cover amount if, during the policy term, you're placed on an NHS waiting list for one of the following surgical treatments and survive for 10 days:

- **Aorta graft surgery**
- **Coronary artery bypass grafts**
- **Heart valve replacement or repair**
- **Major organ transplant –** from another donor where applicable
- **Pulmonary artery surgery**
- **Structural heart surgery**

When we pay accelerated surgery benefit, your policy will end.

Children's benefit

Life and critical illness cover also includes children's benefit. This covers all your children including any future children (natural, step and legally adopted) from age 30 days until their 18th birthday, or 21st birthday if in full time education.

Making a successful claim for children's benefit won't affect your policy; you'll still be able to claim for any other benefit in the future. You'll also be able to make further claims for other children.

Children's benefit includes children's critical illness, hospital benefit and children's death benefit.

Children's critical illness

Your children will be covered for the full payment conditions and additional critical illness conditions.

If, during the policy term, any of your children are diagnosed with, or undergo surgery for, a critical illness that meets one of our children's critical illness definitions and survive for at least 10 days, we'll pay the lower of £25,000 or 50% of the cover amount.

For family income cover, we'll pay 50% of the monthly cover amount multiplied by the number of months left on the policy term, up to a maximum of £25,000.

For a successful claim to be made under children's critical illness, the illness or condition must not have been present at birth (whether diagnosed or not), and the symptoms must not have started before the policy start date or before the child was covered by the policy. The illness or condition must not have been a result of intentional injury caused by you.

For more information, please read the policy conditions.

Hospital benefit

If, during the policy term, any of your children spend more than seven consecutive nights in hospital due to illness or injury, we'll pay £100 a night, from the eighth night onwards. We'll pay hospital benefit for a maximum of 30 nights per child, over the term of the policy.

This is in addition to any other payment we make for children's benefit.

For more information, please read the policy conditions.

Children's death benefit

If any of your children, from age 30 days until their 18th birthday, or 21st birthday if in full time education, die during the policy term, we'll pay £5,000. We'll pay the children's death benefit on top of any other payment we make for children's benefit.

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

For more information, please read the policy conditions.

Upgraded critical illness

You can upgrade our life and critical illness cover at an extra cost. Our upgraded full payment conditions include all of the full payment conditions that we cover under critical illness, plus the following conditions:

Upgraded full payment conditions

In addition to our full payment conditions you'll also be covered for the following:

- **Benign spinal cord tumour** – resulting in permanent symptoms
- **Crohn's disease** – treated with two intestinal resections or total colectomy
- **Heart failure** – of specified severity
- **Intensive care** – requiring mechanical ventilation for 10 consecutive days
- **Interstitial lung disease** – of specified severity
- **Neuromyelitis optica (Devic's disease)** – where there have been symptoms
- **Parkinson's plus syndromes** – resulting in permanent symptoms

- **Peripheral vascular disease** – requiring bypass surgery
- **Pneumonectomy**
- **Psychosis and bipolar affective disorder** – of specified severity
- **Rheumatoid arthritis** – of specified severity
- **Syringomyelia or syringobulbia** – requiring surgery
- **Ulcerative colitis** – with total colectomy

You can claim if, during the policy term, you're diagnosed with, or undergo surgery for, a critical illness that meets one of our upgraded full payment condition definitions and survive for at least 10 days. Following a successful claim, your policy will end unless you've selected the extra care cover benefit, in which case you may be able to make a further claim for extra care cover only.

You can find full details of these conditions in our policy conditions.

Upgraded additional critical illness benefit

Upgraded additional critical illness benefit replaces the additional critical illness benefit available under our life and critical illness cover and includes the following:

- **Aortic aneurysm** – with endovascular repair
- **Aplastic anaemia** – of specified severity
- **Carotid artery stenosis** – with surgical repair
- **Cauda equina syndrome** – with permanent symptoms
- **Central retinal artery or vein occlusion** – with permanent visual impairment
- **Cerebral or spinal aneurysm** – with specified surgery
- **Cerebral or spinal arteriovenous malformation** – with specified surgery
- **Coronary angioplasty** – with specified treatment
- **Crohn's disease** – treated with one intestinal resection
- **Diabetes mellitus type 1**
- **Drug resistant epilepsy** – with specified surgery
- **Guillain-Barre syndrome** – with persisting clinical symptoms
- **Less advanced cancer of the anus** – with surgical removal
- **Less advanced cancer of the appendix, colon or rectum** – with specified surgery
- **Less advanced cancer of the bile ducts** – with surgical removal
- **Less advanced cancer of the breast** – with surgical removal
- **Less advanced cancer of the cervix** – with specified surgery
- **Less advanced cancer of the gallbladder** – with surgical removal
- **Less advanced cancer of the larynx** – with specified treatment
- **Less advanced cancer of the lung or bronchus** – with specified surgery
- **Less advanced cancer of the oesophagus** – with surgical removal
- **Less advanced cancer of the oral cavity or oropharynx** – with surgical removal
- **Less advanced cancer of the ovary** – with surgical removal
- **Less advanced cancer of the pancreas** – with surgical removal
- **Less advanced cancer of the prostate** – of specified severity and treatment
- **Less advanced cancer of the renal pelvis and ureter** – of specified severity
- **Less advanced cancer of the small intestine** – with specified surgery
- **Less advanced cancer of the stomach** – with surgical removal
- **Less advanced cancer of the testicle** – with specified surgery

- **Less advanced cancer of the thymus** – with surgical removal
- **Less advanced cancer of the thyroid** – with surgical removal
- **Less advanced cancer of the urinary bladder** – of specified severity
- **Less advanced cancer of the uterus** – with specified surgery
- **Less advanced cancer of the vagina** – with surgical removal
- **Less advanced cancer of the vulva** – with surgical removal
- **Non-malignant pituitary adenoma** – with specified treatment
- **Removal of one or more lobe(s) of the lung**
- **Significant visual loss** – permanent and irreversible

If, during the policy term, you're diagnosed with, or undergo surgery for, a critical illness that meets one of our upgraded additional critical illness definitions and survive for at least 10 days, we'll pay the lower of £25,000 or the cover amount.

Each person covered by the policy can claim for each of these upgraded additional critical illnesses once. Claiming for this benefit won't affect what we'll pay on a successful claim for any other benefit in the future.

For family income cover, we'll pay the monthly cover amount multiplied by the number of months left on the policy, up to a maximum of £25,000, as a lump sum.

Upgraded accelerated surgery benefit

In addition to the accelerated surgery benefit available under the life and critical illness cover, we'll also make an advance payment of the full cover amount if, during the policy term, you're placed on an NHS waiting list for one of the following surgical treatments and survive for 10 days:

- **Peripheral vascular disease** – requiring bypass surgery
- **Pneumonectomy**
- **Syringomyelia or syringobulbia** – requiring surgery
- **Ulcerative colitis** – with total colectomy

When we pay upgraded accelerated surgery benefit, your policy will end.

Upgraded children's benefit

You can upgrade the children's benefit at an extra cost and replace it with the following benefits:

Upgraded children's critical illness

All your children including future children (natural, step and legally adopted) are covered from birth until their 18thbirthday, or 21st birthday if in full time education.

In addition to the full payment conditions under life and critical illness cover and the additional critical illness benefit, your children will also be covered for the following conditions:

- **Benign spinal cord tumour** – resulting in permanent symptoms
- **Cerebral palsy**
- **Crohn's disease** – treated with two intestinal resections or total colectomy
- **Cystic fibrosis**
- **Down's syndrome**
- **Hydrocephalus** – treated with the insertion of a shunt
- I**ntensive care** – requiring mechanical ventilation for 7 consecutive days
- **Ulcerative colitis** – with total colectomy

If, during the policy term, any of your children are diagnosed with, or undergo surgery for, a critical illness that meets one of our children's critical illness or upgraded children's critical illness definitions and survive for at least 10 days, we'll pay £25,000.

Making a successful claim for upgraded children's critical illness will not affect your policy; you'll still be able to claim for any other benefit in the future. You will also be able to make further claims for other children.

For a successful claim to be made under upgraded children's critical illness, child extra care cover and advanced illness:

- the symptoms must not have started; and/or
- the diagnosis of the illness or condition must not have occurred; and/or
- neither parent must have received counselling or medical advice in relation to the condition or have been aware of the increased risk of the condition

before the policy start date or before the legal adoption of the child. The illness or condition must not have been a result of intentional injury caused by you.

For more information, please read the policy conditions.

Child extra care cover

If, during the term of the policy, your child is diagnosed with, or undergoes surgery for, a condition that meets one of our child extra care cover definitions and survives for at least 10 days (except for loss of independence, where the child must survive for 90 days), we'll pay £50,000:

- **Blindness** – permanent and irreversible
- **Kidney failure** – requiring permanent dialysis
- **Liver failure**
- **Loss of independence**
- **Loss of two limbs** – permanent physical severance
- **Major organ transplant** – from another donor
- **Motor neurone disease** – resulting in permanent symptoms
- **Muscular dystrophy**
- **Paralysis of two limbs** – total and irreversible
- **Spina bifida myelomeningocele**
- **Third degree burns** – of specified severity

If you've already made a claim for upgraded children's critical illness cover and your child goes on to suffer from any of the child extra care cover conditions, we'll only pay out £25,000.

Following a successful claim for child extra care cover, that child will no longer be covered for children's critical illness, upgraded children's critical illness or advanced illness, but may still be eligible for hospital benefit and death benefit.

For more information, please read the policy conditions.

Advanced illness

We'll pay £10,000 if your child is diagnosed with an advanced or rapidly progressing illness that meets our definition and we haven't already paid out under child extra care cover for that child.

Following a successful claim for advanced illness, that child will no longer be covered for children's critical illness, upgraded children's critical illness or child extra care cover, but may still be eligible for hospital benefit and death benefit.

For more information, please read the policy conditions.

Hospital benefit

Included as per the children's benefit.

Children's death benefit

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

For children's death benefit, children are covered from 24 weeks of pregnancy until their 18th birthday, or 21st birthday if in full time education.

For more information, please read the policy conditions.

What else is included on the policy?

Your Life Insurance+ policy includes a range of additional benefits at no extra cost.

House purchase cover

Available with level and decreasing cover.

This gives you free life cover from when you exchange contracts to when your house purchase is completed. In Scotland, the free life cover is available from when missives are completed for the property to the date of entry.

It will cover you if you die. It begins when we've accepted your application and you've exchanged contracts or completed missives, as long as you've given us a future start date for your policy which coincides with the completion of your house purchase/date of entry.

It ends on the earlier of:

- 90 days; or
- the date of completion/date of entry; or
- the policy start date.

The free life insurance covers you for the lower of £500,000, the amount of cover you've applied for, or the house purchase price.

Life change benefit

If your circumstances change, our life change benefit lets you increase your cover amount by taking out an additional policy without answering any further medical questions. This benefit is only available if:

- we accept your policy on our standard terms; and
- the eldest life covered is under age 55 at the policy start date.

Your policy schedule will confirm if it's included.

You can use this benefit for the following important life changes:

- Getting married or entering into a civil partnership.
- Divorce, dissolution of civil partnership or separation.
- Becoming a parent.
- A mortgage increase due to a house move, purchase or major home improvements.
- A 20% salary increase following a promotion or change of employer.

You can increase your cover amount to the lower of:

- £200,000 for level and decreasing cover or the equivalent of £8,000 a year for family income cover; or
- the original cover amount you had at the start of your policy; or
- the mortgage increase.

There are some limits on using the life change benefit. For more information, please read the policy conditions.

Separation benefit

This benefit is only available if:

- we accept your policy on our standard terms; and
- the eldest life covered is under age 55 at the policy start date.

Your policy schedule will confirm if it's included.

You can split a joint policy into two single policies, without answering any further medical questions, if you separate or rearrange your mortgage into one name.

- The cover amount on each new policy can be up to the current cover amount on your original policy when you use the benefit.
- You'll need to provide evidence of the separation/change in mortgage.

There are some limits on using the separation benefit. For more information, please read the policy conditions.

What other benefits can I choose?

Depending on the type of cover you choose, you may be able to add the following to your policy:

Conversion option

Available at an extra cost on level life cover if we accept your policy at standard terms.

At any point during the policy term you can choose to convert your policy to a whole of life policy without answering any medical questions. So, instead of the cover stopping when your policy term ends, you'll have protection for the rest of your life.

This option isn't available with life and critical illness cover or the increasing cover option.

Extra care cover

Available at an extra cost on life and critical illness cover.

Extra care cover can provide additional support if you're diagnosed with a condition that results in severe and permanent symptoms.

With extra care cover we'll pay the full cover amount plus an additional £50,000 if you're:

- totally and permanently failing at least three activities of daily living and are not eligible to claim under critical illness, an upgraded full payment condition, upgraded accelerated surgery benefit or total permanent disability; or
- aged under 50 when you meet our definition for dementia, motor neurone disease or Parkinson's disease; or
- aged under 50 when you meet our definition for Parkinson plus syndromes and you've chosen upgraded critical illness.

Alternatively, we'll pay out an additional £50,000 following a successful critical illness, upgraded critical illness or total permanent disability claim if:

- before the first anniversary of that claim, and as a direct result of it, you meet our definition of:
  - locked in syndrome; or
  - permanent vegetative state; or
  - minimally conscious state; or
- on the first anniversary of that claim, and as a direct result of it, you meet our definition of:
  - permanent severe heart failure; or
  - total and permanent failure of at least three of the six activities of daily living.

If you have a joint policy, you can add extra care cover for one or both people covered.

You can find more details about extra care cover and the activities of daily living in the policy conditions.

Fracture cover

Fracture cover is available at an extra cost and is available if it hasn't already been included on any other Aviva policy you hold. However, please note that you can add it if you already have fracture cover on an existing policy with Friends Life and Pensions Limited.

If you have a joint policy, you can add fracture cover for one or both people covered.

If you choose fracture cover we'll pay a lump sum if you suffer one of 18 specified fractures during any 12 month period. We'll pay one successful claim each year. You can make a claim for fracture cover at the same time as you're claiming for any other benefit under the policy.

You'll also be covered for specific dislocations and tendon ruptures and ligament tears of a specified severity. You can find full details of what's covered, and how much we'll pay for each injury, in the policy conditions.

Global treatment

Global treatment is available at an extra cost and is available if it hasn't already been included on any other Aviva or Friends Life and Pensions Limited policy you hold.

If you have a joint policy, you can add it for one or both people.

It is ancillary to the other benefits under the policy and you should not take out Life Insurance+ for the purposes of obtaining the global treatment benefit. It will end if the policy ends and cannot be taken out as a standalone benefit.

Global treatment provides access to expert second medical opinion and leading overseas medical treatments if you or your child is diagnosed with a serious illness or requires a medical procedure as defined in the policy conditions. It is provided in conjunction with Best Doctors, who provide the second opinion service.

It includes a concierge service which recommends appropriate doctors and treatment centres and manages all necessary medical and administrative arrangements for treatment overseas.

The maximum payable in any one year is £1 million per life covered. You can be treated multiple times up to a total maximum of £2 million per life covered over the policy term, which includes any applicable indemnity periods. This limit includes medical, travel and accommodation expenses that we cover.

Global treatment renews every three years until your policy ends. The premium you'll pay for this may change at each renewal. We'll automatically renew the option unless we substantially change the terms of the benefit or we can no longer offer it. We'll write to you 30 days before each renewal to let you know.

You can find full details of the premium payments, renewals, illnesses, medical procedures and expenses covered in the policy conditions.

Increasing cover

Available on both life and life and critical illness cover.

If you have level cover or family income cover you can choose to automatically increase your cover amount each year without answering any further medical questions.

We'll write to you at least eight weeks before the anniversary date to tell you how much your cover amount and premiums will increase by.

Index-linked increasing cover

- Available on level cover.
- Your cover amount will increase each year in line with any increase in the Retail Prices Index (RPI) up to a maximum of 10%.
- Your premiums will increase each year, in line with any increase in the RPI multiplied by a factor not exceeding 2. If the RPI doesn't increase your premium will remain the same. The maximum your premium could increase by is 20%, unless you have also chosen reviewable premiums where a combined increase in premium could exceed 20%. For more information, please see the ‘Premiums’ section.
- We will still write to you even if there has been no increase in the RPI and therefore no increase to your cover amount or premiums.

Fixed increasing cover

- Available on level cover and family income cover.
- For level cover – you can choose to increase your cover amount by 3% or 5%. Your premiums will increase each year by your chosen fixed increase rate multiplied by a factor not exceeding 2 (eg 6% or 10%).

- For family income cover – you can choose to increase your cover amount by 3% or 5%. Your premiums will stay the same. If you make a successful claim, we'll continue to increase your monthly instalments each year until the end of your policy.

For both increasing cover options on level cover, if you've chosen life and critical illness cover and have selected upgraded critical illness, upgraded child critical illness, extra care cover, total permanent disability and waiver of premium, which are available at an extra cost, any increase in premium will also apply to these benefits.

With the exception of fracture cover, global treatment and hospital benefit under children's benefit/upgraded children's benefit, the amount we pay for all benefits will increase.

For both increasing cover options on level cover, you can choose not to increase your cover if you don't want to pay higher premiums. If you do this, your cover amount and premiums will stay the same. We'll reinstate the increasing cover option the following year. If you decide against the increase three times in a row, we'll remove the option from your policy.

Renewal option

Available at an extra cost on level cover if we accept your policy at standard terms.

You can renew your cover at the end of the policy term without having to answer any medical questions.

This option isn't available with life and critical illness cover with reviewable premiums or the increasing cover option.

There are some limits on using the renewal option. For more information, please read the policy conditions.

Total permanent disability

Available at an extra cost on life and critical illness cover.

With total permanent disability we pay out the full cover amount if you have an illness or injury that means you're unable to:

- do your own occupation ever again; or
- perform three or more specific work related tasks ever again.

We'll confirm which assessment criteria we'll use in your policy schedule. You can find more information on work tasks in the policy conditions.

If you have a joint policy, you can add total permanent disability for one or both people covered.

Once we've paid a claim for total permanent disability your policy will end unless you've selected the extra care cover benefit, in which case you may be able to make a further claim, for this benefit only.

Waiver of premium

Available at an extra cost on both life and life and critical illness cover.

If you choose waiver of premium, we'll pay your premiums if you can't work because you're ill or injured. To select this option, you must be employed. However, if you become unemployed or a houseperson after you've taken it out, you will still be able to claim.

If you have a joint policy, you can add waiver of premium for one or both people covered.

We apply a deferred period before we start paying your premiums following a successful claim.

You can choose your deferred period at the start of your policy. This can either be one, three or six months.

When the deferred period ends, we'll start paying your premiums if you can't work. Or, if you're unemployed or a houseperson, we'll start paying if you can't perform at least two work tasks. You can find more information on work tasks in the policy conditions.

We'll stop paying your premiums when one of the following happens:

- Your policy ends.
- You go back to work.

- You're no longer ill or injured.
- You reach age 71.

If you go back to work you'll have to restart paying your premiums in order to keep your policy in force.
You can make multiple waiver claims over the term of your policy.

Premiums

If you choose life cover, your premiums are guaranteed. They'll stay the same throughout the policy term unless you change your policy or choose increasing cover and/or global treatment.

If you choose life and critical illness cover, your premiums can be either guaranteed or reviewable. If you choose reviewable premiums, it's likely your premiums will change during the course of the policy.

We'll review the premiums you pay for life and critical illness cover, including upgraded critical illness if selected, every five years to determine if you're paying the right amount for your cover.

If, following the review, your premium needs to change, we'll assess the change fairly. We won't look at your personal circumstances – for example, your age, health and lifestyle.

Instead we'll consider the following factors when reviewing your cover:

- The impact of medical advances and trends which may affect our expectation of future claims.
- Industry developments and claims experience.
- Changes to legislation, taxation and regulation.
- The amount, timing and cost of current and future claims.

Following a review your premiums may increase or decrease. There are no limits on how much your premium can change by.

We'll write to you to let you know the outcome of our review at least 30 days before your anniversary date.
Following a review:

- If the change is less than 2% or 50p, your premium will stay the same.
- If your premium goes down, we'll automatically change your Direct Debit.
- If your premium goes up, you have two options:
  - You can pay the increased premium. We'll automatically change your Direct Debit.
  - You can keep your premium the same and reduce your cover amount. If you want to do this, you need to let us know. If you don't, we'll increase your premium.

With both guaranteed and reviewable premiums, the regular amount you pay will reduce if you have chosen an optional benefit that has an end date before the end of your policy.

For example, if you have a policy that ends at age 75 and have selected the waiver of premium option, this optional benefit will end before you reach 71. This means the cost of waiver of premium will be removed from your regular premium for the remaining term of the policy.

For information on how your premiums may change if you choose the increasing cover option, please read the 'Increasing cover' section above.

Global treatment renews every three years until your policy ends. The premium you'll pay may change at each renewal. We'll automatically renew the option unless we substantially change the terms of the benefit or we can no longer offer it. We'll write to you 30 days before each renewal to let you know. For more information, please read the policy conditions.

Can I make changes to my policy?

You can remove the optional upgrades and benefits six months after your policy has started. You can also increase or decrease the term and/or the cover amount. If you do, we may change your original policy or we may issue a new policy. You may need to give us some medical information. For more information, please read the policy conditions.

When won't the policy pay out?

The policy won't pay out if:

- you're diagnosed with or undergo surgery for an illness which isn't defined in our policy
- your policy ends because you haven't paid your premiums
- you cancel your policy
- you haven't answered all the questions on the application completely, truthfully, and accurately
- you die in the first 12 months of the policy as a result of suicide or intentional self-inflicted injury
- you're diagnosed with a terminal illness and are expected to live longer than 12 months
- you die outside of the policy term
- you meet our definition of critical illness outside of the policy term
- you're not covered for the benefit you claim for.

How can I make a claim?

Call our claims department on 0800 015 1142. From outside the UK, the number is +44 1603 202 500 option 1. Lines are open Mon to Fri 8:00am – 8:00pm, Sat 8:30am – 5:30pm and Sun 10:00am – 4:00pm.

To make a claim under global treatment, please email Best Doctors at BDUK@bestdoctors.com or call 0800 085 6605. Lines are open 9:00am – 6:00pm, 7 days a week.

What about tax?

In the UK, the payments we make are free from personal liability to income and capital gains tax. However, they may be subject to inheritance tax unless you put your policy in a suitable trust. For more information about trusts, contact us and we'll be happy to help.

If you live in Gibraltar, we have to tell you that tax relief on premiums paid by individuals is allowed under the allowance based system of tax at the rate of 17%, as long as they don't exceed 1/7th of your assessable income or 7% of the cover amount. The payments we make are free from income and capital gains tax.

Wherever you live, we'd always recommend that you get independent financial advice. This is because your individual circumstances can affect your tax position.

Premiums are inclusive of insurance premium tax, where applicable.

Please remember that tax rules may change in the future.

Can I change my mind?

Starting from the date you get your policy schedule, or the day we confirm when your cover will start (whichever is the later), you get 30 days to change your mind. If you cancel within this period, we'll refund any premiums you've paid.

If you want to cancel the policy after 30 days you can, but you won't get any money back.

How do I contact you about my policy?

If you have one, your financial adviser will usually be your first point of contact. If you haven't, you can get in touch with us:

Call us on 0800 285 1098. From outside the UK, the number is +44 1603 603 479.
Lines are open Mon to Fri 8:00am – 8:00pm, Sat 8:30am – 5:30pm and Sun 10:00am – 4:00pm.

Email us on protection@aviva.co.uk

Write to us at:

Aviva,
PO Box 520,
Norwich,
NR1 3WG.

What if I want to complain?

To complain you can:

Call us on 0800 285 1098. From outside the UK, the number is +44 1603 603 479.
Lines are open Mon to Fri 8:00am – 8:00pm, Sat 8:30am – 5:30pm and Sun 10:00am – 4:00pm.

Email us on protection@aviva.co.uk

Write to us at

Aviva Customer Relations,
PO Box 3182,
Norwich,
NR1 3XE.

If you are not satisfied with our response, you may be able to take your complaint to the Financial Ombudsman Service.

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
London
E14 9SR

Telephone: 0800 023 4567

E-mail: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

If you have taken a product out online or over the telephone with us and are unhappy with the product or the service you received, you can also use the European Commission's Online Dispute Resolution service to make a complaint. The purpose of this platform is to identify a suitable Alternative Dispute Resolution (ADR) provider and we expect that this will be the Financial Ombudsman Service. Please be aware that the Financial Ombudsman Service will only be able to consider your complaint after we've have had the opportunity to consider and resolve this.

Website: http://ec.europa.eu/odr

Law

The law of England will apply in legal disputes and your contract will be written in English. We'll always write and speak to you in English.

We're regulated by the Financial Conduct Authority:

The Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS

We're also regulated by the Prudential Regulation Authority:

The Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA

Compensation

Our Life Insurance+ policy is covered by the Financial Services Compensation Scheme. If we become insolvent and we can't meet our obligations under this policy, the scheme may cover you for 100% of any successful claim you make.

For more information on this scheme, please visit:

www.fscs.org.uk or call 0800 678 1100 or 0207 741 4100.

Our Protection Promise

We understand how important it is to have life cover in place. That's why we'll aim to give you a decision on your application as quickly as possible.

If we need more information before we can give you a decision, our Protection Promise will cover you free of charge.

After we've received a fully completed application form, we'll confirm that your free cover has started.
The cover will end on the earliest of:

- 10 days after we make our acceptance offer; or
- the date we decide to defer or decline your application; or
- the date you withdraw your application; or
- 90 days from our confirmation that your free cover under our protection promise has started.

The Protection Promise will pay out if a life covered dies unless:

- we haven't received complete and accurate information as part of your application
- death is as a result of suicide or self-inflicted injury
- death is a result of a pre-existing medical condition present at the date of your application, which the life covered knew about or was having symptoms of.

For level and decreasing cover, we'll pay the total cover amount you've applied for up to a maximum of £500,000.

For family income cover, the amount will be the monthly benefit multiplied by the number of months' cover on your application or £500,000.

For joint applications/policies, we'll only pay out once per application or policy applied for.

Important:

You need to tell us about any changes in the health or medical history of a life covered as soon as possible before we tell you when the cover will start, or we decline or defer the application.

If you don't, we may not be able to pay a Protection Promise claim, or any subsequent claim on a policy. Until we confirm the Protection Promise has started, we can change or withdraw it at any time.

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