

Policy Summary of Critical Illness+



Keep this document **safe**

This summary gives you an overview of what a **Critical Illness+** policy is. It isn't the full details. We'll start with the basic information on the next page, then give you more detail in the rest of the document.

For the full terms of the policy, have a look at the separate document, called the '**policy conditions**'.

If you buy this policy, we'll send you a third document – the '**policy schedule**'. This will be personalised to you, so it'll show you what's included in your particular policy.

The basics

Money if you get ill

We'll pay out a lump sum or a monthly amount if you're diagnosed with one of our list of critical illnesses while you have a **Critical Illness+** policy. Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed.

We won't pay out if you die.

There are other benefits that you can add if you want them.

Because the policy relates to your health, when you apply you'll have to answer some questions about your health and lifestyle – fully, truthfully and accurately. If you don't, we may amend or cancel your policy, or we may not pay a claim.

You need to regularly review the cover you've got to make sure it still meets your needs.

This isn't the kind of policy that you can 'cash in' – so you don't get any money if you cancel it.

Choose how much we pay and how we pay it

You can choose the amount of money we pay – this is called your cover amount. You can also choose whether we pay it as a lump sum or in regular payments. And you can also choose how long you want your policy to last – this period is your policy term. This is important because if any of the things we talk about in this summary happens outside the policy term, we won't pay anything.

During the policy term you pay us money every month – your premium. If you stop paying your premiums or cancel the policy, you won't be covered, and you won't get any money back.

Choose who we cover

You can choose to cover one person or two people – a single policy or a joint policy.

If you want to, you can use your policy – single or joint – to cover someone else. But in this summary, we assume you are the policyholder and are using it to cover yourself.

Choose to add different benefits, or upgrade your cover

You can choose to pay more to add different benefits or to upgrade your cover, if you want to.

There are different policy terms and age limits, depending on the options you choose.

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Your cover

To get a **Critical Illness+** policy, at the time you complete the application, both you and the life covered must:

- be in the UK, the Channel Islands, the Isle of Man or Gibraltar, with a legal right to live in that jurisdiction, and
- consider your main home as being in the UK, the Channel Islands, the Isle of Man or Gibraltar and have no current intention of moving anywhere else permanently.

For more information on this, have a look at the eligibility section in your policy conditions.

Your policy term can be between five and 50 years, either in whole years or until you reach a specific age. The age depends on the kind of cover you have. Have a look at the table on page 23 to see the age ranges for all the options.

Critical illness cover

Critical illness cover pays out if, during the policy term, you're diagnosed with one of our list of critical illnesses, and you survive for at least 10 days. Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. We only cover the critical illnesses we define in our policy and no others. You'll find more about the critical illnesses we cover in the section starting on page 9. You can find the criteria you need to meet to make a claim in your policy conditions.

Choose how you're covered

You have three choices.

1 Level cover

We'll pay a lump sum. The size of the sum stays the same throughout the policy term.

2 Decreasing cover

We'll pay a lump sum. The size of the sum goes down every month, at a rate set when you apply for your policy. The usual reason for choosing decreasing cover is so that your lump sum roughly keeps track with what you have left to pay back on a loan, like a repayment mortgage.

3 Family income cover

We'll pay equal monthly amounts until the end of your policy term.

You could also add 'increasing cover'

Because inflation might reduce the value of your cover over time, you might want to add increasing cover. There are two kinds of increasing cover.

1 Fixed increasing cover

You can add fixed increasing cover if you have level cover or family income cover.

Your cover amount will automatically go up every year. You can choose whether it goes up each year by 3% or 5%.

If you have level cover, your premiums will go up each year by 4.5% or 7.5%.

If you have family income cover, your premiums will stay the same. If we're paying your cover amount, we'll keep increasing the monthly cover amount until the end of your policy term.

2 Index-linked increasing cover

You can add index-linked increasing cover if you have level cover.

Your cover amount will automatically go up every year, in line with any increase in the Retail Prices Index (RPI), up to a maximum of 10%.

Your premiums will also go up at 1.5 times the rate of the RPI increase. So your premiums will go up by a maximum of 15%.

If the RPI doesn't go up, your cover amount or premiums won't either.

Whichever kind of increasing cover you have, if one year you don't want your cover or your premiums to go up, you can skip an increase. Your benefit and your premiums will stay level that year. If you do this three years in a row, we'll take increasing cover off your policy. That means we won't automatically increase your benefit or premiums after that. You won't be able to add increasing cover back on to your policy later.

If you have increasing cover, your extra benefits will also increase apart from fracture cover, global treatment, hospital benefit and children's hospital benefit.

We'll only pay your full cover amount once

If we accept a claim, we'll pay you in the way you've chosen and your policy will end. This is also the case for a joint policy.

There's an exception to this, if you have the option called '**extra care cover**'. Have a look at that section, on page 21, to see how it works.

Your premiums

Your monthly premiums depend on what type and amount of cover you choose, as well as your personal circumstances, which can include factors such as your age, occupation, health, lifestyle, and smoking habits.

When you first apply for a policy, we quote you a premium for the benefits you've asked for. If the premium and benefits are still the same after the application process, and if we haven't applied any exclusions, you'll be on our standard terms.

You can choose from guaranteed premiums or reviewable premiums.

Guaranteed premiums

The amount you pay is the same every month, unless you choose level with increasing cover. If you do your premiums will go up. But they'll only go up in a set way, at the rate you've chosen.

The only other way your premium would go up is if you've chosen an extra called 'global treatment', which we explain on page 19. Global treatment renews every three years, so your premium might change then.

Reviewable premiums

We'll review your premium every five years to check if you're paying the right price for the cover you've chosen. We'll look at things like our claims experience, medical advances, changes in the law and the insurance industry to decide whether your premiums should change. We'll decide whether they should go up, down or stay the same. We don't look at things like your age or your health as part of this review.

If your premium goes up and you don't want to pay it, you can keep your premium as it is and bring down your cover amount.

If one of the benefits you choose ends before the end of your policy term, we'll reduce the amount of premium you have to pay.

Benefits available at no extra cost

You may be eligible for some additional benefits at no extra cost. We'll confirm this in your policy schedule.

For some of these you have to be within a certain age range. We've put all the age ranges in a table on page 23.

Increase your cover amount if your life changes in a big way

This is called life change benefit.

Once your policy is up and running you might want to increase your cover amount to keep up with big changes in your life. You won't need to answer any extra health and lifestyle questions.

You can do it if you:

- get married or go into a civil partnership
- divorce, dissolve a civil partnership or separate
- become a parent
- get a bigger mortgage because you're moving, buying somewhere or improving your home
- get at least a 20% payrise because you've either been promoted or you have a different employer
- have an increase:
 - to your rental payments imposed by your landlord, or
 - to your rental payments when you move to a new rental property, or
 - in your payments when you change from rental payments to mortgage payments.

We'll increase your cover amount by giving you a new policy, for an additional premium.

The cover amount on your new policy can be the lower of:

- £200,000 for level and decreasing cover
- £8,000 a year for family income cover payable monthly
- the original cover amount you had at the start of your policy
- the amount your mortgage has gone up by
- the increase in your rent (or increase in your payment when changing from rental to mortgage payments) multiplied by the number of months left on your policy, up to a maximum increase of £200,000.

There are some limits on how and when you can use life change benefit, so please read your policy conditions for more information. If you're not accepted on our standard terms when you take out your cover you won't get this benefit.

Split your joint policy if you need to

This is called separation benefit.

At some point you might want to split your joint policy if you separate from the other policyholder or rearrange your mortgage into one name. If you both agree, you can cancel the joint policy and one or both of you can take out a new single policy. You won't need to answer any extra health and lifestyle questions.

The cover amount on each new policy can be as much as the cover amount on your existing policy, at the point when you split it.

There are some limits on how and when you can use this benefit, so please read your policy conditions for more information. If you're not accepted on our standard terms when you take out your cover you won't get this benefit.

Critical illness cover

With critical illness cover, we'll cover you for 33 critical illness conditions, two additional critical illness conditions and children's benefit as standard.

You can tailor your critical illness cover to match your needs. At an extra cost you can upgrade your cover so you have some financial protection against even more critical illnesses. By upgrading you can add extra benefits to your cover, your children's cover or both.



Critical illness benefit

Critical illness includes the following:
33 critical illness conditions
2 additional critical illness conditions

Children's benefit - which includes:

- 34 of the conditions adults are covered for
- children's hospital benefit
- children's death benefit
- cover from 30 days old to age 18 (or 21 if in full time education)



Upgraded critical illness benefit

Upgraded critical illness includes the following:
15 further critical illness conditions

24 further additional critical illness conditions

Hospital benefit – £100 per night up to £3,000

Pregnancy complications – £5,000 per affected pregnancy



Upgraded children's benefit

In addition to the **children's benefit** that's automatically included, the following is included under the **upgraded children's benefit**:

15 further children's critical illness conditions

12 conditions covered under child **extra care cover**

Advanced illness

Cover **from birth** up to age 22

Children's death benefit covering from 24 weeks of pregnancy

A successful claim under a critical illness condition for the life covered will pay the full cover amount and end the policy. If **extra care cover** has been added to the policy, a second claim may be possible in the 12 months after the initial claim. More details on this can be found on page 20.

A claim under an additional critical illness condition will pay out up to £25,000 and this is calculated by your cover amount. In a successful claim, the pay out does not reduce the cover amount on the policy and the policy will remain in force. Full details of how this is calculated, in both the critical illness and upgraded critical illness benefit, can be found on pages 12 and 15.

Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. We only cover the critical illnesses we define in our policy and no others. You can find the criteria you need to meet to make a claim in your policy conditions.

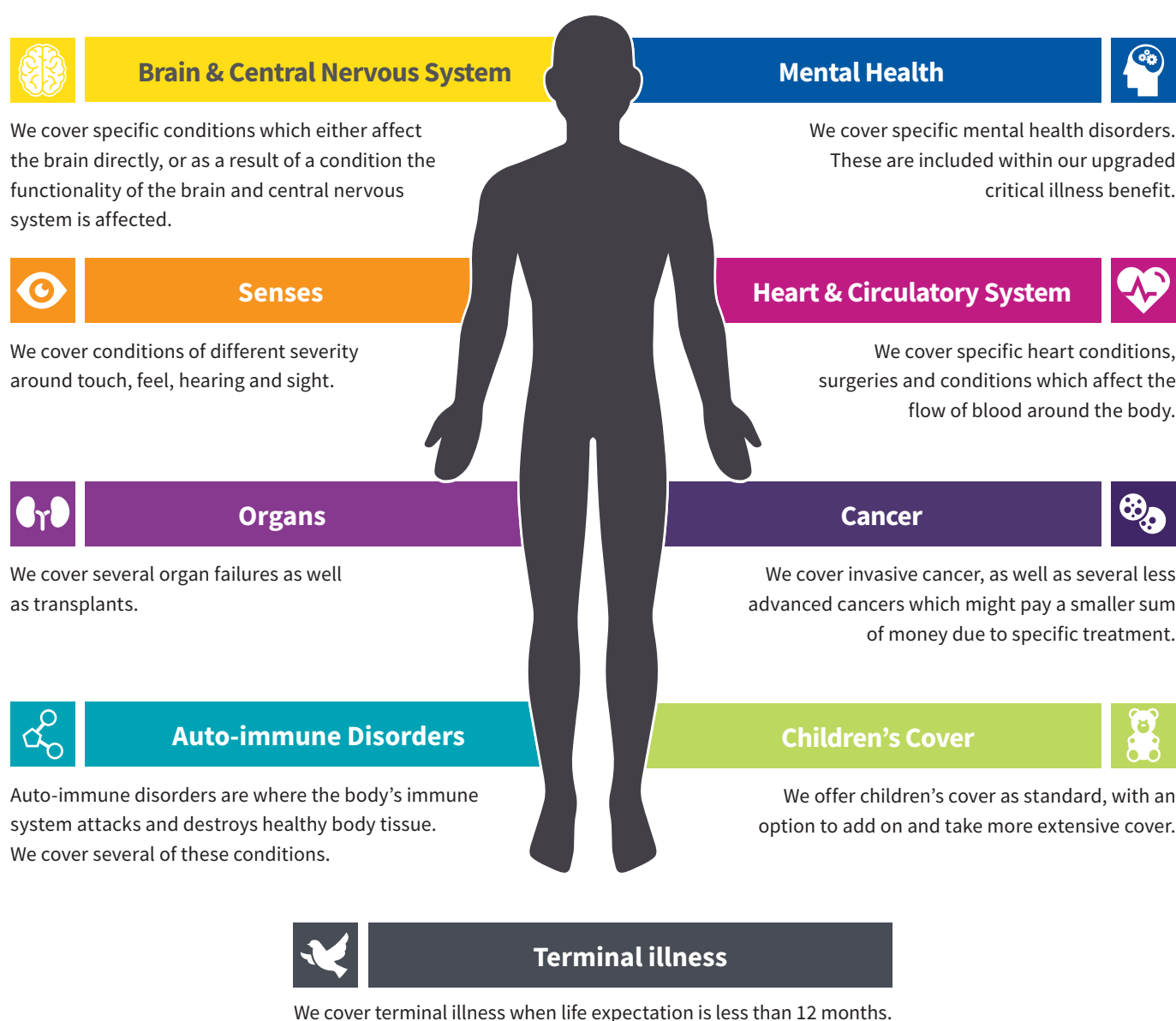
Critical illness cover

How we present the conditions we cover

We've organised the critical illnesses that we cover into groupings (as shown below).

We've done this so that you can see, at a glance, the types of conditions you're covered for.

This is just an overview. We've provided more details later in the document.



Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. We only cover the critical illnesses we define in our policy and no others. You can find the criteria you need to meet to make a claim in your policy conditions.

Critical illness cover



Critical illness benefit

Critical illness includes the following:
33 critical illness conditions
2 additional critical illness conditions

Children's benefit - which includes:

- 34 of the conditions adults are covered for
- children's hospital benefit
- children's death benefit
- cover from 30 days old to age 18 (or 21 if in full time education)

If during the policy term you're diagnosed with one of our list of critical illnesses, and you survive for at least 10 days, we'll pay your full cover amount. **Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed.**

The definitions typically use medical terms to describe the conditions but, in some cases they also limit the cover. For example, we don't cover some types of cancer. Also, for some conditions, you need to have permanent symptoms to make a claim. **You can find full definitions of these illnesses, and the circumstances in which you can claim, in your policy conditions.**

Your policy will end when we pay out the lump sum. The exception to this is if you have extra care cover, which we'll explain later on page 20.

We've listed below, details of the critical illnesses which are covered as standard. These are shown in grey under their grouping heading.

Critical illness benefit

Cancer	
Cancer	Heart valve replacement or repair
Brain and the central nervous system	Primary cardiomyopathy
Bacterial meningitis	Pulmonary arterial hypertension
Benign brain tumour	Pulmonary artery surgery
Brain injury due to trauma, anoxia or hypoxia	Structural heart surgery
Coma	Organs
Creutzfeldt-Jakob disease	Kidney failure
Dementia	Liver failure
Encephalitis	Major organ transplant
Motor neurone disease	Respiratory failure
Multiple sclerosis	Third degree burns
Paralysis of a limb	Auto-immune disorders
Parkinson's disease	Aplastic anaemia – with bone marrow failure
Stroke or spinal cord stroke	Systemic lupus erythematosus
Heart & the circulatory system	Senses
Aorta graft surgery	Blindness
Cardiac arrest	Deafness
Coronary artery bypass grafts	Loss of hand or foot
Heart attack	Terminal illness
	Terminal illness

Critical illness cover

Additional critical illnesses

In addition to the standard 33 critical illnesses, we also cover you for two additional critical illnesses as standard.

Additional critical illnesses		
 Cancer	Less advanced cancer of the breast	Less advanced cancer of the prostate

You can find full definitions, and the circumstances in which you can claim, in your policy conditions.

If during the policy term you're diagnosed with one of these two defined illnesses and you survive for at least 10 days, we'll pay you an amount which is lower than your cover amount.

For level and decreasing cover, we'll pay £25,000 or 25% of your cover amount, whichever is lower. If you have family income cover, we'll pay a lump sum. It will be 25% of the monthly cover amount multiplied by the number of months left on the policy, up to a maximum of £25,000.

Each person covered by the policy can claim for each additional critical illness once. If you claim for an additional critical illness, your policy will continue and won't affect what we pay for any other benefit in the future.

Critical illness cover

Children's benefit

Critical illness cover includes a **children's benefit**. This covers all your children (natural, step, legally adopted and under legal guardianship), including any future children. Your children are covered from age 30 days until their 18th birthday, or 21st birthday if in full time education.

It covers them in three situations. You can claim for all three for each child. If you claim your policy will continue. It won't affect what we pay for any other benefit in the future.

1 Your child suffers from one of the standard 32 critical illnesses or two additional critical illnesses

This is called children's critical illness benefit.

We'll pay it if your child survives for at least 10 days after being diagnosed with one of the definitions they're covered for. Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. Children are covered for:

- one of the 32 critical illnesses (excluding terminal illness) on page 11, or
- one of the two additional critical illnesses on page 12.

You can find full details of when you can claim and definitions for these illnesses within your policy conditions.

We'll pay £25,000 or 50% of your cover amount – whichever is lower.

If you have family income cover, we'll pay a lump sum. It'll be 50% of the monthly cover amount multiplied by the number of months left on the policy, up to a maximum of £25,000.

We'll pay this benefit once for each child. We won't pay if the child had the illness when they were born – whether it was diagnosed at the time or not. We won't pay if the child had the symptoms before the start of the policy or before your child was covered. And we won't pay if you caused the illness or condition by intentionally injuring your child.

2 Your child spends more than a week in hospital

This is called children's hospital benefit.

We'll pay this benefit if your child spends more than seven consecutive nights in hospital. From the eighth night onwards we'll pay £100 a night. We'll pay that for up to 30 nights for each child over the policy term.

3 Your child dies

This is called children's death benefit.

We'll pay £5,000.

Take a look at your policy conditions for more information.

Upgraded critical illness benefit



Upgraded critical illness benefit

Upgraded critical illness includes the following:

15 further critical illness conditions

24 further additional critical illness conditions

Hospital benefit – £100 per night up to £3,000

Pregnancy Complications – £5,000 per affected pregnancy

If you upgrade your critical illness cover you get the following benefits.

Upgraded critical illness benefit

If you pay more and upgrade your cover, it'll include the following 15 critical illnesses in addition to those listed previously. A claim under one of these definitions will pay the full cover amount and end the policy.

Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. You can find full details of when you can claim and definitions of each illness within your policy conditions.

We've listed below, details of the critical illnesses which are covered if you add on upgraded critical illness benefit. These are shown in grey under their group heading.

 Brain and the central nervous system	 Organs
Benign spinal cord tumour	Crohn's disease – treated with 2 resections
Brain abscess	Interstitial lung disease
Intensive care	Necrotising fasciitis
Neuromyelitis optica (Devic's disease)	Pneumonectomy
Parkinson's plus syndromes	Ulcerative colitis
Syringomyelia or syringobulbia	 Auto-immune disorders
 Heart & the circulatory system	Rheumatoid arthritis
Heart failure	 Mental health
Peripheral vascular disease	Psychosis and bipolar affective disorder

Hospital benefit

If, during the policy term, the life covered spends 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 life covered, over the term of the policy.

Claiming for this benefit won't affect what we'll pay on a successful claim for any other benefit in the future.

Upgraded critical illness benefit

Pregnancy complications

If during the policy term the life covered or their partner are diagnosed with one of the below listed pregnancy complications we will pay out £5,000 per affected pregnancy.

- Disseminated intravascular coagulation (DIC)
- Eclampsia (but excluding pre-eclampsia)
- Ectopic pregnancy with surgery to remove the fallopian tube
- Foetal death in utero after at least 20 weeks gestation
- Hydatidiform mole
- Placental abruption but excluding placenta praevia

Claiming for this benefit won't affect what we'll pay on a successful claim for any other benefit in the future. We won't pay a claim if the person covered was aware of an increased risk of having a complication of pregnancy before the policy start date.

Upgraded critical illness benefit

Upgraded additional critical illnesses

If you pay more and upgrade your cover, the upgraded additional critical illness cover replaces the additional critical illness cover we explained previously. You can claim for each upgraded additional critical illness once and your policy will continue. It won't affect what we pay for any other benefit in the future.

You can find full details of when you can claim and definitions of each illness within your policy conditions.

We'll pay £30,000 or 100% of your cover amount – whichever is lower. We'll pay this if you survive for at least 10 days after you're diagnosed with, or have surgery for, any of the 26 upgraded additional critical illness from the list below.

If you have family of £30,000.

We've listed below, details of the additional critical illnesses which are covered if you add on upgraded critical illness benefit. These are shown in grey under their group heading.

Upgraded additional critical illness benefit

 Cancer	 Heart & the circulatory system
Less advanced cancer of the breast	Aortic aneurysm
Less advanced cancer of the larynx	Carotid artery stenosis
Less advanced cancer of the ovary	Central retinal artery or vein occlusion
Less advanced cancer of the prostate	Coronary angioplasty
Less advanced cancer of the renal pelvis and ureter	 Organs
Less advanced cancer of the testicle	Crohn's disease – 1 intestinal resection
Less advanced cancer of the urinary bladder	Less severe third-degree burns
Less advanced cancer in situ – with surgery	Removal of one or more lobe(s) of the lung
Less advanced tumour of gastrointestinal stromal (GIST) or Neuroendocrine (NET) types – with surgery	 Auto-immune disorders
Skin cancer (not including melanoma)	Aplastic anaemia – of specified severity
 Brain and the central nervous system	Diabetes mellitus type 1
Cauda equina syndrome	Guillain-Barre syndrome
Cerebral spinal aneurysm	 Senses
Cerebral or spinal arteriovenous malformation	Severe visual loss
Drug resistant epilepsy	
Non-malignant pituitary adenoma	

Upgraded children's benefit

More cover for your children



Upgraded children's benefit

In addition to the **children's benefit** that's automatically included, the following is included under the **upgraded children's benefit**:

- 15 further children's critical illness conditions**
- 12 conditions covered** under child **extra care cover**

Advanced illness

Cover **from birth** up to age 22

Children's death benefit covering from 24 weeks of pregnancy

You can upgrade your children's benefit and get more cover for your children.

If you pay more and upgrade your children's cover, you replace the children's benefit we explained on page 13 with an **upgraded children's benefit**. This will cover your children from birth until their 22nd birthday. It gives you cover in five situations. You can find full details of when you can claim and definitions for all the illnesses we cover within your policy conditions.

1 Your child suffers one of 34 critical illnesses, additional critical illnesses or one of 15 more conditions

This is called upgraded children's critical illness.

We'll pay this benefit if during the policy term, your child survives for at least 10 days after being diagnosed with one of our listed critical illnesses. **Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed.** They are covered for:

- one of the critical illnesses (excluding terminal illness) on page 11
- one of the two additional critical illnesses on page 12, or
- one of the conditions from the list below.



Upgraded children's critical illnesses

Benign spinal cord tumour – resulting in permanent symptoms or undergoing defined treatments	Edwards Syndrome
Brain abscess – undergoing defined treatments	Hydrocephalus – treated with the insertion of a shunt
Cerebral palsy	Intensive care – requiring mechanical ventilation for 7 consecutive days
Craniosynostosis – requiring surgery	Osteogenesis Imperfecta
Crohn's disease – treated with two intestinal resections or total colectomy	Patau Syndrome
Cystic fibrosis	Third degree burns – covering at least 5% of the body's surface area or 10% of the face or head
Diabetes mellitus type 1	Ulcerative colitis – with total colectomy
Down's syndrome	

We'll pay £25,000. After a successful claim we'll no longer cover that child for upgraded children's critical illness. You could still claim for that child for upgraded children's hospital benefit, advanced illness, child extra care cover and upgraded children's death benefit.

2 Your child spends more than a week in hospital

If you've upgraded, this cover for your children will start from birth, instead of from when your child is 30 days old. We won't pay if the stay in hospital is due to the child being born prematurely (before the 37th week of pregnancy).

Upgraded children's benefit

More cover for your children

3 Your child dies

If you've upgraded, this cover for your children will start from 24 weeks of pregnancy, instead of from when your child is 30 days old. We'll pay £10,000.

4 Your child suffers from a severe condition

This is called child extra care cover.

Some conditions have the potential to severely impact not only the child who is suffering, but also the family and care givers. We'll pay this benefit if your child survives for at least 10 days after being diagnosed with, or having surgery for, one of the conditions in the list below. If the condition is 'loss of independence', the child has to survive for 90 days.



Child extra care cover conditions

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

We'll pay £50,000, unless you've already made a claim for upgraded children's critical illness cover. Instead we'll only pay £25,000.

After a successful claim, we'll no longer cover that child for child extra care cover, upgraded children's critical illness or advanced illness. You could still claim for that child for children's hospital benefit and death benefit.

5 Your child's illness is advanced or progressing rapidly

This is called advanced illness cover.

We'll pay this benefit if your child is diagnosed with an advanced or rapidly progressing illness with a life expectancy of less than 12 months, and we haven't already paid under child extra care cover for that child.

After a successful claim, we'll no longer cover that child for advanced illness, upgraded children's critical illness or child extra care cover. You could still claim for that child for children's hospital benefit and death benefit.

When and what we won't pay

We won't pay upgraded children's critical illness, child extra care cover or advanced illness if any of the following were true before the policy started or before you adopted your child:

- your child already had the symptoms
- the illness or condition had already been diagnosed
- either parent received counselling or medical advice about the condition
- either parent was aware of the increased risk of the condition.

And we won't pay if you caused the illness or condition by intentionally injuring your child.

Making a successful claim for upgraded 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.

You can pay to add extra benefits

There are extra benefits you can add to your policy if you pay a higher premium.

We've listed the benefits you can choose below.

These benefits are all secondary to the main point of your policy. You shouldn't take out the policy just to get these extra benefits.

For more information on all of these, have a look at your **policy conditions**.

Fracture cover - money for fractures

If you (the life covered) fracture a bone we'll pay you a lump sum. The size of the lump sum depends on the type of fracture and it has to be one of 18 specified fractures.

We won't pay more than one claim in any 12 month period. The 12 months runs from your policy start date to the day before the anniversary date. We won't pay a claim for a fracture that happens within the first 7 days after the policy start date. The policy anniversary and the start date will be shown on your policy schedule.

We won't cover a fracture that happens when taking part in any of the following: mountain biking or BMX; boxing, cage fighting or martial arts; rugby or Gaelic football; horse riding; or any form of motor cycle sport or event including practice, competing or track days, or motor cycling off-road, trail riding, or green-lane riding.

If you make a successful claim, your policy will continue and it won't affect what we pay for any other benefit in the future.

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

You can find full details of when you can claim and the injuries we cover within your policy conditions.

Access to world class treatment abroad

This is called global treatment.

If you or your child is diagnosed with a serious illness or needs a medical procedure as specified in your policy conditions, this benefit gives you access to overseas medical treatments.

This benefit includes a concierge service which recommends doctors and treatment centres. The concierge service manages all the treatment and makes the arrangements.

We'll pay up to £1 million for each person in every 12 month period from the issue of our written approval of the claim. We'll cover as many treatments as you need, up to a total maximum of £2 million for each person. This limit includes medical, travel and accommodation expenses that we cover.

We'll automatically renew global treatment every three years until your policy ends, unless we substantially change the terms of the benefit or we can no longer offer it. This means the premium you pay for it might change every three years.

If you make a successful claim, your policy will continue and it won't affect what we pay for any other benefit in the future.

If you have any children, they're covered from birth, up to the age of 18 or 21 if in full time education. If you live in the UK, Channel Islands, the Isle of Man or Gibraltar but you have children who live outside of these territories, they'll have to come back for a doctor to confirm the initial diagnosis.

If you go to live outside of the UK, Channel Islands the Isle of Man or Gibraltar, we'll have to cancel the global treatment benefit.

You can find full details of what's covered within your policy conditions.

This option is provided in conjunction with Further who will process your claim and provide all services related to overseas treatment.

You can pay to add extra benefits

Pay no premiums if you can't work because you're ill or injured

This is called waiver of premium.

If you can't work because you're ill or injured, we'll pay your premiums for you. We'll do this until your policy ends, or you go back to work, or you're no longer ill or injured, or you turn 71. When your waiver claim ends, you'll have to start paying your premiums again to keep your policy in force.

We won't start paying your premiums straight away. You can choose whether you have to wait one, three or six months. This could be in line with how long you receive sick pay from your employer. This is your 'deferred period'.

To add this benefit to your policy you have to be employed or self-employed when your policy starts. But you can still make a claim later if you're no longer employed or self-employed. If that's the case, we'll pay if you can't perform at least two of the work-related tasks listed in your policy conditions.

Claiming for waiver won't affect what we pay for any other benefit in the future.

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

Money if you become totally, permanently disabled

This is called total permanent disability.

We'll pay your full cover amount if you have an illness or injury that means you can't ever again:

- do your own occupation, or
- perform at least three of the work-related tasks listed in your policy conditions.

We'll confirm which of the above criteria we'll use in your policy schedule.

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

When we pay a claim for total permanent disability, your policy will end, unless you have extra care cover.

You can find full details of when you can claim and the work-related tasks we use within your policy conditions.

You can pay to add extra benefits

Extra care if you suffer severe and permanent symptoms

This is called extra care cover.

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

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

We'll pay your full cover amount plus £50,000:

- if you're aged under 55 when you get a condition that meets our definition of dementia, kidney failure, liver failure, Parkinson's disease, motor neurone disease or respiratory failure. If you've chosen upgraded critical illness we'll also pay this if you're diagnosed with heart failure or Parkinson's plus syndromes and aged under 55. Or we'll also pay
- if you're totally and permanently unable to do at least three activities of daily living listed in your policy conditions. We won't pay this if instead of claiming under extra care cover, you could claim under critical illness, upgraded critical illness or total permanent disability.

Usually if we pay your full cover amount your policy will end. But if that claim is for critical illness cover, upgraded critical illness cover or total permanent disability, you might still be able to make a claims for extra care cover, if you have it, up to a year later.

In these circumstances we'll pay £50,000 after a successful claim for a critical illness, an upgraded critical illness or total permanent disability, if:

- before the first anniversary of that claim, and as a direct result of it, you suffer from total and permanent failure of at least three of the activities of daily living in your policy conditions.

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

Summary of the benefits and upgrades

Here's a summary showing what's included with your cover, which benefits you can upgrade and the extra benefits you can add:

Critical illness, benefits and upgrades	
Life change benefit	▶ Included if we accept your policy on our standard terms.
Separation benefit	
Level cover	▶ It's available at no extra cost, but you can only pick one.
Decreasing cover	
Family income cover	
Fixed increasing cover	▶ It's available but it costs more, on level cover or family income cover.
Index linked increasing cover	▶ It's available but it costs more, on level cover.
Critical illness benefit	▶ It's included. ▶ On a joint policy, you can add this for one or both people covered.
Upgraded critical illness	▶ It's available but it costs more. ▶ On a joint policy, you can add this for one or both people covered.
Upgraded children's benefit	▶ It's available but it costs more.
Fracture cover	▶ It's available but it costs more. ▶ On a joint policy, you can add this for one or both people covered.
Total permanent disability	
Extra care cover	
Global treatment cover	
Waiver of premium	
Premiums	▶ Guaranteed or reviewable.

Maximum ages for each kind of cover

To get a **Critical Illness+** policy you need to be 18 or over. We've different maximum ages for each of the available options. These are all shown in the table below.

If you have more than one of these options, the limits that apply will be the lowest maximum age and the highest minimum term.

	Maximum age at the start of the policy	Maximum age at the end of the policy	Minimum policy term
Critical illness (guaranteed premiums)	64	75	5 years
Critical illness (reviewable premiums)	64	90	6 years
Increasing cover	64	90	5 years
Life change benefit	54	54*	5 years
Separation benefit	54	54*	5 years
Upgraded critical illness	The limits that apply are based on the type of critical illness cover selected.		
Upgraded children's benefit			
Fracture cover	59	70**	5 years
Global treatment	64	84**	5 years
Waiver of premium	64	70*	5 years
Total permanent disability	64	70*	5 years

* The benefit ends when the oldest person covered reaches this age, but the policy will continue if you've chosen a longer term.

**The benefit ends independently for each person covered at this age, but the policy will continue if you've chosen a longer term.

Things to think about

Things to think about if you apply for a policy.

Tell us about yourself

After you've applied, you must let us know if any of the information you've given us changes before we tell you the policy will start.

If things change, you can change your policy

Once your policy has started, you should look at your cover again regularly to make it sure it's still the right cover for you.

Six months after your policy has started, you can remove any options and upgrades, if you want to. You can also change your policy term and your cover amount. To make these changes, we might change your original policy or issue a new policy. So you might need to answer more medical questions. For more information, have a look at your policy conditions.

You can cancel

You can change your mind and cancel your policy by contacting us. We'll refund any premiums paid if you cancel within 30 days.

If you don't cancel within this time your policy will continue in line with the policy conditions. You can still choose to cancel outside these 30 days but we won't refund any premiums.

If you cancel your policy, you're not covered.

Law, compensation and tax

The law of England will apply in legal disputes

This plan is governed by the law of England. Your contract will be in English and we'll always write and speak to you in English.

We're regulated by the
Financial Conduct Authority:

The Financial Conduct Authority
12 Endeavour Square
London
E20 1JN

We're also regulated by the
Prudential Regulation Authority:

The Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA

Solvency Financial Condition Report

Every year we publish a Solvency and Financial Condition report which provides information about our performance, governance, risk profile, solvency and capital management. This report is available for you to read on our website at aviva.com/investors/regulatory-returns/

You could get compensation if we become insolvent

Our **Critical Illness+** 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: fscs.org.uk or call **0800 678 1100** or **0207 741 4100**.

Tax

In the UK, the payments we make are free from personal liability to income and capital gains tax.

If you live in Gibraltar, tax relief on premiums paid by individuals is allowed under the allowance based system of tax at the appropriate rate, provided 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 include insurance premium tax, where applicable.

Please remember that tax rules may change in the future.

If you need to complain

How to complain

If you've taken a product out with Aviva and are unhappy with the product or the service you received, you can contact us at:

Aviva Customer Relations

PO Box 3182

Norwich

NR1 3XE

Phone number: **0800 285 1098**

From outside the UK: **44 1603 603 479**

Email: **protection@aviva.com**

We aim to resolve your complaint quickly. If we can resolve your complaint within three working days following the day we receive it, we'll write and confirm this to you, along with your rights to refer your complaint to the Financial Ombudsman Service (FOS).

If we don't resolve your complaint within three working days of receiving it:

- We'll acknowledge your complaint promptly.
- We'll assign a dedicated complaint expert to review your complaint.
- We'll carry out a thorough and impartial investigation.
- We'll keep you updated as to our progress.
- We'll do everything we can to resolve things as quickly as possible.
- We'll send you a written response within eight weeks of receiving your complaint. This will tell you the results of the investigation or explain why that's not possible.

Where we can't resolve your concerns, or have been unable to resolve them within eight weeks, you may be able to ask the FOS to carry out an independent review. Whilst firms are bound by their decisions, you are not. Contacting the FOS will not affect your legal rights.

You can contact them on **0800 023 4567** or visit their website at **financial-ombudsman.org.uk**, where you'll find further information.

Contact us

Before you make a claim

Remember that we won't be able to pay anything if:

1. you die having not met our conditions for a claim. If you have a joint life policy, the policy can continue for the surviving person covered.
2. your policy has ended because you haven't paid your premiums
3. you've cancelled your policy
4. you're diagnosed with, or have surgery for, something that isn't defined in the policy
5. you're not covered for the benefit you claim for, or
6. you get ill outside the policy term.

We may amend or cancel your policy, or we may not pay a claim at all, if you haven't answered the questions on the application completely, truthfully and accurately.

This isn't the kind of policy that you can 'cash in' – so you don't get any money if you cancel it.

To make a claim



Call us on:

0800 015 1142



If you're outside the UK, call:

+44 1603 603 277
option 1

For our opening hours, please refer to our website [aviva.co.uk](https://www.aviva.co.uk).

Calls may be monitored and will be recorded.

Make a claim under global treatment

To make a claim, you can call us on **0345 030 8071** and select the option to start a global treatment claim.

Your call will be transferred to Further, who will evaluate and process your claim and provide you with any options for overseas treatment.

Further's claims line is open Monday to Friday 8.30am to 5pm. These times are correct at the time of publishing.

Talk to us about your policy



Call us on:

0800 285 1098



If you're outside the UK, call:

+44 1603 603 479

For our opening hours, please refer to our website [aviva.co.uk](https://www.aviva.co.uk).

Calls may be monitored and will be recorded.



Write to us at:

Aviva
PO Box 520
Norwich
NR1 3WG



Email us at:

protection@aviva.com

Calls to 0800 numbers from UK landlines and mobiles are free. The costs of calls to 03 and +44 1603 prefixed numbers are charged at national call rates (charges may vary dependent on your network provider) and are usually included in inclusive minute plans from landlines and mobiles. Calls from outside the UK may be charged at international rates.



Need this in a different format?

Please get in touch if you'd prefer this policy summary (**AL51001**) in large print, braille, coloured paper, or as an audio.

How to contact us

 0800 285 1098 (+44 1603 603 479)

 protection@aviva.com

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