

Critical Illness Policy Policy Conditions

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Keep this document safe

This **Critical Illness Policy** is underwritten and administered by Aviva Life & Pensions UK Limited trading as Quotemehappy.com.

Any references to 'we', 'us' or 'our' refer to Aviva unless stated otherwise.

These **policy conditions** are written confirmation of your contract with Aviva Life & Pensions UK Limited and should be read together with your **policy schedule** and policy summary. You may need to refer to these documents in the event of a claim.

The words in **bold** are defined terms with specific meanings. We explain these in the definitions section.

Any questions?



Call us on:

0800 285 1098



If you're outside the UK, call:

+44 1603 603 479

Lines are open Monday to Friday 8am to 8pm,
Saturday 8.30am to 5pm and Sunday 10am to 4pm.

Calls may be monitored and will be recorded.



Need to make a claim?

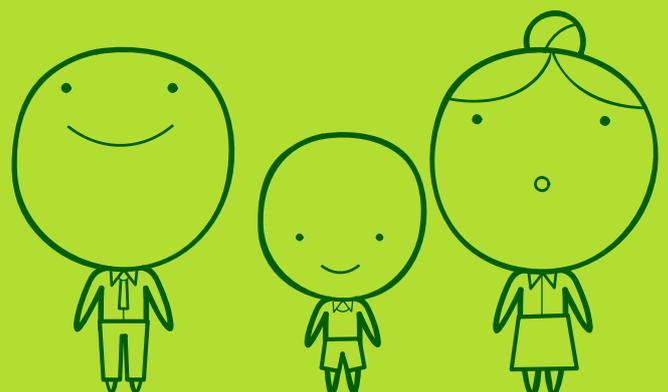


Please read our 'Making a claim'
section first, then call us on:

0800 158 3467

Lines are open Monday to Friday 8am to 6pm,
Saturday 8am to 2pm.

Calls may be monitored and will be recorded.



Your cover

You can have either a **single policy** for one person or a **joint policy** for two people, usually you and your partner, spouse or civil partner.

Main benefit

Your policy will include the **main benefit** and additional critical illness benefits. You can find out more about these in the **main benefit** section.

You can choose at the start to have the **main benefit** paid on a level or decreasing basis.

	Level cover	Decreasing cover
How do we pay the cover amount if you make a successful claim?	Cash lump sum	Cash lump sum
Does the cover amount change over the policy term ?	Stay the same	Decreases each month using a fixed interest rate.

The **policy conditions** we send you when you take out the policy detail the **main benefit**. We'll show this in your **policy schedule**, together with how you've chosen to receive your **main benefit** if we accept your claim.

Main Benefit - Critical Illness cover

We'll only pay the **main benefit** once, even for **joint policies**. This means the policy – whether **single** or **joint** – will end when we accept a claim for the **main benefit**.

For **joint policies**, if one of the **lives covered** dies and was not eligible to make a claim under this policy, it can continue for the remaining **life covered**.

Critical illness benefit

Our criteria

We'll pay this if the **life covered** meets the definition for one of our critical illness conditions during the **policy term** and survives for at least 21 days.

See the full list of critical illnesses, together with our definitions for them in appendix 1A.

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

What do we pay?

We'll pay the **cover amount** shown in the **policy schedule**.

Additional critical illness benefits

Two additional benefits are automatically included: additional critical illness benefit and **children's cover**. To be able to claim for these additional benefits, you must not have made, nor be eligible to make, a claim for the **main benefit**.

If we accept a claim for any of the additional benefits, your policy will continue. That means you can still make a claim for the **main benefit** later on to receive the **cover amount**. Also, it won't affect the amount of payment we make in the future.

Additional critical illness benefit

Our criteria

We'll pay this if the **life covered** meets the definitions for one of our additional critical illnesses (set out below) during the **policy term** and survives for at least 21 days.

Additional critical illnesses:

- Less advanced cancer of the breast, and
- Less advanced cancer of the prostate.

See our full definitions for each of the additional critical illnesses in Appendix 1B.

Each **life covered** will be able to make one claim for each additional critical illness. After which, that **life covered** won't be able to make another claim for that condition. However, we will still cover them for the other additional critical illness.

It won't affect any of the other benefits chosen under the policy for each **life covered**.

What do we pay?

We'll pay the lower of:

- £25,000, or
- 25% of the **cover amount** shown in the **policy schedule**.

If a claim meets our criteria for critical illness benefit and additional critical illness benefit at the same time, we'll only pay the **cover amount**.

Children's cover

Our criteria

This includes children's critical illness cover and children's life cover, as described below.

It covers any **child** under the policy.

Children are covered from the age of 30 days until their 18th birthday (or 21st birthday if in full time education).

They must be between these ages at the time they:

- meet the definition for one of our children's critical illness conditions; or
- die.

We'll accept a claim for each of the below benefits for each **child**. The cover will then continue for any other **child**.

Children's critical illness cover

Our criteria

We'll pay this if a **child** meets the definition of one of our children's critical illnesses during the **policy term**, and survives for at least 10 days.

Our children's critical illnesses are all of the critical illnesses in appendix 1A (excluding Terminal Illness), and the additional critical illnesses in Appendix 1B.

The illness or condition must not have been present at birth, whether diagnosed or not. 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 be the result of an intentional injury caused by you.

What do we pay?

We'll pay the lower of:

- £25,000, or
- 50% of the **cover amount** shown in the **policy schedule**.

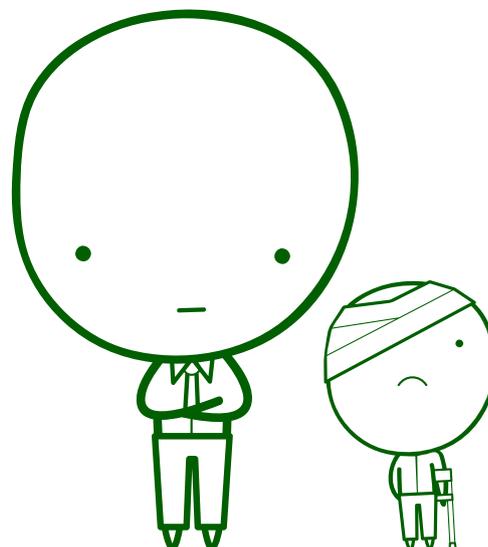
Children's life cover

Our criteria

We'll pay this if a **child** dies during the **policy term**.

What do we pay?

We'll pay £5,000.



Making changes to your policy

You can make certain changes to your policy from six months after the **start date**. If you make any changes, they'll apply from the date your next premium is due.

We've set out the changes you can make below. We'll amend your existing policy when you make a change and we won't ask you any more medical questions.

Type of change:

- Reduce the **cover amount**
- Reduce the **policy term**

When we make the change, 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.

Making a claim

If you need to make a claim, please contact us on **0800 158 3467** (from outside of the UK, please call **+44 1603 202 500**). Our claims line is open Monday to Friday 8:00am to 6:00pm and Saturday 8:00am - 2:00pm. Calls may be monitored and will be recorded.

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 includes, but isn't limited to:

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

If a claim is made, all medical certificates and results of medical examinations must be provided by medical practitioners. These practitioners must be resident and practising in one of these places: 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.

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. It may also mean we can reclaim the money if we've already paid a claim. 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.

We won't be able to pay anything if:

- you die having not met our conditions for claim
- your policy has ended because you haven't paid your premiums
- you've cancelled your policy
- you're diagnosed with, or have surgery for, something that isn't defined in the policy
- you or your child get ill outside the policy term.

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

Your premiums

You need to pay your premiums to keep your policy in force.

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.

Your **policy schedule** will show the premium you'll pay, together with the date it and subsequent premiums are due. 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 any benefit we pay.

If you have an unpaid premium and we ask you to pay that unpaid premium, we'll only accept payment from a debit card. We'll also need you to provide new bank account details to ensure that your regular premium payments can continue.

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.

Your premiums are guaranteed and won't increase over the **policy term**.

General

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, but we won't refund your premiums. If you do this, you won't be able to make a claim.

Eligibility

The eligibility criteria applies to both you as the policyholder and the **life covered**, if different. The policyholder and the **life covered** must be at least 18 years old to apply for this policy.

At the time of applying for this policy both the policyholder and the **life covered** must:

1. be currently physically living in the UK, and
2. regard the UK as the location of their main residence, and have no current intention of moving outside of the UK permanently, and
3. either
 - a. be a citizen of the UK, or
 - b. have been granted permission to settle permanently in the UK, or
 - c. have been given settled or pre-settled status under the EU Settlement Scheme, or
 - d. be applying for a mortgage on a residential property which is, or will be, their main residence in the UK.

You need to tell us if you move outside of the UK and your main residence is in another territory. We may need to change, reduce or remove any of your policy terms. We'll give you details once you've told us. You should seek your own independent advice if you wish to continue with your policy after you move to another territory.

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 change to these **policy conditions** is to your advantage, we'll make it immediately and tell you afterwards. We'll also do this if we have to make the change due to regulatory requirements.

If any change 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 change 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 the correct date of birth of any **life covered** when you took out your policy would put them outside our age and cover amount limits, we'll cancel your policy. 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 your premiums
- 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.

Third party rights

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

With your agreement, we may change or cancel this policy without reference to, or consent from, any other person.

Fairness of terms

We'll always act reasonably and treat you and all of our customers fairly.

These **policy conditions** will apply to your policy so long as they are not held by a relevant court, or viewed by the Financial Conduct Authority or by us, to be unfair contract terms. If a term is unfair it will still apply as far as possible, but without any part which makes it unfair.

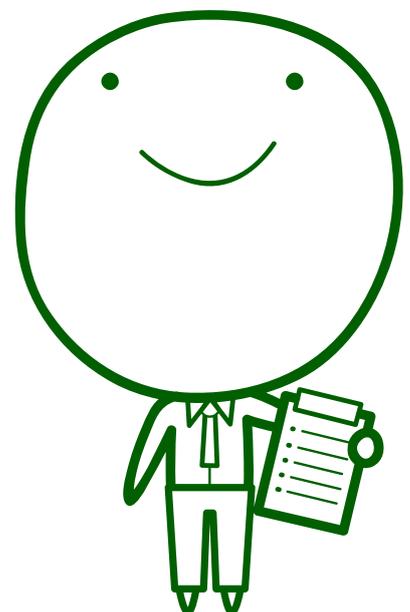
General

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



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. We’ve set out the meanings of these words 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.

Attending consultant

A surgeon, anaesthetist or physician who is legally entitled to practice medicine or surgery. They must have attended a recognised medical school and be recognised by the relevant authorities in the country in which any treatment takes place as having a specialised qualification in the particular field.

Child

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

Children’s cover

This includes children’s critical illness cover and children’s life cover.

Cover amount

The amount we pay for the **main benefit** under this policy. The **cover amount** is shown in your **policy schedule** together with your chosen basis for receiving the amount upon a successful claim (that is, level or decreasing cover).

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.

Joint policy

The policy can cover up to two people. A **joint policy** will only pay out once following a successful claim for the **main benefit**.

Life covered (or lives covered)

The person whose life is being covered. There can be more than one if you have a **joint policy**.

Main benefit

The **main benefit** is critical illness cover.

Personal circumstances

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

Policy conditions

This document forms our contract of insurance with you. The application you made (and which we have accepted) and the **policy schedule** also form part of the contract. You should read these documents together with these **policy conditions**.

Policy schedule

This shows the specific detail of your policy, such as:

- the life or **lives covered**
- the **cover amount**
- whether we'll pay the **main benefit** on a level, or decreasing basis, and
- how much your policy will cost.

"**Policy schedule**" also includes any subsequent changes to your policy, which we'll confirm to you in writing at the time.

Policy term

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

Single policy

A policy which covers the life of just one person.

Start date

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

Appendix 1A – Main benefits under critical illness cover

Critical illnesses

Below you'll find a list of each of the illnesses or conditions we cover under critical illness benefit. As part of **Children's cover**, Children are also covered for the below illness excluding Terminal Illness.

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.

We will make an advance payment of the **cover amount** if you are placed on an NHS waiting list for this surgical treatment.

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 trauma, anoxia or hypoxia – resulting in specified symptoms

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

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).

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.

We will make an advance payment of the **cover amount** if you are placed on an NHS waiting list for this surgical treatment.

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.

We will make an advance payment of the **cover amount** if you are placed on an NHS waiting list for this surgical treatment.

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.

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 are 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 or geriatrician. There must be permanent clinical impairment of motor function with associated tremor or muscle rigidity.

The following are not covered:

- Parkinsonian syndromes
- Parkinsonism.

Primary cardiomyopathy – of specified severity or undergoing a defined treatment

A definite diagnosis of primary cardiomyopathy by a consultant cardiologist. The disease must result in at least one of the following:

- left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months by an MRI scan.
- marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- implantation of a cardioverter Defibrillator (ICD) on the specific advice of a consultant cardiologist for the prevention of sudden cardiac death.

The following are not covered:

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

Pulmonary arterial hypertension – of specified cause and severity

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

- 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.

We will make an advance payment of the **cover amount** if you are placed on an NHS waiting list for this surgical treatment.

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.

Stroke of the brain or spinal cord – resulting in specified symptoms

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

- Permanent neurological deficit with persisting clinical symptoms; or
- Definite evidence of death of tissue or haemorrhage on the brain/spinal cord on a scan; and
- Neurological deficit with persisting 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.

We will make an advance payment of the **cover amount** if you are placed on an NHS waiting list for this surgical treatment.

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.

Terminal Illness – where death is expected within 12 months

A definite diagnosis by the **attending consultant** of an illness that either has no known cure or has progressed to the point where it cannot be cured, and in the opinion of the **attending consultant** and our Medical Officer, is expected to lead to death within 12 months.

Children are not covered for Terminal Illness under **children's cover**.

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.

Appendix 1B – Additional benefits under critical illness cover

Additional critical illnesses

Below is a list of each of the additional critical illnesses we cover. These conditions are also included under **children's cover**. 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 are not covered:

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

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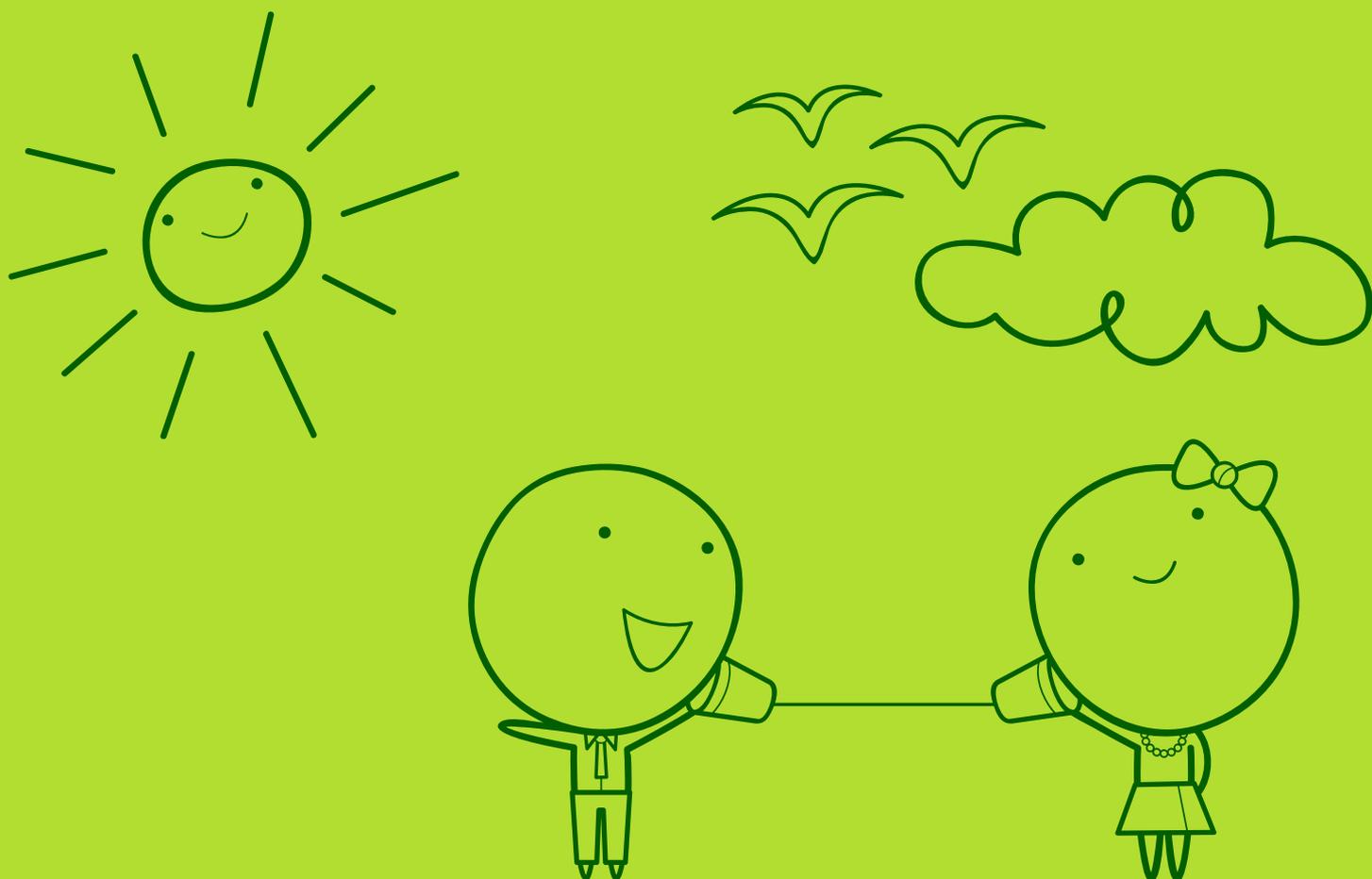
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or email protection@aviva.com to tell us:

- the format you want
- your name and address
- the code of this document, AL08016 (10/2020).

Our opening hours are Monday to Friday 8am to 8pm, Saturday 8.30am to 5pm and Sunday 10am to 4pm.

Calls may be monitored and will be recorded.



Policies are underwritten and administered by Aviva Life & Pensions UK Limited trading as Quotemehappy.com.

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