

Relevant Life Insurance

Policy Conditions

Keep this document safe

These **policy conditions** are written confirmation of your contract with Aviva Life & Pensions UK Limited, and should be read 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.

Important information

This policy is a Relevant Life Insurance policy and it's been designed to provide benefits on or in anticipation of the death or retirement of the **life covered**. Benefits from a relevant life policy paid on or in anticipation of the death or retirement of the **life covered** are not liable to income tax.

To comply with the statutory requirements, under this Relevant Life Insurance policy it's necessary that the **cover amount** should be paid only on:

- (a) death, or
- (b) meeting our definition of terminal illness, or
- (c) meeting our definition of employee significant illness.

Please note that (c) above requires the illness to result in the retirement or anticipated retirement of the **life covered**. Also, this means retirement from their employment with you, and not termination of the employment for any other reason.

Your **policy schedule** will confirm that your policy is a Relevant Life Insurance policy.

This Relevant Life Insurance policy must be taken out under an Aviva Discretionary trust for Relevant Life Insurance. If you have any questions about setting up the trust, or about your policy, you should contact your financial adviser. You should rely on the advice of your legal and/or financial advisers in relation to this policy.

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 7pm and Saturday 8.30am to 4pm.

Calls may be monitored and will be recorded.

Need to make a claim?

Please read our 'Making a claim' section on page 14 first, then call us on:

0800 158 3467

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

Calls may be monitored and will be recorded.

Please note - our call centre opening hours are correct at the time of publishing this document, but may change in future. Please refer to our website for further information at **Aviva.co.uk**.

Your cover

Your policy can have life cover or life and employee significant illness cover.

Main Benefit

Each type of cover offers different **main benefits**. We've shown these in the table below.

Main benefits	Life cover	Life and employee significant illness cover
Death benefit	✓	✓
Terminal illness benefit	✓	✓
Employee significant illness benefit	✗	✓

The **cover amount** stays the same over the **policy term** unless you choose the increasing cover option. In which case, it may go up.

The **policy schedule** will show the **main benefits** you've chosen.

Optional benefits

You can choose to add optional benefits to your policy when you take it out. Your **policy schedule** will show the optional benefits you've chosen.

Additional benefits

You may be eligible for additional benefits. If you are, they'll automatically be added to your policy. Your **policy schedule** will show which additional benefits you're eligible for.

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Main benefits - Life cover

With life cover, we'll only pay the **main benefit** once. This means the policy will end when we accept a claim for one of the following **main benefits**:

Death benefit

Our criteria

We'll pay this if the **life covered** dies during the **policy term**.

We won't pay this if:

- the **life covered** dies because of suicide or intentional self-inflicted injury within 12 months of the policy **start date**. If this happens, the policy will end.
- the **life covered** is no longer in your employment at the date of death.

What do we pay?

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

Terminal illness benefit

Our criteria

We'll pay this if the **life covered** is diagnosed with our below definition of terminal illness during the **policy term**.

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.

We won't pay this if the **life covered** is no longer in your employment at the date our definition of terminal illness is met.

What do we pay?

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

Main benefits - Life and employee significant illness cover

With life and employee significant illness cover, we'll only pay the **main benefit** once. This means the policy will end when we accept a claim for one of the following **main benefits**:

Death benefit

Our criteria

We'll pay this if the **life covered** dies during the **policy term**.

We won't pay this if:

- the **life covered** dies because of suicide or intentional self-inflicted injury within 12 months of the policy **start date**. If this happens, the policy will end.
- the **life covered** is no longer in your employment at the date of death.

What do we pay?

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

Terminal illness benefit

Our criteria

We'll pay this if the **life covered** is diagnosed with our below definition of terminal illness during the **policy term**.

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.

We won't pay this if the **life covered** is no longer in your employment at the date our definition of terminal illness is met.

What do we pay?

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

Employee significant illness benefit

Our criteria

We'll pay this if the **life covered** meets the definition for one of our defined employee significant illness conditions during the **policy term**, survives for at least 10 days, and the condition results in the retirement or anticipated retirement of the **life covered**.

We won't pay this if the **life covered** is no longer in your employment at the date our above criteria for employee significant illness is met.

What do we pay?

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

Optional benefits - Life and employee significant illness cover

Total permanent disability

Your **policy schedule** will show any optional benefits you've chosen to add to your policy.

We may ask you more underwriting questions before accepting your application to add this benefit onto your policy.

Total permanent disability

Our criteria

We'll pay this benefit if the **life covered** meets our definition of total permanent disability during the **policy term**. We'll pay the **cover amount** shown in the **policy schedule**.

We have two definitions of total permanent disability:

- own occupation, and
- activities of daily work.

Your **policy schedule** will confirm which one applies to your policy.

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

Own occupation – unable before age 71 to do your own occupation ever again.

We'll pay if the **life covered** has to retire due to the loss of 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 person's own occupation that cannot reasonably be omitted or modified.

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.

For this definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

"Own occupation" means the **life covered's** trade, profession or type of work they do for profit or pay. It's not a specific job with any particular employer, and is irrespective of location and availability.

Optional benefits - Life and employee significant illness cover

Total permanent disability

Total permanent disability continued

Activities of daily work – unable before age 71 to do three specified work tasks ever again.

We'll pay if the **life covered** has to retire due to loss of 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.

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.

For this definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

What do we pay?

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

Optional benefits - Life and employee significant illness cover

Increasing cover

Your **policy schedule** will show any optional benefits you've chosen to add to your policy.

This benefit allows you to automatically increase your **cover amount** each year without any extra health and lifestyle questions being asked.

If you have life and employee significant illness cover, this will also increase the benefits payable for total permanent disability, if selected. So, wherever we refer to **cover amount** in this section, it also includes the amount you may be entitled to under total permanent disability.

Increasing cover

You can choose how your **cover amount** will increase from three increasing cover options:

- (a) Your **cover amount** will increase 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's **anniversary date**.

If you choose this option:

- The maximum increase in your **cover amount** will be 10% each year.
- Your premium won't increase by more than 15%, unless you've also chosen reviewable premiums, where a combined increase in premium could exceed 15%.
- If the change in **RPI** is 0% or below, your **cover amount** – and your premium – will stay the same.

Or

- (b) Your **cover amount** will increase by 3% on each **anniversary date** of your policy.

Or

- (c) Your **cover amount** will increase by 5% on each **anniversary date** of your policy.

If your **cover amount** increases, your premiums will also increase each year. We'll calculate the increase in premium by multiplying the percentage increase in the **cover amount** by 1.5. We'll then multiply that amount by the current premium to work out what the increase in your premium will be.

When will I be told about any increase?

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**.

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. You can't add it again in the future.

We won't increase your **cover amount** if it exceeds the maximum we allow at that time. We'll tell you if this happens.

Additional benefits - Life change benefit

This benefit will only be included at outset if:

- (a) we accepted your policy on **standard terms**, and
- (b) the **life covered** is under age 55 at the policy **start date**, and
- (c) you didn't take out your policy under the life change benefit.

Life change benefit

This benefit allows you to take out more cover through an additional policy without any further health and lifestyle questions being asked, if the **life covered's** circumstances change in one of the ways described below.

It can be used six months from the **start date**.

The new policy must be taken out within 90 days of the life change happening and you must send us the evidence we need:

Life change	Evidence needed
Marriage or civil partnership	Marriage or civil partnership certificate
Divorce or dissolution of civil partnership	Decree absolute or dissolution order
Separation	Evidence of new mortgage, mortgage transfer or new separate addresses
Becoming a parent	Birth or adoption certificate
Increased mortgage due to a house move or purchase, or carrying out home improvements	Evidence of new mortgage or increase on existing mortgage, or builder's receipts for work carried out
At least 20% increase in salary due to change of employer or promotion.	Copy of recent payslips dated within 90 days of each other.

You can use the life change benefit as many times as you like as long as:

- the **life covered** is in employment when the new policy is taken out
- you take out the new policy before the **life covered** turns 55
- you take out the new policy within 90 days of the life change event happening
- you haven't already made, nor are you eligible to make, a claim for any benefit
- the premium for the new policy meets the minimum premium limit that applies at the time
- the amount of cover does not exceed our maximum **cover amount** as described below.

If your original policy has:

- life and employee significant illness cover – the new policy can have the same cover, or you can choose life cover only
- life cover only – the new policy must also be life cover only.

It's not possible to change the **life covered**.

Additional benefits - Life change benefit

Life change benefit continued

The new policy

The new policy can include the benefits that are on your original policy as long as they're available at the time (and any eligibility criteria are met), except for:

- life change benefit
- increasing cover.

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.

Limits to maximum cover amount for the new policy:

For mortgage increases only, the new **cover amount** cannot exceed the mortgage increase.

For all increases, 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 on the earlier of:

- the **end date** of the original policy, or
- the day before the **life covered** turns 70.

Additional benefits - Continuation benefit

Continuation benefit

If the **life covered** leaves your employment, then cover under the policy will be suspended until either:

- this policy is transferred to the **life covered's** new employer (a), or
- this policy is cancelled and a new policy under this option is taken out (b).

a) Transferring this policy to the **life covered's** new employer

You must make the necessary arrangements for transfer of the policy, including completing any relevant documents in connection with the assignment and the retirement and/or appointment of trustees.

The **life covered's** new employer must arrange to:

- take over the premium payments, and
- provide us with any information we reasonably require to enable us to administer the policy and comply with our legal obligations.

Once completed, cover under the policy will be reinstated. Both the new employer and the **life covered** will need to fulfil the residency eligibility at the time of the change to transfer this policy to the new employer.

b) Cancelling this policy and taking out a new policy

The **life covered** can take out a new policy as policyholder without further health and lifestyle questions being asked. The new policy will only have death benefit and, if available, terminal illness benefit. The premium payable for any new policy will be payable by the **life covered** and 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. The new policy won't have a relevant life status. The **life covered** needs to fulfil the residency eligibility at the time of the change.

For both options, all requirements must be completed within 90 days of leaving your employment. After 90 days we will be unable to reinstate cover or offer cover under a new policy and this policy will end.

Making changes to your policy

You can make certain changes to your policy six months from the **start date**, unless you're claiming or eligible to make a claim. If you ask to make any changes, they'll apply from the date your next premium is due.

The changes you can make are set out in the table below. Depending on the type of change, we may either amend your existing policy or issue you with a new policy.

Type of change	Amend existing policy	Issue a new policy
Reduce cover amount	✓	✗
Increase policy term	✓	✗
Change premium frequency	✓	✗
Remove increasing cover or total permanent disability	✓	✗
Increase cover amount	✗	✓
Reduce policy term	✓	✗
Remove employee significant illness cover	✓	✗

Changes requiring an amendment to your policy

We won't ask any further health and lifestyle questions, unless you want to increase the **policy term**.

If you want to increase the **policy term**, we may need to ask some further health and lifestyle questions. Depending on the answers, we may not be able to carry out the increase. We'll use the premium rates available when we make the change, based on the **personal circumstances** of the **life covered**. You can't increase the **policy term** if your policy includes the increasing cover option.

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

For life and employee significant illness cover, you can change the policy to become a life cover only policy. This will also remove total permanent disability, if selected.

Increasing your cover amount

If you increase the **cover amount**, your original policy will remain in force and we will issue a new policy for the further amount.

We may need to ask some further health and lifestyle 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.

Making a claim

If you need to make 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 8am to 6pm and Saturday 8am to 2pm. Please note - our call centre opening hours are correct at the time of publishing this document, but may change in future. Please refer to our website for further information at [Aviva.co.uk](https://www.aviva.co.uk). 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 may include, but isn't limited to, the following:

- Proof that the event giving rise to the claim has happened.
- Proof of who legally owns the policy.
- Written consent that lets us:
 - access the medical records or reports of the **life covered**
 - 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 total permanent disability 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.

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.

We won't be able to pay anything under this policy if:

- your policy has ended because you haven't paid your premiums
- your policy ends because the **life covered** has left your employment and the continuation option has not been exercised
- you've cancelled your policy
- the **life covered** dies in the first 12 months of the **policy term** because of suicide or intentional self-inflicted injury
- the **life covered** is diagnosed with a terminal illness and is expected to live longer than 12 months
- the **life covered** is diagnosed with, or has surgery for, something that isn't defined in the policy
- the **life covered** dies or is diagnosed with a terminal illness or an employee significant illness condition outside of the **policy term**
- the **life covered** dies or meets our definition for terminal illness, or an employee significant illness condition, within 90 days from leaving your employment but before the policy has been transferred to a new employer under the continuation benefit.

The policy has no 'cash in' value, so you don't get any money if it ends for one of the reasons set out above.

Your premiums

You need to pay your premiums to keep your policy going.

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 initial premium you'll pay, together with the date it and subsequent premiums are due. You've 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.

For life cover only, your premiums will be guaranteed.

For life and employee significant illness cover, your premiums can be guaranteed or reviewable.

Guaranteed premiums won't increase over the **policy term**, unless:

- you make changes to your policy, or
- you have selected the increasing cover option.

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

Reviewable premiums

This applies only where you've chosen life and employee significant 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.

Your premiums

Reviewable premiums continued

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**. After that, one of the following will happen:

- 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:
 - (a) you can pay the increased premium and we'll automatically change your Direct Debit,
 - (b) 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 tell us, we'll increase your premium. It's up to you to 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 after that.

General

Changing your details

You need to let us know if your contact details, or those of the **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, or
- 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 and the **life covered** must be at least 18 to apply for this policy.

At the time you complete the application both you and the **life covered** must:

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

Companies must be incorporated and registered in the UK.

You need to tell us if you move outside of the UK, or if your business ceases to be incorporated and registered in the UK. Laws in the territory you become resident in may affect your ability to continue to benefit fully from the features of your policy. 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 to consider your options if you move to another territory.

Regardless of what is set out elsewhere in these terms we will not be obliged to exercise any of our rights, and/or comply with any of our obligations under this policy, if to do so would cause, or be reasonably likely to cause, us to breach any law or regulation in any territory.

General

General conditions continued

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's 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 the **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 the **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

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.

Fairness of terms

We'll always act reasonably and with regard to the need to 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, as far as possible, still apply but without any part of it which causes it to be 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 and language

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

Definitions

Throughout these **policy conditions** we've 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.

Anniversary date

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

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.

Cover amount

The amount we pay for any of the **main benefit** under this policy. The **cover amount** 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.

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 employee significant illness cover, the **main benefits** are death benefit, terminal illness benefit and employee significant illness 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. It forms our contract of insurance with you. 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 the **life covered**, the **cover amount**, and any optional benefits or additional benefits included. “**Policy schedule**” 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**.

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.

Standard terms

The premium and benefits we quote before we complete the underwriting process. We'll tell you when we confirm our decision on your application if we've accepted the policy on **standard terms**.

Start date

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

Appendix - Main benefits under life and employee significant illness cover

Below is a list of each of the illnesses and conditions we cover under employee significant illness benefit. We have set out the definition we'll use when we're assessing a claim.

Advanced cancer – of specified severity

A definite diagnosis of cancer which meets one of the following criteria:

- a malignant tumour that has progressed to at least group stage III of the TNM classification of malignant tumours
- chronic lymphocytic leukaemia which has progressed to Binet Stage C
- Hodgkin's or non-Hodgkin's lymphoma, where staging has progressed to at least stage II on the Ann-Arbor system.

The following is not covered:

- any cancer that has not progressed to the severity levels outlined above.

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 is not covered:

- all other forms of meningitis including viral meningitis.

Benign brain tumour – resulting in permanent symptoms

A non-malignant tumour or cyst originating in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.

The following are not covered:

- tumours in the pituitary gland
- angiomas.

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.

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.

Creutzfeldt-Jakob disease

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

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.

Appendix - Main benefits under life and employee significant illness cover

Encephalitis – resulting in permanent symptoms

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

Intensive care – resulting in permanent symptoms

Any sickness or injury resulting in the **life covered** 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 resulting in associated permanent neurological deficit with persisting clinical symptoms.

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.

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)
- 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 – with persisting symptoms

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Neuromyelitis optica – with persisting symptoms

A definite diagnosis of neuromyelitis optica by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months

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.

Appendix - Main benefits under life and employee significant illness cover

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.

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 are 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.

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).

Appendix - Main benefits under life and employee significant illness cover

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.

Severe heart condition – of specified severity

A definite diagnosis by a consultant cardiologist of failure of the heart to function as a pump, evidenced by either of the following:

- 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), or
- ejection fraction measurements showing a permanent reduction in the heart's efficiency to a level of 40% or less. Measurements of ejection fraction should be demonstrated through either MRI scans or echocardiograms, but not a mixture of the two.

The following are not covered:

- all other forms of heart disease.

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 – resulting in permanent symptoms

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

The following are not covered:

- transient ischaemic attacks (TIA)
- traumatic injury to brain tissue or blood vessels
- death of tissue of the optic nerve or retina/eye stroke.

Systemic lupus erythematosus – of specified severity

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

- permanent neurological deficit with persisting clinical symptoms, and
- 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.

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