

Living Costs Protection Policy Summary



Keep this document safe

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

For full details 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 will show you what's included in your particular policy.

The basics

Money if you're ill or injured

If you have a Living Costs Protection policy and an illness or injury stops you working, we'll pay you an income. This could help you continue to meet your essential outgoings such as mortgage or rental payments.

This income is called your 'benefit'. We could pay your benefit for a maximum of 12 months each time you're incapacitated. Once you've gone back to work for at least 16 hours a week for six consecutive months, you can claim again for either the same or a different illness or injury.

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

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

Choose how much benefit you'll get

You can choose how much benefit you want, between £500 and £1,500 per month.

Choose when your policy will end

You can choose how long you want your policy to last – your 'policy term'. The policy term 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'll no longer be covered, and you won't get any money back.

Choose how long you wait to get your benefit

Some people qualify for sick pay for a period of time immediately after they stop working, so you may not want to receive your benefit straight away. The period from when you get ill or injured to when we start paying you is called your 'deferred period'. You have a choice about how long your deferred period will be.

Choose extra features

Your policy has some other features which are included as standard. There are also some extra ones you can choose to pay for if you want them. We explain all these features in this summary.

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How a **Living Costs Protection** policy works

If an illness or injury stops you working this is called being '**incapacitated**'. If you're incapacitated while you have a **Living Costs Protection** policy, we'll pay you an income.

We'll only pay you an income if we accept your claim. By this, we mean that your illness or injury restricts your ability to do your occupation.

You can have one Living Costs Protection policy plus any additional policies taken out under the life change benefit option, which we explain on page 8.

You can choose how long your policy will last and this needs to be at least five years and no more than 52 years. How long you choose your policy to last is called your 'policy term'. It can't continue past your 71st birthday.

Can I apply for a Living Costs Protection policy?

To get a Living Costs Protection policy you need to:

- be aged between 18 and 59,
- be working at least 16 hours a week,
- have been working in the UK, Channel Islands, the Isle of Man, Republic of Ireland or Gibraltar for at least the last 12 months,
- be registered with a doctor in the UK, Channel Islands, Isle of Man or Gibraltar for at least the last two years, or be able to provide your medical history from a doctor in the UK, Channel Islands, Isle of Man or Gibraltar for at least the last two years, and
- at the time of applying:
 - be currently physically living in the UK, the Channel Islands, the Isle of Man or Gibraltar, and
 - regard the UK, the Channel Islands, the Isle of Man or Gibraltar as the location of your main residence and have no current intention of moving outside of any of these territories permanently, and either
 - a. be a citizen of that territory or a British Overseas Territories citizen, or
 - b. have been granted permission to settle permanently in the named territory, or
 - c. be applying for a mortgage on a residential property which is, or will be, your main residence in that territory.

You need to tell us if you move outside of the UK, the Channel Islands, Isle of Man or Gibraltar, 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.

How a **Living Costs Protection** policy works

Information about you

When you apply you need to answer:

- health and lifestyle questions
- questions about your job
- questions about your personal circumstances.

We use the information you give us to work out what we can cover you for and how much you'll pay for your policy. So it's important that you answer all our questions as fully, truthfully and accurately as you can. If you don't, we might change or cancel your policy, or we might not pay if you make a claim.

If any of the information changes before your policy start date, you need to tell us.

We might exclude a certain medical condition you have or an activity you do from your policy. If so, we'll tell you before we give you a start date.

Choose your deferred period

We won't start paying your benefit straight away. Your deferred period is the initial time after you're incapacitated but before we start paying you. Benefit will be paid one month in arrears after the end of your deferred period. You have a choice about how long your deferred period will be.

The deferred period you choose could take into account things like how long you'd expect to get sick pay and how long you're prepared to live on your savings. The longer your deferred period, the cheaper your premium will be, but the longer you'll have to wait before we start paying your benefit.

You can choose a deferred period of 4, 8, 13 or 26 consecutive weeks.

Maternal, parental or adoption leave

If you're incapacitated while you're on maternity, parental or adoption leave you can claim benefit. It has to be within 52 weeks of your child's birth or the date you legally adopted them. We'll assess your claim based on the job you were doing in the last 12 months before you stopped working.

If you take extended maternity, parental or adoption leave and then you're incapacitated, you won't be able to claim benefit.

You'll still be able to claim for fracture cover or global treatment, which we explain on page 9.

How a **Living Costs Protection** policy works

Unlimited number of claims

After you've gone back to work for at least 16 hours a week, you might need to claim again for an illness or injury that has stopped you working before. If that happens within 12 months of you going back to work for at least 16 hours a week, you won't need to wait through another deferred period. If the previous limited payment term has not been fully used, the remaining months can be used.

The exception to this is if you've already received 12 monthly benefit payments. We can't pay you benefit again for any condition until you've been back at work for at least 16 hours a week for six consecutive months. After that you'll have to wait through your deferred period again. Then we'll start paying your benefit once we've accepted your claim.

There are limits on your policy if you move abroad

In the policy conditions you'll find a list of countries. We'll be able to pay your benefit while you're in one of those countries.

If you've moved to a country that isn't on the list, permanently or temporarily, we'll pay you a benefit for a maximum of three months. If you move back to one of the countries in our list and you're still incapacitated, we'll start paying your benefit again.

When you read about global treatment, on page 9, you'll see it's also affected if you move abroad.

When benefit payments stop

If we accept your claim, we'll pay your benefit until any of these things happens:

- you're no longer incapacitated – this means that, for our purposes, either your illness or injury no longer restricts your ability to do your occupation, or you have received back to work benefit
- you reach the end date of the policy
- you have received 12 benefit payments, including any back to work benefit
- you're remanded in custody or given a custodial sentence. If you're remanded but not convicted, we'll pay you all the benefit we would have paid you if you hadn't been arrested.
- you die.

How much benefit you can get

We don't take into account how much you earn

You can choose how much benefit you want and this can be between £500 per month and £1,500 per month. We won't ask you what your earnings are but you need to be working at least 16 hours a week immediately before you were incapacitated.

We don't take into account other income you may be getting

You might carry on getting income after you have to stop working. This could be, for example, sick pay, other insurance that pays when you're incapacitated, or income from a business you own. We won't reduce your benefit if you are receiving other income.

We also don't include state benefits or income from your investments, so they won't mean we have to reduce your benefit.

However, benefit we pay you may affect a claim on other income protection policies you or your employer has. Also, it may affect your eligibility for means tested state benefits. State benefits can change at any time.

Your premiums

Your monthly premiums depend on the amount of cover you choose, as well as your age, job, health, lifestyle, and smoking habits.

When you first apply for a policy, we quote you a premium for the benefits you 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.

Your premiums are guaranteed

The amount you pay is the same every month, unless you choose to make any changes on your policy.

The only other way your premium would go up is if you've chosen global treatment, which we explain below, on page 9. Global treatment renews every three years, so your premium might change then.

Extra benefits included at no extra cost

Waiver of premium – paying your premiums for you

If you make a successful claim, we'll start paying your premiums for you after 13 weeks, or from the end of your deferred period, whichever is sooner.

You need to start paying your premiums again when your claim ends.

Back to work benefit

Money if you have to change your work

If an illness or injury means you earn less than you did before, but you're still able to work, we'll pay you one month's benefit when you return to work.

We'll pay it if you were in a paid job working at least 16 hours a week but illness or injury means you're now earning less, because:

- you've had to change your occupation, or
- you've had to restrict your duties or hours.

Life change benefit

Increase your cover if your circumstances change

Once your policy is up and running you might want to increase your cover amount.

You can do this if your monthly rent or mortgage payments increase, or you change from rented to mortgaged accommodation.

You won't need to answer any extra health and lifestyle questions. You can use life change benefit six months after your policy start date.

You can increase your benefit by a minimum of £100 per month. You can't increase it by more than two times your original Living Costs Protection policy benefit amount, or £1,500 per month on all Living Costs Protection policies you hold with us. You can use the life change benefit as many times as you like before you turn 55. The increase in benefit will be on a new policy, for an additional premium.

There are some other limits on how and when you can use life change benefit. Please see your policy conditions for more information.

You can only get this benefit if we accept your policy on standard terms.

You can pay to add extra benefits

You can find full details of all of these in the policy conditions. You can only add these benefits if you don't already have them on another Aviva policy.

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

Fracture cover – money for fractures

If you 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 policy 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 date and policy 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 motor cycle sport.

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.

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

Access to world treatment abroad

This is called global treatment

If you or your child is diagnosed with a serious illness or needs a medical procedure, this benefit gives you access to Best Doctors expert second medical opinion and 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.

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

If you go to live permanently outside of the UK, Channel Islands, Isle of Man or Gibraltar, we'll have to cancel your global treatment benefit. If you have any children they'll still be covered, but they'll have to come back for a doctor to confirm the initial diagnosis.

This option is provided in conjunction with Best Doctors, responsible for the second opinion service, and Further, responsible for medical and non-medical concierge services for overseas treatment.

You can change or cancel your policy

The policy is flexible so you can reduce the benefit amount 6 months after your policy start date. If you want to make any other changes to your cover then you'll need to apply for a new policy and answer some more health and lifestyle questions.

You can tell us if you change your job, but you don't have to. If it's a lower risk job, your premium might go down.

You can't make any changes to your policy when you're getting benefit from us.

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 and you won't be able to claim.

Protection promise

You're protected while we find out more during your application. This is called our **'protection promise'**.

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

If we need more information before we can give you a decision, our protection promise will cover you for accidental injury free of charge.

Our protection promise provides security and protection against an accidental injury. It doesn't provide cover if you're off work due to illness. You also won't be covered for any accidental injury you had when you applied for the policy.

When the protection promise will end

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

- ten days after we make our acceptance offer; or
- on the start date of your Living Costs Protection policy
- on the date we decide to defer or decline your application
- on the date you withdraw your application, or
- 90 days from our confirmation that your free cover has started

whichever comes first.

What benefit is paid under the protection promise

If we accept your claim, we'll pay your benefit under the protection promise until any of these things happens:

- you're no longer incapacitated – this means that, for our purposes, your accidental injury no longer restricts your ability to do your occupation
- you reach the end date of the policy
- you've received 12 benefit payments
- you're remanded in custody or given a custodial sentence. If you're remanded but not convicted, we'll pay you all the benefit we would have paid you if you hadn't been arrested.
- you die.

The amount we pay will be the benefit amount you've applied for up to a maximum of £1,500 per month.

We'll pay the benefit after the deferred period on your application.

The importance of providing truthful and accurate information

Your protection promise and policy will be invalid if you haven't provided us with truthful and accurate information on your application.

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

If you don't, we may not be able to pay a protection promise claim, or any subsequent claim on a policy.

Until we confirm the protection promise has started, we can change or withdraw this offer.

Law, compensation and tax

The law of England will apply in legal disputes

This policy is governed by the law of England. Your contract will be in English and we will 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/investor-relations/institutional-investors/regulatory-returns](https://www.aviva.com/investor-relations/institutional-investors/regulatory-returns)

You could get compensation if we become insolvent

Our Living Costs Protection 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](https://www.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. You shouldn't be claiming tax relief on the premiums for this cover.

If you live in Gibraltar, we have to tell you that no tax relief is allowed on premiums. Normally no tax is payable on the payments we make.

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

To complain you can:

Call us on **0800 285 1098**. From outside the UK, the number is **+44 1603 603 479**.

Lines are open Monday to Friday 8.00am to 7.00pm and Saturday 8.30am to 4.00pm. Calls may be monitored and will be recorded.

Email us at protection@aviva.com

Write to us at:

Aviva customer relations
PO Box 3182
Norwich
NR1 3XE

If you're not satisfied with our response, you may be able to take your complaint to the **Financial Ombudsman Service**

The Financial Ombudsman Service can look at most complaints and is free to use. You don't have to accept their decision and will still have the right to take legal action. Their contact details are:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone: **0800 023 4567**

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

Website: financial-ombudsman.org.uk

If you've taken a product out online or over the telephone with us and are unhappy with the product or the service you received, you can also use the European Commission's Online Dispute Resolution service to make a complaint.

The purpose of this platform is to identify a suitable Alternative Dispute Resolution (ADR) provider and we expect that this will be the Financial Ombudsman Service. Please be aware that the Financial Ombudsman Service will only be able to consider your complaint after we've had the opportunity to consider and resolve this.

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

Contact us

Before you make a claim

If you can't work due to illness or injury you should tell us as soon as possible. This should be before you've been off work for two months, or one month if you've chosen a deferred period of 4 weeks. If you don't tell us within this time it may delay the payment of your claim or may mean we can't pay your claim at all.

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

- your policy has ended because you haven't paid your premiums
- you've cancelled your policy
- you get ill or injured outside the policy term
- your unemployment isn't due to incapacity
- you've misled us by giving us false information or by keeping information from us relating to your claim
- you're working less than 16 hours a week immediately before your incapacity
- you're unemployed.

We may amend or cancel your policy, or we may not pay a claim at all, if you haven't answered all 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 158 3105



If you're outside the UK, call:

+44 2381 247091
option 3

Lines are open: Monday to Friday, 8.30am-5pm
Calls may be monitored and will be recorded.



Write to us at:

Income Protection Claims Department
Aviva Life & Pensions UK Limited
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire SO53 3RY

Talk to us about your policy



Call us on:

0800 285 1098



If you're outside the UK, call:

+44 1603 603 479

Lines are open Monday to Friday 8.00am to 7.00pm and Saturday 8.30am to 4.00pm.
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

Make a claim under global treatment

Email **Best Doctors**, who will initially attend your claim: eurodoctors@bestdoctors.com. You'll get a response within one business day.

Or call **0800 085 6605**. Lines are open 24 hours a day, seven days a week. Calls may be monitored and will be recorded.

Braille, large font, audio material

You can order this document in braille, large font or audio.

Just call us on **0800 285 1098** (+44 1603 603 479 from outside the UK) or

email us at protection@aviva.com to tell us:

- the format you want
- your name and address
- the code of this document, **AL19001 (06/2020)**.

Our opening hours are Monday to Friday 8am to 7pm and Saturday 8.30am to 4pm.

Calls may be monitored and will be recorded.

