



Whole of 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.

Any questions?

Call us on:



0800 285 1098

If you're outside the UK, call:



+44 1603 603 479

For our opening hours, please refer to our website aviva.co.uk. Calls may be monitored and will be recorded.

Need to make a claim?

Please read our 'Making a claim' section on page 15 first then call us on:

0800 015 1142

For our opening hours, please refer to our website aviva.co.uk. Calls may be monitored and will be recorded.

Calls to 0800 numbers from UK landlines and mobiles are free.
Calls from outside the UK may be charged at international rates.

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. A joint policy can either be on a 'joint life first death' or 'joint life second death' basis.

Main Benefit

The **main benefit** under your policy is the death benefit. If a successful claim is made for this, the **cover amount** will be paid as a lump sum.

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

Optional benefits

You can choose to add optional benefits to your policy when you take it out. Your **policy schedule** will show exactly which 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 benefit - Whole of life

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 as follows:

Death benefit

Our criteria

This depends on the type of policy you take out:

(1) Single life policy:

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

We won't pay this if the **life covered** dies within 12 months of the policy **start date**, and death is because of:

- suicide, or
- intentional self-inflicted injury.

If this happens, the policy will end.

(2) Joint life, first death policy:

We'll pay this on the first death of one of the **lives covered** during the **policy term**.

We won't pay this if the first death of one of the **lives covered** is within 12 months of the policy **start date** and, death is because of:

- suicide, or
- intentional self-inflicted injury.

If this happens, the policy will end.

(3) Joint life, second death policy:

We'll pay this on the second death of the two **lives covered** during the **policy term**.

We won't pay this if the second death of the two **lives covered** is within 12 months of the policy **start date**, and death is because of:

- suicide, or
- intentional self-inflicted injury.

If this happens, the policy will end.

If the first death of the two **lives covered** is because of:

- suicide, or
- intentional self-inflicted injury

within 12 months of the policy **start date**, the policy will continue.

What do we pay?

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

Optional benefits - 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.

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)**. The rise in the RPI is calculated over the 12 month period ending 12 weeks before the start of the month in which your policy **anniversary date** falls.

If you choose this option:

- The maximum increase in your **cover amount** will be 10% each year.
- 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 2. 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.

Optional benefits - Waiver of premium

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 to your policy. This benefit is only available until the **life covered** turns 71. For **joint policies**, this benefit is only available until the **life covered** that has selected waiver of premium turns 71. If both lives have selected waiver of premium, it's only available until the eldest **life covered** turns 71.

Waiver of premium option

We'll pay your premiums if the **life covered** :

- is unable to perform the duties of their own occupation because of their illness or injury; or
- meets the below activities of daily work criteria.

We'll consider the **life covered's** ability to perform their own occupation, unless they stopped performing any occupation (for profit or pay) more than 12 months before the start of the illness or injury. In these circumstances, we'll apply the activities of daily work definition.

Own occupation

We'll pay your premiums if the **life covered** is unable to perform the material and substantial duties of their own occupation.

"Material and substantial duties" are those that can't be reasonably excluded or changed, and are:

- normally required for, and/or
 - form a significant and integral part of,
- the performance of the **life covered's** own occupation.

Activities of daily work:

We'll pay this if the **life covered** is unable to perform at least two of the work tasks listed below.

The **life covered** must need the help or supervision of another person. They must also be unable to perform the task on their own.

This includes performing the task:

- using special equipment usually available to help
- after taking any prescribed medication for their condition.

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.

Optional benefits - Waiver of premium

Waiver of premium option continued

What happens when a claim for waiver of premium is accepted?

After we've accepted a claim, we apply a **deferred period** before we start paying your premiums. So you'll need to carry on paying your premiums until the end of the **deferred period**.

When the **deferred period** ends, we'll stop collecting your premiums until the earliest of the:

- (a) date the **life covered** turns 71. For joint policies where both lives have selected waiver this will be when the eldest **life covered** turns 71
- (b) date the **life covered** is able to perform the duties of their own occupation or they no longer meet the activities of daily work as described above
- (c) date the **life covered** starts any type of work (for profit or pay)
- (d) date we accept a claim for the **main benefit** or
- (e) (for joint life second death policies only) death of the **life covered** claiming under this waiver of premium option.

You'll need to restart paying your premiums to keep your policy in force if the **life covered**:

- (a) becomes able to perform the duties of their own occupation
- (b) no longer meets the activities of daily work definition; or
- (c) starts any type of work.

For joint life second death policies only. If the **life covered** claiming under this waiver of premium option dies first, the surviving **life covered** will need to restart paying premiums.

In order for us to continue waiving your premiums, we'll need evidence that the **life covered** is still unable to:

- perform the duties of their own occupation as described above, or
- meet the activities of daily work criteria as described above.

You can't claim waiver of premium if we establish that the **life covered** is living outside of the following countries for more than 13 consecutive weeks in any 12 month period:

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.

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 eldest **life covered** is under age 65 at the policy **start date**; and
- (c) you didn't take out your policy under the life change benefit or separation benefit.

Life change benefit

This benefit allows you to take out more cover through an additional policy if the **life covered's** circumstances change in one of the ways described below. No further health and lifestyle questions will be asked.

It can be used after 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	Final order (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
Gift of cash	Evidence of bank statement
Gift of residential property	Evidence of property deeds
Receipt of residential property or inheritance of cash	Evidence of property deeds or confirmation from executor of the will

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

- you take out the new policy before the eldest **life covered** turns 65, and
- the amount of cover doesn't exceed our maximum cover amount as described below.

The life change benefit can still be used if the policy has been transferred to a new policyholder. This is provided the **life covered's** circumstances change in one of the ways described above.

You can't use it if you have made a claim for any benefit, or if you are eligible to make a claim for any benefit.

For joint life second death policies, you can use it if the first **life covered** has died.

The premium for the new policy must meet the minimum premium limit that applies at the time.

Additional benefits - Life change benefit

Life change benefit continued

If your original policy:

- is a **single policy** – the new policy has to be a **single policy**.
- is a joint life first death policy – the new policy can be either **single**, or joint life first death policy.
- is a joint life second death policy – the new policy can be either **single**, joint life first death policy or joint life second death policy.

For **joint policies**, both policyholders need to agree to the new policy.

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

The new policy

The new policy can include the options and benefits that are on your original policy except for:

- life change benefit
- increasing cover
- inheritance tax benefit.

The ability to include any options and benefits from your original policy depends on these being available at the time. You would also need to meet the eligibility criteria for the new policy.

The new policy can only have the waiver of premium option if the eldest **life covered** is under age 70 at the policy **start date**.

The **deferred period** on your new policy can't be shorter than on your original policy.

The premium you'll pay for any new policy will be based on:

- the rates available at the time of the request, and
- the **personal circumstances** of the **life covered**.

The policy conditions in force at the time will apply to the new policy.

There is a maximum cover amount for the new policy:

- (a) For mortgage increases only, the new cover amount cannot exceed the mortgage increase.
- (b) 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**.

Additional benefits - Separation benefit

It will only be included if:

- (a) you have a **joint policy**; and
- (b) we accepted your policy on **standard terms**; and
- (c) you are the policyholder as well as the **life covered**; and
- (d) the eldest **life covered** is under age 65 at the policy **start date**.

Separation benefit

This benefit allows you to split your **joint policy** if you separate.

Your **joint policy** will be cancelled, and one or both of you can take out a new **single policy**. You won't need to answer any extra health and lifestyle questions.

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

The new policy must be taken out within 90 days of the separation happening. You must send us the evidence we need:

Life change	Evidence needed
Divorce or dissolution of civil partnership	Decree absolute or dissolution order
Separation	Evidence of new mortgage, mortgage transfer or new separate addresses
Mortgage transferred into one name only	Evidence of mortgage transfer
Moving into a different house	Evidence of new mortgage or new address

In addition, you can use the separation benefit as long as:

- (a) you and the other **life covered** agree to cancel the original policy; and
- (b) you take out the new policy before the eldest **life covered** turns 65.

You can't use it if you have made a claim for any benefit or if you are eligible to make a claim for any benefit.

The premium for the new policy must meet the minimum premium limit that applies at the time.

The new policy

The new policy can only start when your original policy has been cancelled. It has to have a cover amount which is less than, or equal to, the current **cover amount**. If you both take out a new policy, the combined cover amount under both policies must be less than or equal to the **cover amount**.

You can only use the separation benefit once.

The new policy can include the options and benefits that are on your original policy except for:

- life change benefit
- inheritance tax benefit.

The ability to include any options and benefits from your original policy depends on these being available at the time. You would also need to meet the eligibility criteria for the new policy.

The new policy can have the waiver of premium option. However, the **deferred period** on your new policy can't be shorter than on your original policy.

The premium you'll pay for any new policy will be based on:

- the rates available at the time of the request, and
- the **personal circumstances** of the **life covered**.

The policy conditions in force at the time will apply to the new policy.

Additional benefits - Inheritance tax benefit

This benefit will only be included if:

- (a) we accepted your policy on **standard terms**, or non-standard terms with a rating per life covered of up to 100%; and
- (b) you didn't take out the policy under the life change benefit, separation benefit or inheritance tax benefit.

Inheritance tax benefit

This benefit allows you to take out more cover if inheritance tax legislation changes result in an increase to the **life covered's** inheritance tax liability.

The extra cover will be on an additional policy. You won't need to complete any further health and lifestyle questions.

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

The new policy must be taken out within 90 days of a change in:

- (a) the band rates for inheritance tax; or
- (b) the exemptions from inheritance tax; or
- (c) the reliefs from inheritance tax.

You must send us the evidence of the **life covered's** increased inheritance tax liability.

You can use the inheritance tax benefit as many times as you like as long as:

- you take out the new policy before the eldest **life covered** turns 85, and
- the amount of cover doesn't exceed our maximum cover amount as described below.

The inheritance tax benefit can still be used if the policy has been transferred to a new policyholder. This is provided the **life covered's** circumstances change in one of the ways described above.

You can't use it if you have made a claim for any benefit, or if you are eligible to make a claim for any benefit.

For joint life second death policies, you can use it if the first **life covered** has died.

The premium for the new policy must meet the minimum premium limit that applies at the time.

If your original policy:

- is a **single policy** – the new policy has to be a **single policy**.
- is a joint life first death policy – the new policy can be either **single**, or joint life first death policy.
- is a joint life second death policy – the new policy can be either **single**, joint life first death policy or joint life second death policy.
- contains any exclusions, the new policy must contain the same exclusions.

For **joint policies**, both policyholders need to agree to the new policy. It's not possible to change the **lives covered**.

Additional benefits - Inheritance tax benefit

Inheritance tax benefit continued

The new policy

The new policy can include the options and benefits that are on your original policy except for:

- life change benefit
- increasing cover
- inheritance tax benefit.

The ability to include any options and benefits from your original policy depends on these being available at the time. You would also need to meet the eligibility criteria for the new policy.

The new policy can only have the waiver of premium option if the eldest **life covered** is under age 70 at the new policy start date. The **deferred period** on your new policy can't be shorter than on your original policy.

The premium you'll pay for any new policy will be based on:

- the rates available at the time of the request, and
- the **personal circumstances** of the **life covered**.

The policy conditions in force at the time will apply to the new policy.

There is a maximum cover amount for the new policy:

- (a) The new cover amount can't exceed the amount by which the **life covered's** potential inheritance tax liability has increased.
- (b) The total cover amount for all the policies you take out using the inheritance tax benefit mustn't exceed the lower of:
 - £1,000,000; or
 - the original **cover amount**.

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 will 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	✓	✗
Change premium frequency	✓	✗
Remove selected option	✓	✗
Increase cover amount	✗	✓

Changes requiring an amendment to your policy

The following applies to the above changes which require an amendment to your existing policy:

- We won't ask any further health and lifestyle questions.
- We'll use the original premium rates based on the **personal circumstances** of the **life covered**.
- If you want to remove an option, we'll remove the charge for that option from your premium.
- 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

Increasing your cover amount

If you increase the **cover amount**, your original policy will remain in force. We'll 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 a claim, please contact us on **0800 015 1142** (from outside of the UK, please call **+44 1603 603 277**). For our opening hours, please refer to our website [aviva.co.uk](https://www.aviva.co.uk). Calls may be monitored and will be recorded.

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 waiver of premium claims, we may ask the **life covered** to have regular medical examinations. If we do, we'll appoint a medical examiner to carry them out. The **life covered** must take all necessary steps to help their recovery.

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 if:

- your policy has ended because you haven't paid your premiums
- you've cancelled your policy
- for a single policy, the **life covered** dies within 12 months of the policy **start date**, and death is because of:
 - suicide, or
 - intentional self-inflicted injury
- for a joint life, first death policy, the first death of the two **lives covered** is within 12 months of the policy **start date** and, death is because of:
 - suicide, or
 - intentional self-inflicted injury
- for a joint life, second death policy, the second death of the two **lives covered** is within 12 months of the policy **start date**, and death is because of:
 - suicide, or
 - intentional self-inflicted injury.

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

For your policy to be maintained, you need to pay your premiums.

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

Your **policy schedule** will show the initial 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 premium, we'll only accept payment from a debit card. We'll also need you to provide new bank 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 will be guaranteed. This means they 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.

General

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

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

Eligibility

You must be at least 18 to apply for this policy and, if different, the **life covered** must also be 18.

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

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

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. 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.

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

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
 - the law or the interpretation of the law
 - the decisions or recommendations of an ombudsman, regulator or similar body or
 - any code of practice with which we intend to comply.
- to correct errors if it is fair and reasonable to do so.

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

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

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

Incorrect information

If the date of birth of any **life covered** is wrong, we'll correct it and:

- 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 age of any **life covered** when you took out your policy was outside of 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. 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.

General

General conditions continued

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 our customers fairly.

These **policy conditions** will apply to your policy, unless they're:

- held by a relevant court to be unfair contract terms, or
- viewed by the Financial Conduct Authority, or us, to be unfair contract terms.

If a term is unfair it will still apply as far as possible. Any part deemed unfair won't apply.

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 plan 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. 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 the treatment takes place as having a specialised qualification in the field.

Cover amount

The amount we pay for the **main benefit** under this policy. The **cover amount** is shown in your **policy schedule**.

Deferred period

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

Exclusions

These are exceptions when we won't pay a claim because of answers to the health and lifestyle questions. Any **exclusions** will be shown on your **policy schedule**.

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**. It can be either on a first death or second death basis. This will be shown in your **policy schedule**.

Life covered (or lives covered)

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

Main benefit

The **main benefit** is the death benefit.

Definitions

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**, (or **lives 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 **cover amount** has been paid.

Retail Prices Index (RPI)

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

Single policy

A policy which covers the life of just one person.

Standard terms

Your policy will be on standard terms unless, because of your answers to the health and lifestyle questions, we've had to charge more in premiums, amend your benefit or apply an **exclusion** to your cover. If this happens then you'll be on non-standard terms.

Start date


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



Need this in a different format?

Please get in touch if you'd prefer these policy conditions (**AL50008**) in large font, braille, or as audio.

How to contact us

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 protection@aviva.com

 MyAviva.co.uk

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