Individual protection claims report 2021

AVIVA

Contents

Our claims report provides a record of our 2020 claims data and insight. You'll find brief summaries about our individual protection products and their additional benefits at the **back of this guide**. Your financial adviser will be able to help you with any other questions.

Introduction

During 2020 when the pandemic turned the world upside down, we focused on being there for our customers when they needed us most. Adapting our practices and improving our support services to provide support and care to them - paying out over £1 billion in individual protection claims. But it's not just about the numbers. Through our 'Project Teddy' initiative we sent gifts to families and children going through children's critical illness claims. We worked with Macmillan Clinical Nurse Specialists to settle 270 cancer claims as quickly as possible. Fantastic achievements that we are incredibly proud of. It's initiatives like these that resulted in us being awarded the Best Claims Management Team at the industry's 2020 COVER Customer Care Awards.

Robert Morrison,
Global Chief Underwriter,
Health and Protection

2020 at a glance

In 2020, Aviva helped individual protection customers and their families by:

Paying out over £1 billion

Settling more than 50,000 claims

That's equal to £2.85m every day

In paying out 98% of claims, and over £1 billion, the most important outcome is that we helped more than 50,000 customers and their families.

Jacqueline Kerwood,
Claims Philosophy Manager

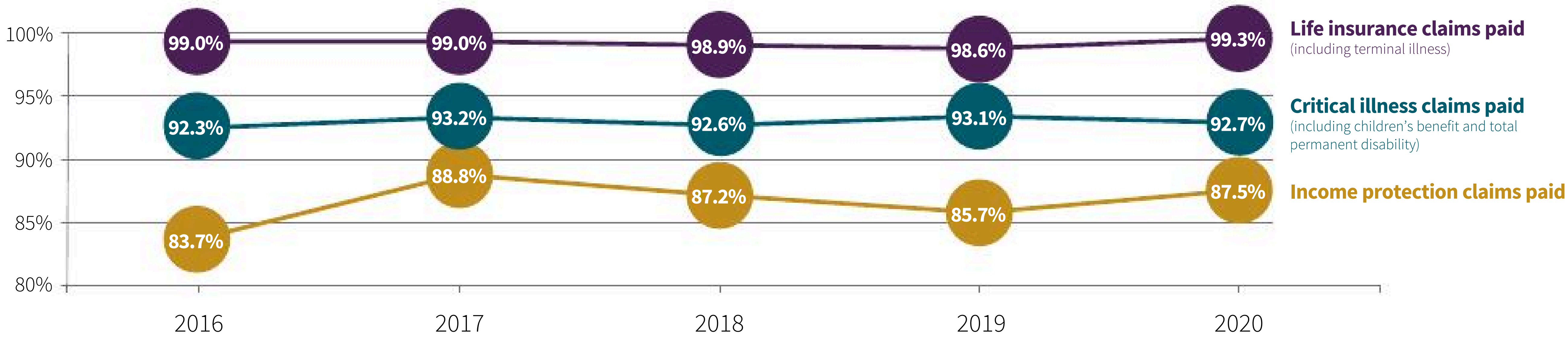
2020 at a glance

The headline figures

	Life insurance (including terminal illness)	Critical illness (including children's benefit and total permanent disability)	Income protection	TOTAL
Number of claims paid to customers	**42,057**	**4,294**	**4,403**	**51,581** (including 827 Fracture Cover claims)
Amount paid out	**£682m** £682,259,332	**£314m** £314,277,422	**£44m** £44,742,110	**£1bn** £1,043,271,324 (including £1,992,460 Fracture Cover claims)

Our consistent track record

Percentage of claims paid 2016 - 2020



Aviva data for Life insurance claims in 2020 includes a book of Over 50s and Whole of Life policies that has not previously been included in our annual published claims data.

COVID-19 spotlight

Putting the spotlight on everyone's health

No one could have predicted the way 2020 would turn out, or its impact on our lives.

COVID-19 has shown how anyone can be a victim of a serious illness, leaving lasting side effects or even leading to death. It has highlighted the importance of having some financial protection in place.

Stepping up to help our customers

Supporting all of our customers affected by the impact of COVID-19 is vital. Particularly when claiming on critical illness, income protection and life insurance. Our adoption of the Association of British Insurers (ABI) protection pledges reinforces our commitment to customers.

Continuing to support every individual customer with empathy, respect and care has been our focus. Even with many claims handlers working from home, we have received and settled more claims in 2020 than ever before.

Going the extra mile

At Aviva, the pandemic has changed where we work but it hasn't impacted our focus on going the extra mile for our customers. Throughout 2020 we've built on the positive impacts of our Project Teddy initiative and Macmillan Clinical Nurse Specialist cancer claim journey.

94 'Project Teddy' gifts sent out to children's critical illness customers

270 cancer claims settled using our Macmillan Clinical Nurse Specialist cancer claim journey

In 2020 we…

- **settled more protection claims within 14 days** than ever before – an improvement of over 15% since 2018
- **settled 17%** of our protection claims within **48 hours** (a 4% increase on 2019)
- **won Best Claims Management Team** at the industry's 2020 COVER Customer Care Awards.

The wider impact

Across 2020 we paid £38.9m for COVID-19 related claims, the majority of which have sadly been death claims.

The wider impacts of the pandemic have also been felt across critical illness and income protection claims.

COVID-19 has put our health services under unprecedented pressure and has resulted in delays in NHS screening, diagnosis, treatment and routine operations. We are seeing the knock-on effect of these delays, with fewer critical illness claims received in than in previous years. This has been particularly evident on critical illness cancer claims which accounted for 57% of claims in 2020, a drop of 525 compared to 2019.

To help support income protection customers facing delays to routine operations, we're doing what we can through our rehabilitation support to help ensure they have everything in place to help with their recovery.

> It's so much more than the amount or number of claims we pay. It's the care and empathy alongside the acts of kindness and personal connection that our teams have for every Aviva customer they support.
>
> **Jacqueline Kerwood,**
> Claims Philosophy Manager

Looking to the future

As the vaccine roll-out progresses and pressure on NHS resources reduces, we anticipate claims volumes across all products will return to normal seasonal levels.

We are monitoring the ongoing and varied long-term effects of COVID-19. Customers who have had the virus are reporting a range of ongoing symptoms including fatigue, shortness of breath, chest pain and loss of taste or smell. Developing new ways to support our customers experiencing complications as a result of COVID-19 is really important to us. We have designed our COVID-19 rehabilitation support to help customers recover and return to work.

We believe the pandemic is likely to lead to long-term changes in the way people live and work in the UK. More flexible working, less commuting and an increased focus on health and wellbeing could lead to some positive impacts on life coming out of the pandemic.

Ongoing support and innovation in a global crisis

The pandemic has had a wide-reaching impact, with vulnerability and mental health at the forefront. Supporting customers struggling with these issues has been more important than ever.

Our claims handlers are trained to identify vulnerable customers and provide them with dedicated and tailored support. We've also worked with suppliers to give our income protection customers access to the rehabilitation services they need in the shorter term, including support for mental health issues and any lasting effects of COVID-19.

- **420** income protection customers received rehabilitation support across 2020
- **40%** of the customers we supported with rehabilitation needed help dealing with mental health difficulties
- **67%** of customers in 2020 receiving mental health rehabilitation support were able to return to work

The heart of protection

Paying claims will always be the heart of our protection business. We listen to our customers, helping them through difficult times. We do what we can to make a positive difference in their lives to help them face the future.

Macmillan spotlight

Stronger together

We've been working with Macmillan Cancer Support since 2017 to help speed up claims for some individual critical illness customers with cancer.

In 2020, we were able to pay 270 claims for cancer by simply speaking to Macmillan Clinical Nurse Specialists to verify the diagnosis, instead of requesting a medical report.

The successful claims process will continue to help more of our customers and their families get vital financial security quickly when they need it most. We are also reducing pressure on GPs and consultants to send medical reports.

More than **one in three people** with cancer (39%) are **severely financially impacted** by their diagnosis
Macmillan Cancer Support/Truth survey 2020.

Stepping up our support

Receiving a cancer diagnosis can present even greater challenges during a pandemic. Before COVID-19, many patients said being diagnosed with cancer and having treatment was the scariest thing that they could imagine.

These anxieties and concerns haven't gone away and for many, financial pressures have increased. So being able to get financial advice and counselling services, as well as speeding up claims, is crucial.

In 2021 we've expanded our partnership with Macmillan to offer an additional helping hand to our life insurance, critical illness cover and income protection customers.

"At a time when Aviva's protection customers experiencing cancer are likely to need additional support, it is right that we do everything that we can to help them get that support."

Paul Brencher
Managing Director, Individual Protection

MACMILLAN CANCER SUPPORT

Louise,
Macmillan Clinical Nurse Specialist

How we can help

Working with Macmillan, we'll help our protection customers living with cancer to get access to the emotional, clinical and financial support they need.

If you make a claim for cancer, or tell us you're affected by cancer in any way, our customer team will have the information, tools and necessary training from Macmillan to know how to signpost the most relevant Macmillan support service.

So, if you're worried about money, work or treatment, or just want to talk about whatever's on your mind, Macmillan will listen and support you.

> Our partnership with Aviva is more important than ever before, especially at a time when people living with cancer may have more complex needs and significant financial pressures due to the impact of the pandemic. Together we will be able to provide better support for people struggling with the financial impact that a cancer diagnosis can bring.

Natasha Parker
Head of Corporate Partnerships at Macmillan Cancer Support

MACMILLAN CANCER SUPPORT

Proudly supported by AVIVA

Critical illness

including children's benefit and total permanent disability

Throughout 2020 we've worked hard to support more than 4,200 customers with critical illness, children's benefit and total permanent disability claims. Having critical illness cover in place could give you a safety net to help you focus on your health instead of your finances.

Percentage of all critical illness claims paid:
92.7%

Amount paid out - more than:
£314.2m

Critical illness claims paid:
4,294

Average payout:
£73,190

Find out more about our current individual protection products and how they work **here**.

Critical illness including total permanent disability

As a result of COVID-19 we received fewer critical illness claims in 2020 than in previous years. The table below shows the breakdown by age and gender of the 4,036 claims we paid in 2020 for critical illness including total permanent disability.

Critical illness claims by age & gender[1]:

Age	Male %	Overall %	Female %
Under 30	1.9%	1.6%	1.4%
30-39	7.3%	9.7%	11.9%
40-49	29.5%	35.0%	40.4%
50-59	48.6%	44.7%	40.9%
60-69	12.0%	8.5%	5.2%
70 and over	0.7%	0.5%	0.2%

1 Chart excludes children's benefit and claims where gender and/or age are not recorded.
2 Chart excludes claims where gender and/or age are not recorded.
3 Chart excludes children's benefit and claims where gender is not recorded.

Most common reason for claim[2]:

The 3 big causes for claim continue to be cancer, heart attack and stroke. Cancer claims account for more than half of all claims paid in 2020.

But there are differences between genders…

Most common reason for claim by gender[3]:

Male

49.5% Cancer 77.8%
21.3% Heart attack 3.1%
11.3% Stroke 5.5%
2.0% Multiple Sclerosis 5.4%
1.4% Benign brain tumour 2.8%
2.7% Heart valve replacement/repair 0.2%
2.4% Coronary artery bypass graft 0.3%
9.4% Other conditions 4.9%

Female

Critical illness including total permanent disability

Cancer accounts for more critical illness claims than any other condition - 57.5% in 2020. Both the claim rate and type of cancer vary between men and women.

Most common cancer claims by gender[1]:

Male

Gastrointestinal 17.5%
Prostate 15.7%
Haematological 11.9%
Head and neck 7.2%
Skin 6.2%
Other 41.5%

Female

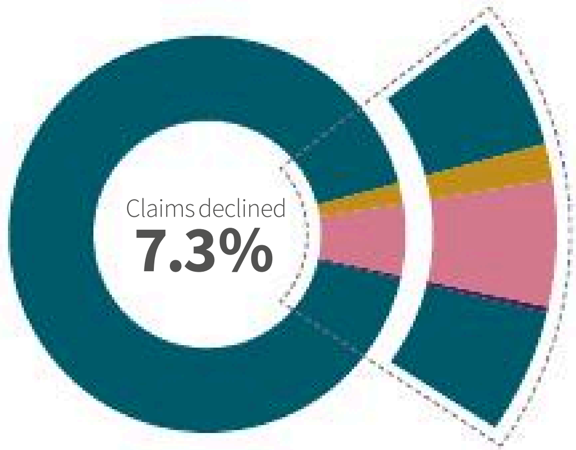
Breast 54%
Gynaecological 9.4%
Haematological 6.0%
Gastrointestinal 5.9%
Skin 5.4%
Other 19.3%

We're working with Macmillan Clinical Nurse Specialists so we can pay cancer claims more quickly wherever possible.

Fiona Greenwood
Claims Manager

Claims not paid

Sadly there are times when we can't accept claims. In 2020 just over **7 in every 100** critical illness, children's benefit and total permanent disability claims received were declined. The chart below breaks this down by reason for decline.



Reason for decline*:
1.8% Misrepresentation
5.3% Definition not met
0.3% Other
*Percentages do not add up to 7.3% due to rounding

Find out more about why we can't pay out and the three main reasons for decline **here**.

Supporting your health and wellbeing from day one:

Critical illness cover with Aviva automatically gives you access to third party health and wellbeing services through the Aviva DigiCare+ smartphone app. This includes treatment support options like the Bupa Anytime HealthLine and second medical opinion from day one of your cover.

Aviva DigiCare+ is a non-contractual benefit which Aviva can withdraw at any time. It's available with eligible protection products, find out more **here**. The Aviva DigiCare+ app is powered by Square Health.

1 Charts only include claims where site of cancer is known and exclude children's benefit claims and claims where gender is not recorded.

Critical illness including total permanent disability

Paying claims is the most important thing we do. For us that means more than a cash settlement. It's being here for our customers when they need us most. Helping them through some of life's most difficult situations with compassion and empathy.

> When Judie called Aviva to talk about extending her insurance policy, she was in for a surprise. She'd been diagnosed with breast cancer the year before, but she had forgotten about her critical illness policy... **Read the full story**

Judie's story

Judie*, 56 years old from Sheffield, claimed on her critical illness policy for breast cancer. When she received a letter saying that the insurance policy related to her mortgage was about to expire, Judie called Aviva to talk about extending it. She was in for a surprise…

It was only when Judie received a letter reminding her that her insurance policy was due to reach the end of its 18-year term, that she gave it any thought. Her mortgage still had a few more years to run, so Judie called to enquire about the possibility of extending cover to match.

A revealing conversation

During the call, a member of our customer service team explained which conditions were covered by Judie's current critical illness policy. On the list was cancer – something Judie had experienced herself.

"It suddenly struck me," Judie recalls, "I've got a critical illness. I said, 'Do you think that it would be covered?' I still didn't really think I'd be able to claim for it."

Judie was diagnosed with breast cancer the year before, but she had forgotten about her critical illness policy, taken out 17 years previously. She was passed over to Harriet, one of our claim handlers, who could answer her questions.

"It was so quick that I was shocked"

"I rang up in the morning and spoke to Harriet," Judie continues, "She obviously did whatever you have to do at your end, and then came back to me and said it's been accepted. The next day the money was in my bank account."

Judie had been supported by a "brilliant" cancer nurse specialist from the moment of her cancer diagnosis. Cancer support nurses provide information, advice and support for cancer patients. Our claims team was able to speak directly to the cancer nurse and get all the information we needed over the phone.

Judie received her money in less than 24 hours. The retrospective payout was a very welcome surprise after a difficult year. Now, Judie plans to put the money towards her outstanding mortgage balance, and perhaps treat her family to a well-deserved holiday.

Judie reminisces, "The day before, we hadn't even realised it was a claim. And then the next day I had the money! I was just completely floored."

*Customer's name has been changed to protect customer's privacy.

> If I hadn't had that letter then the policy would have probably finished and I wouldn't have thought anything of it.

Photograph for illustrative purposes only.

Children's benefit

Your child becoming seriously ill is unthinkable. That's why children's benefit is included as standard with Aviva's current critical illness policies. Children's benefit can't prevent a serious illness but it could take away some of the financial worries.

In 2020 we paid over £5.5 million in children's benefit claims, helping 258 families with a lump sum payment and the care and support our claims teams are renowned for.

Percentage paid of all children's benefit claims:
92.5%

Amount paid out - more than:
£5.5m

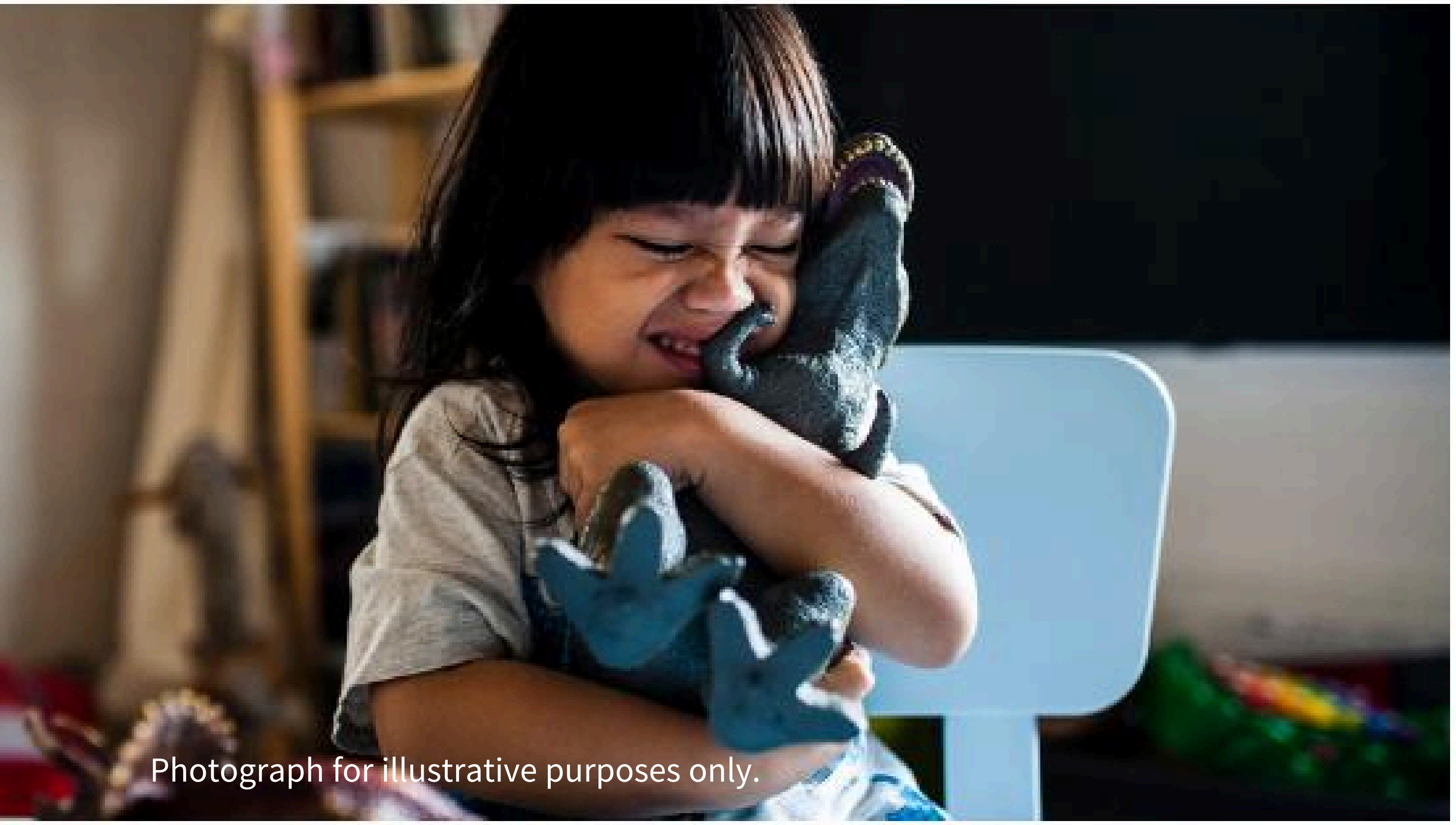
Children's benefit claims paid:
258

Average payout:
£21,331

Find out more about our current individual protection products and how they work **here**.

Children's benefit

In addition to the 258 children's benefit claims paid, our claims teams sent 94 '**Project Teddy**' gifts to children and families going through a claim. These gifts are chosen to suit each individual child and family.



Photograph for illustrative purposes only.

In the past five years the amount paid in children's benefit has increased. That means more families are benefiting from the protection they've put in place when the unthinkable happens.

Year	Total benefit paid
2020	£5,503,368
2019	£5,155,364
2018	£5,003,838
2017	£3,808,926
2016	£3,256,832

Once again this year we saw that cancer is the most common cause of children's benefit claims, accounting for just under half of all claims paid.

Most common reason for claim:

Cancer 44.9%
Stroke 8.7%
Benign brain tumour 4.8%
Structural heart surgery 4.8%
Diabetes 3.7%
Other* 33.1%

* Children's funeral benefit claims account for 20.5% and have been included in 'Other' category.

Most common cancer claims:

Haematological 47.3%
Brain 16.1%
Sarcoma 10.8%
Kidney 4.3%
Gastrointestinal 2.1%
Liver 2.1%
Other cancers 17.3%

Photograph for illustrative purposes only.

Children's benefit

> Paul and Dawn took out critical illness cover to provide some financial security if the worst happened to either of them. They never considered it would be their 4 year old daughter Lydia who would fall ill. **Read Lydia's full story here**

Project Teddy

Teddy's aim is simple - it's all about going the extra mile for our customers dealing with a child's critical illness.

From implementing a fast track children's cancer claim process whenever we can, to sending gifts to families to brighten their day in a small way. Project Teddy allows us to help customers get through some of the most difficult times in their lives, with a real personal touch.

In 2020 we sent 94 gifts to families via 'Project Teddy'.

Children's benefit

Lydia's story

In 2020, four-year-old Lydia was diagnosed with cancer. She had surgery to remove one of her ovaries and then went through months of chemotherapy.

Nobody knows what's around the corner

"When we took out critical illness cover, it was to provide some financial security in case the worst happened to Dawn or myself. Our financial adviser, Gary was the one to recommend the cover. He sent over the details and we agreed it was the right thing to do and one more thing for peace of mind. We never even considered that our little girl would be the one to fall ill.

Taking our four-year-old to hospital for chemotherapy during lockdown really hit home. Thankfully Lydia has now finished her treatment and recently rang the bell to confirm she is cancer free. As a family we are on cloud 9 right now and are just in the process of having follow-up scans to make sure this horrible disease never returns.

I wish we were one of those families that never had to claim on their policy. The truth of the matter is no one knows what's round the corner. For us, 2020 has reinforced the importance of protecting your family."

Paul, Lydia's father

Protection for all the family

"Being an adviser has its ups and downs, but one of the most rewarding parts of my job is being able to help a client make a claim on their insurance that can be truly life-changing. I've been Paul and Dawn's financial adviser for years so I offered all the support I could to help them through a horrible time. It was a relief to know that the cover I'd recommended was going to help. The children's benefit pay out will help Paul and his family move into a new house, and most importantly it will mean a little girl can finally have her dream bedroom.

Paul's family fought hard to get through Lydia's cancer treatment during the pandemic. Their cover meant that some of the financial burden was lifted. You might not think you'll ever need critical illness cover, but it could make a huge difference if you do. Maybe go and check out what protection cover you have."

Gary, financial adviser

Lydia

Income protection

Our income protection cover helps customers cope financially if they're unable to work or suffer a loss of earnings due to illness or injury. In 2020 4,403 claims were paid on income protection policies, with just over 44.7m paid to our customers.

Percentage of all new income protection claims paid:

87.5%

Amount paid out - more than:

£44.7m

Income protection claims paid:

4,403

Average duration of an income protection claim is:

6yrs 11m

Find out more about our current individual protection products and how they work **here**.

Income protection

No one likes to imagine themselves facing illness or injury resulting in being unable to work, but the reality is that it affects all ages. Overall, when the claims were first made, 43.5% of all income protection claims came from the under 40s age band and 56.5% came from 40 and over. Lets see this broken down by gender:

Average age when first claimed –
42 years old

Age	Male %	Female %
Under 40	38%	50%
40 and over	62%	50%

COVID-19 continues to have a huge impact on health and wellbeing. In 2020 the most claimed for conditions were musculoskeletal and mental health.

The most common reasons for new claims received in 2020*:

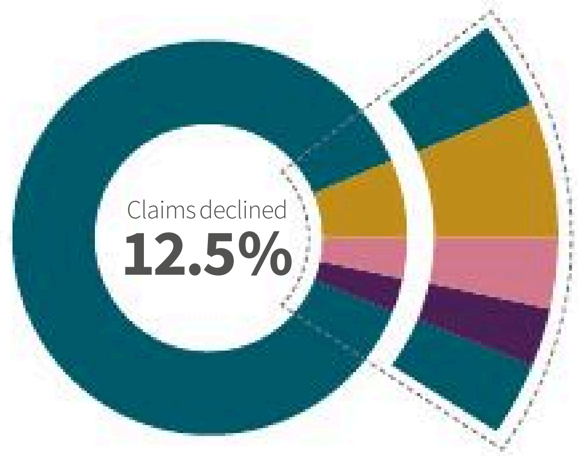
Musculoskeletal 29.5%
Mental health 23.8%
Cancer 8.7%
Heart attack/stroke 1.7%
Other 36.4%

*Percentages do not add up to 100% due to rounding.

IP claims data excludes some claims due to data reporting constraints.

Claims not paid

In 2020, more than **12 in every 100** income protection claims received were declined. Here's why:



Reason for decline*:
6.5% Misrepresentation
3.3% Definition not met
2.8% Other
*Percentages do not add up to 12.5% due to rounding.

Find out more about why we can't pay out and the three main reasons for decline **here**.

Supporting your health and wellbeing from day one:

Income protection with Aviva automatically gives you access to third party health and wellbeing services through the Aviva DigiCare+ smartphone app. This includes treatment support options like physiotherapy or mental health support from day one of your cover.

Aviva DigiCare+ is a non-contractual benefit which Aviva can withdraw at any time. It's available with eligible protection products, find out more **here**. The Aviva DigiCare+ app is powered by Square Health.

Income protection

To give you a flavour of the breadth of claims we pay, here are a few examples of typical income protection cases currently in force as of April 2021:

Occupation:
Computer Programmer

Condition:
Mental health

Monthly benefit:
£1,963.26

Monthly premium:
£6.99

Claim started:
1996

Policy expires:
2031

Occupation:
Scientist

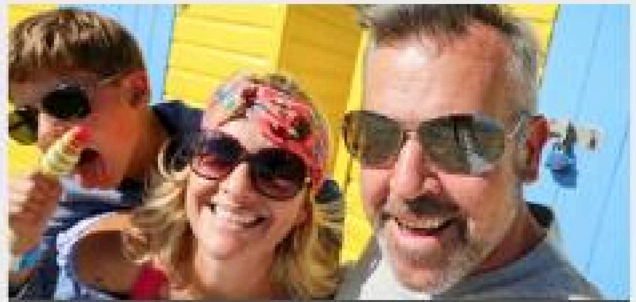
Condition:
Stroke

Monthly benefit:
£1,072.78

Monthly premium:
£51.80

Claim started:
2008

Policy expires:
2024



Occupation:
Painter/Decorator

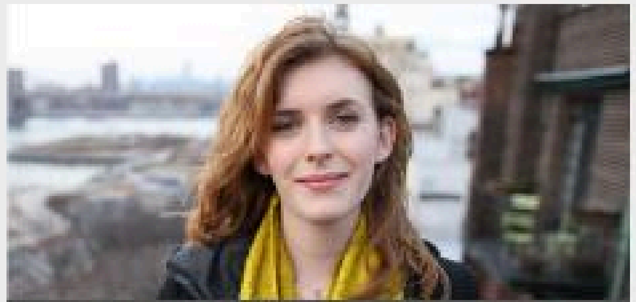
Condition:
Prolapsed disc

Monthly benefit:
£965.29

Monthly premium:
£125.86

Claim started:
2018

Policy expires:
2033



Occupation:
Sales consultant

Condition:
Mental health

Monthly benefit:
£1,040.97

Monthly premium:
£26.12

Claim started:
2021

Policy expires:
2052

All photographs used for illustrative purposes only. The monthly cost of income protection varies dependent upon the level of cover selected and the individual's personal circumstances.

Luke was 31 when he was struck down with a nerve debilitating disease. Returning to work as a self employed carpenter was not possible. Following a successful IP claim Luke's career took a different path after Aviva paid for his security training course. **Read the full story**

Luke's story

"Being a self-employed carpenter the work wasn't always guaranteed, and sick pay wasn't a thing. In a meeting with my mortgage adviser she encouraged me to get income protection. That was in 2017."


Photograph for illustrative purposes only.

"About two years later I started to feel unwell in the summer, but I didn't realise how bad it was 'til November when I ended up in hospital. I lost the use of my right hand and quite a lot of mobility in my left hand for a short while and I was diagnosed with Vasculitis. As I'm right handed this diagnosis meant that I wasn't able to go back to my trade.

I spent a lot of December and the new year in hospital, so it wasn't until I started to get treatment in the new year that I called Aviva to make the claim.

I spoke to Hannah and told her my situation. She then did some investigating into my condition, looked into my doctors' records and confirmed my claim would be successful.

This was a big help really as she confirmed Aviva would pay the full benefit.

I was in quite a bad way, so knowing that my finances were stable was a massive relief.

It was brilliant as, without my monthly payment from Aviva I would have been forced to go back to work but with the treatment I was having that wouldn't have been possible.

Hannah was my Aviva contact throughout my case and she kept saying,

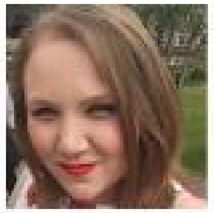
"If there's anything at all you need, just ask and we will see what we can get sorted for you."

When a new job in security came up, I couldn't afford the training courses with everything else that was happening. That's when I called Hannah and asked if it was possible for Aviva to fund the course. I thought, 'if you don't ask, you don't get'.

Hannah put me in touch with Nicola, a rehabilitation case manager, who confirmed that Aviva would be able to pay for my main security course. The training helped me secure my new role.

Prior to all this happening I was sceptical about the benefit of income protection. I wondered if I was paying money for cover I'd never need because I thought, 'what could go wrong?' But now, after everything that's happened I'm just relieved I had the cover in place when I needed it."

Luke



"Where we can, we try to use the same claims handler throughout the individual protection customer journey. It makes conversations flow so much easier and you can build that rapport.

Luke was lovely to talk to. When having these initial conversations, we assess the bigger picture to see if there are any areas they need support with, be that at work or home.

It was Luke who approached me to ask if Aviva could pay for his security course. This was something we can consider and he was so motivated to get back into work I wanted to try and help. If we can, we will try to look for other ways to help as well as paying the claim.

I approached Nicola, our rehabilitation case manager, with the idea and we decided to try it. Luke called us in January and he was back working in October.

The fact we were able to do this and get him back in work was a huge achievement and a boost for the team.

This is all in the day-to-day of my role, but it's really lovely to hear how much it's actually helped a customer."

Hannah, claims handler

Life insurance

including terminal illness benefit

2020 has made all of us more aware of our mortality. Many of us worry about how our loved ones would cope if we were no longer around. Last year we helped 42,057 customers and their families with life insurance and terminal illness benefit payouts.

Percentage of all claims paid:
99.3%

Amount paid out - more than:
£682.2m

Life insurance and terminal illness claims paid:
42,057

Average payout:
£16,222

Aviva data for Life insurance claims in 2020 includes a book of Over 50s and Whole of Life policies that has not previously been included in our annual published claims data.

Find out more about our current individual protection products and how they work **here**.

Life insurance including terminal illness benefit

We pay out claims for customers of all ages.

This table shows the most common reasons for claim by age band in 2020. COVID-19 is prevalent across two of six age bands. Sadly for under 40s suicide is the most common reason for claim.

Most common reason to claim by age band[1]:

Age	1st	2nd	3rd
Under 30	Suicide	Accident	Cardiovascular
30-39	Suicide	Cancer	Cardiovascular
40-49	Cancer	Cardiovascular	Suicide
50-59	Cancer	Cardiovascular	COVID-19
60-69	Cancer	Cardiovascular	COVID-19
70 and over	Cancer	Cardiovascular	Respiratory illness

Most common reason for claim[2]:

When it comes to the most common reasons for claim the top two are cancer and cardiovascular.

Cancer 27.8%
Cardiovascular 11.5%
Respiratory illness 5.0%
COVID-19 4.7%
Suicide 3.0%
Stroke 2.5%
Accident 2.3%
Other conditions 43.2%

But there are differences between genders…

Most common claims by gender[2]:

Male **Female**

22.6% Cancer 33.9%
12.0% Cardiovascular 4.7%
4.9% Respiratory illness 5.0%
4.3% COVID-19 3.5%
2.5% Suicide 2.1%
1.9% Stroke 2.8%
2.2% Accident 1.2%
1.1% Alcohol/substance abuse 1.7%
50.5% Other 46.3%

1 Chart excludes Over 50s plan claims and claims where cause of death not reported in enough detail.
2 Charts exclude claims where cause of death was not reported in enough detail.

Life insurance including terminal illness benefit

Cancer was the number one reason for claims in 2020. The charts below show the breakdown of the types of cancers.

Most common cancer claims by gender[1]:

Male

Gastrointestinal 21.7%
Lung 18.7%
Pancreatic 8.7%
Haematological 5.6%
Kidney 3.7%
Other 41.6%

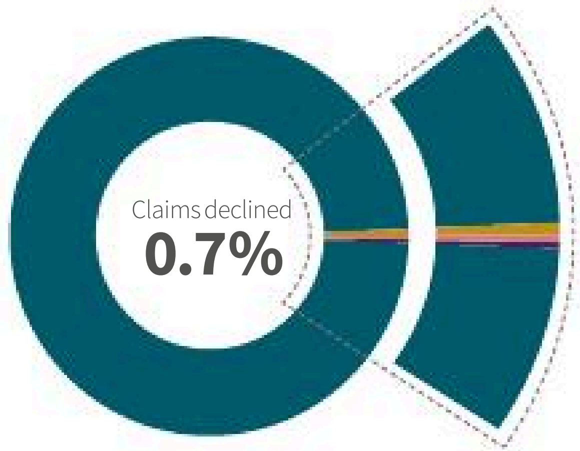
Female

Breast 25.3%
Gastrointestinal 13.8%
Lung 11.5%
Gynaecological 9.5%
Brain 5.6%
Other 34.3%

1 Charts exclude claims where cause of death was not reported in enough detail.

Claims not paid

In 2020, fewer than **1 in every 100** claims for life insurance and terminal illness were declined. Here's why:



Reason for decline*:
0.4% Misrepresentation
0.3% Definition not met
0.02% Other

Find out more about why we can't pay out and the three main reasons for decline **here**.

Supporting your health and wellbeing from day one:

If the worst were to happen, we want to help make sure your loved ones get the support they need.

Life insurance with Aviva automatically gives you access to third party health and wellbeing services through the Aviva DigiCare+ smartphone app. This includes bereavement support options like adult and child bereavement counselling and our practical guide to beareavement.

Aviva DigiCare+ is a non-contractual benefit which Aviva can withdraw at any time. It's available with eligible protection products, find out more **here**. The Aviva DigiCare+ app is powered by Square Health.

Additional benefit:
Global Treatment

Being diagnosed with a serious illness like cancer or a heart condition is life changing. Having access to expert medical opinions and the latest treatment available globally could make a difference to the outcome.

Global Treatment means you can choose to pursue recommended treatments for yourself or your eligible children without having to worry about arranging and paying for treatment, travel and accommodation.

Global Treatment claims can span the duration of treatment and recovery. In 2020:

8 customers chose overseas treatment

Making 15 trips for treatment

Totalling over £270,000 paid for medical and travel expenses.

Find out more about Global Treatment **here**.

> Jenna was 28 when she was diagnosed with breast cancer. When her doctors couldn't decide which path to take next she turned to Aviva. **Read Jenna's full story here**

Jenna and family

Jenna's story

"I'm a 28 year-old occupational therapist and mother to a toddler. In early 2019 I was doing a regular breast check and found a lump."

"My doctor sent me to a breast clinic for an ultrasound where I was diagnosed with stage 1 breast cancer. I was scheduled in for a mastectomy followed by chemotherapy, but during my surgery the doctors discovered that my cancer had spread to my lymph nodes.

I was referred for a full body scan, that showed a lesion on my spine which concerned my doctors and as a result my treatment was paused and I was sent for further scans.

Doctors from a specialist neuro team looked at my case but confirmed there wasn't anything required from them. My case was then referred to another specialist cancer hospital in the UK for a second opinion. My doctors couldn't decide whether to investigate the lesion further or just to progress with the chemo. That's when I turned to Aviva.

Global Treatment

I had a life with critical illness insurance policy with additional Global Treatment cover from Aviva. I was able to claim on my critical illness benefit for my cancer and received a large lump sum. With my Global Treatment cover I had access to overseas experts to assist on my case and advise on my diagnosis and treatment. Plus, if I took any recommended treatment overseas it would cover the related costs.

I called the Best Doctors* team to get my case reviewed and my medical notes were shared with a selected oncologist in Houston in America. Their recommendation was for me to progress with the chemotherapy as planned but follow that up with stereotactic radiation therapy. This treatment targets the affected area with radiation, minimising the impact on surrounding healthy tissue. I decided to commence my chemo in the UK with my treating doctors.

International medical care

I ended up having 6 cycles of chemo which finished in September 2019 and my scan showed the cancer had responded well. I decided to go ahead with recommended radiation therapy on my spine to eliminate cancerous cells and minimise the possibility of a relapse. I was advised that the NHS does not fund this treatment for my type of cancer, so I turned to Further* to explore my options under Global Treatment.

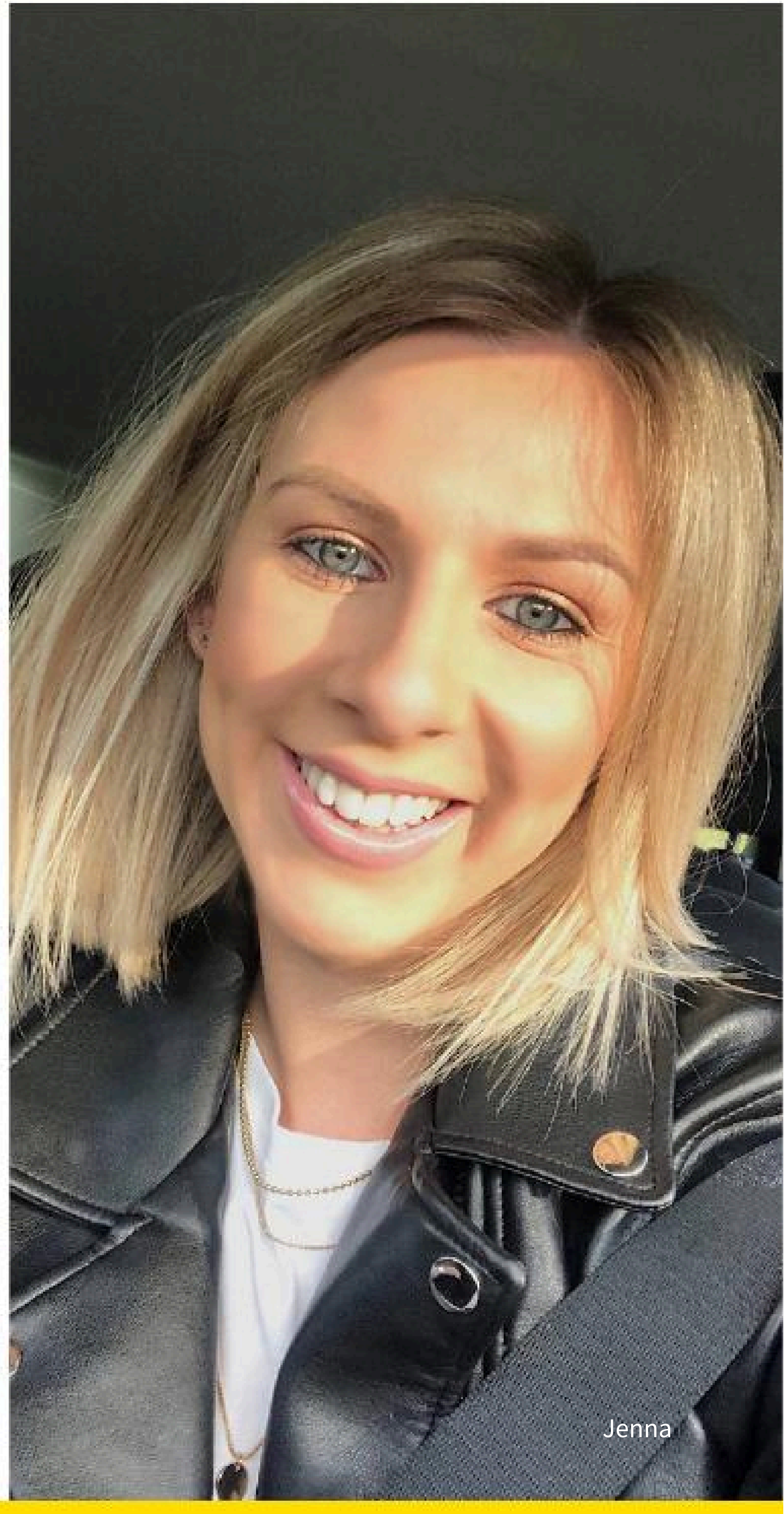
I was informed of where the treatment was available and I chose to travel to Madrid for my treatment. Further* made all the arrangements, with flights, hospital admissions and accommodation booked for me and my husband. We flew to Madrid that September to meet with the doctors and have an initial consultation. We spent six weeks in Madrid. I had radiotherapy to the breast area and stereotactic radiotherapy to the spine, all covered by Further*.

The therapy worked really well, but I'll need regular scans and will continue to have consultations with my international doctors.

So far, the costs involved in my treatment have totalled £58,204. Having Global Treatment cover means I've not had to worry about paying for any of these. Better still, it means future medical expenses plus the cost of travel, accommodation and even an interpreter will also be covered within the limits of my plan.

That's one less thing to worry about and means I can focus on my recovery."

*Global Treatment is provided by Aviva in conjunction with Best Doctors and Further.


Jenna

Additional benefit:
Fracture Cover

Breaking a bone can result in weeks off work. Fracture Cover could provide a lump sum of up to £6,000 to help tide you over while you recover.

Due to COVID lockdowns and restrictions on travel and recreation we received fewer Fracture Cover claims in 2020 than in previous years. Even so, 827 customers benefited from having the cover in place.

2020 Fracture Cover in numbers:

Percentage of claims paid:
88.1%

Total amount paid - more than:
£1.9m

Number of claims paid:
827

Average payout:
£2,409

Find out more about Fracture Cover **here**.

"When Paul broke his ankle playing 5-a-side football with friends, his fracture cover was there to help.
Read the full story"

Paul's story

Helping a footballer get back on his feet. When Paul broke his ankle playing 5-a-side football with friends, his fracture cover was there to help.

When Paul took out a life insurance policy back in 2012, he played football occasionally and chose to include fracture cover with his policy as he thought the additional cover offered good value for money. He felt the cover would provide a useful financial buffer for his family if he were ever unfortunate enough to break a bone.

An unlucky break

A couple of years down the line, while playing 5-a-side football with friends, Paul went over on his ankle – which he'd sprained multiple times in the past. The injury resulted in a trip to A&E, where an X-Ray confirmed a fracture to Paul's tibia above the ankle bone.

The following day, Paul's fracture was set in a cast and he was discharged from hospital with a letter confirming his injury.

Time off work to heal

Back at home, Paul knew he'd have to take time off work to allow his fracture to heal. So he called Aviva to make a claim on his fracture cover. During a straightforward call to process his claim, he was asked to submit a copy of his discharge letter by post, which he did the following day.

Simple claim and a quick payment

A couple of days later, Paul received a call to confirm his claim had been accepted and that a payment was being processed. A few days later, the money was in his bank account.

The money made a real difference, helping to cover the shortfall in Paul's pay in the month following his accident. And while the break was certainly painful, having fracture cover meant it hadn't hurt his family financially.

> "It took the pressure off. Knowing that the time I had to take off work wouldn't affect the family finances"

Photograph for illustrative purposes only.

Our current individual protection products

Critical Illness+

Critical Illness+ cover pays out if, during the policy term, you're diagnosed with one of our list of critical illnesses, and you survive for at least 10 days. Depending on the definition of the critical illness, we may pay:

- On diagnosis only,
- when the condition has progressed to a specified severity or
- when named treatments or surgeries are performed.

Critical Illness+ cover does not pay out on death.

Children's benefit

Critical Illness+ also includes valuable cover for your children between the ages of 30 days and 18 (21 if in full time education) as standard.

Income Protection+

Income Protection+ cover pays out if during the policy term, you're unable to work due to illness or injury and suffer a loss of earnings as a result. With Income Protection+ you can choose from a range of deferred periods, including dual deferred options, that may align with your sick pay at work.

Life Insurance+

Life Insurance+ could help protect you and your family financially by paying out a cash lump sum if you were to die during the policy term. Once we pay a full payment claim, the policy will end.

Things to consider:

- If you stop paying your premiums, or cancel any Aviva protection policy, you'll no longer be covered and you won't get any money back.
- We'll only make a payment if a successful claim is made
- These policies do not have a cash-in value at any time

You can find full details of what these current products cover, their limits and how they work in our **product guide**. For details on how existing or heritage protection policies work, ask your adviser.

Additional benefits:

Global Treatment

Global Treatment provided by Best Doctors and Further, gives you access to overseas medical specialists and to treatments around the world for certain serious conditions. It can be added to eligible protection policies for an extra £3 a month and covers you for up to £1 million per year to a maximum of £2 million during the policy term. Find out more **here**.

Fracture Cover

With Fracture Cover you can benefit from a lump sum payment if you suffer one of 18 specified fractures during a 12 month period. For an additional £4 a month, it can be added to eligible protection policies and covers you for up to one claim every year. Find out more **here**.

Aviva DigiCare+

The Aviva DigiCare+ smartphone app offers a range of complementary health and wellbeing benefits provided by carefully selected partners. Powered by Square Health the app is available to you when you take out an eligible Aviva personal protection policy.

What's included with Aviva DigiCare+?

- ✔ Annual health check with GP follow up
- ✔ Nutrition support
- ✔ Bupa Anytime HealthLine
- ✔ Mental health support
- ✔ Second medical opinion
- ✔ Bereavement support
- ✔ Physiotherapy
- ✔ Digital GP (available for an additional cost)

Aviva DigiCare+ is a non-contractual benefit which Aviva can withdraw at any time. Find out more about how these services work and the limitations in our **Aviva DigiCare+ guide**. Terms and conditions and privacy policy apply and can be found within the app.

Claims not paid

In some cases we can't pay out on a claim. There are three main reasons for claims not being paid.

Misrepresentation:

This is when full and accurate information about their health and lifestyle hasn't been provided when applying for the cover.

Definition not met:

This is when the claim is for an illness that either isn't named in the cover, or hasn't reached a severe enough point to meet the policy criteria.

Other:

Sometimes our policies have conditions that the claim doesn't meet. For example, a life insurance policy has to be in force for 12 months before we can accept a death claim for suicide or intentional self-inflicted injury.

For any further questions please contact your financial adviser.

Close

In a year when the whole world has had to adapt to overcome the challenges of the COVID-19 pandemic. We paid out over £1billion in claims, helping more than 50,000 customers and their families - that's a huge achievement.

Reacting quickly and effectively to ensure our protection claims teams could provide an uninterrupted service to customers was our priority. We're so proud of our amazing staff, who have risen to the challenge of supporting so many families with bereavement, critical illness, income protection and COVID-related claims impacting both adults and children.

Paul Brencher,
Managing Director, Individual Protection

**Paying claims is the heart of what we do.
Helping our customers get through the tough times,
so they can look forward to a brighter future.**

aviva.co.uk

AVIVA