

Key3 Critical Illness Insurance

keyfacts®

Individual Protection



Welcome to Aviva

Key3 Critical Illness Insurance is designed to support you and your family financially if you are diagnosed with one of the specified critical illness conditions and survive for 14 days or more after the diagnosis.

The purpose of this document is to help you decide whether Key3 Critical Illness Insurance is right for you, featuring all the key bits you need to know. We've highlighted words and sections that'll help you understand how things work.

The full terms, conditions and exclusions of this cover can be found in the Cover Details and Cover Summary. The Cover Details gives you all the terms and conditions of the insurance and the Cover Summary will be a personalised summary of your cover if you decide to take it out. We'll let you know throughout this document when you might want to take a look at these.

The Cover Details are on our website protection.aviva.com and you'll get a copy of the Cover Details and Cover Summary if you decide to buy from us.

Taking advice

You'll need to decide if this product meets your financial needs, so please read this document carefully and check it's right for you. You might want to get expert advice from a financial adviser who can look at your personal circumstances and help you make the decision that's right for you.

Giving us the right information

So that we can give you cover that matches your needs, it's really important that you provide us with information that's true, accurate and complete when you apply for your cover. If you don't, it can cause problems later on, like your policy being cancelled or a claim being rejected or reduced.

Who are we?

We're Aviva. We specialise in insurance in the UK that helps people experiencing tough times in life – such as life insurance, critical illness and income protection cover.



Who can buy Key3 Critical Illness Insurance?

To apply for this cover, you must be resident in the United Kingdom, Channel Islands, Isle of Man or Gibraltar, be at least 17 years old and no older than 75. You'll need a UK, Channel Islands, Isle of Man or Gibraltar bank account.

At the time you apply for this cover, both you and the person 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 can choose to cover:

- you alone – we call this 'single life' cover
- you and another person – we call this 'joint life' cover, or
- one or two people other than yourself – this can be either 'single' or 'joint life' cover.

What does joint life cover mean?

Joint life cover is where two people need cover so if one person is diagnosed with a specified critical illness condition financial support is provided. The cover is jointly owned so the policy will end after we've paid the full sum assured.

If one person covered dies and was not eligible to claim under Key3 Critical Illness, the cover will continue for the surviving person.

In this document, we assume that you're the owner of the cover and you're using it to cover yourself.

Insurable interest

You can only cover someone else if you'd suffer financially were they to die or suffer from a critical illness. We call this 'insurable interest'. You'll always have an insurable interest in your own life, or in the life of your spouse or civil partner. You may also have an insurable interest in another person. If you're not sure if you have an insurable interest in a particular person, you should ask your adviser for guidance.

What is Key3 Critical Illness Insurance?

Key3 Critical Illness is designed to support you and your family financially if you are diagnosed with one of the specified critical illness conditions and survive for 14 days or more after the diagnosis.

The critical illnesses covered are:

- Cancer – excluding less advanced cases and including aplastic anaemia
- Heart attack – of specified severity, and
- Stroke – of specified severity.

How we define these conditions is explained in the Cover Details.

We'll only pay a benefit if you meet one of these definitions.

For some people, we may not include every critical illness. This could be because, for example, they have a particular medical condition when they apply for cover. The Cover Summary will show if we have excluded any of these critical illnesses from the cover we are offering.

Key3 Critical Illness Insurance only protects you against events that happen to you during the term of your policy. If something happens outside that term, you won't be covered. Your Cover Summary shows what is covered and for how long.

If you're diagnosed with a critical illness and die within 14 days of the diagnosis, we won't pay a claim. If you die, without being diagnosed with one of the specified critical conditions, we won't pay a claim.

The fundamentals

The amount of cover

You decide on how much cover you want. This is the amount we pay if you're diagnosed with one of the specified critical illnesses covered and you survive for 14 days or more. We call this the 'sum assured'.

We'll pay the monthly benefit for the remaining term of the cover.

Reviewing your cover

Make sure you review your policy in line with your earnings and lifestyle. If you don't, you may find you have more or less cover than you actually need.

The term of the cover

This is how long your cover lasts. This type of insurance is designed to cover financial obligations if you were to be impacted by a critical illness diagnosis. This might include expenses like childcare, bills, a mortgage or costs associated with managing an illness.

You can choose any number of years between 3 and 50, although your insurance must end before you reach your 86th birthday.

Types of cover

You can choose whether you'd like the amount of your cover to stay the same or change over time.

- Level – a straightforward cover, where the amount of your insurance stays the same throughout the policy.
- Decreasing – designed to cover any big debts you're paying off. The amount of your cover decreases each month, so that it reaches zero when your cover ends. It works in the same way as the outstanding amount on a repayment mortgage. You can choose an interest rate of either 5%, 6%, 7%, 8%, 10%, 11%, 13% or 15%.
- Increasing – designed to keep up with rising costs over the years. The amount of your cover increases by 5% each year to take inflation into account.

Covering a mortgage

If you have a mortgage and choose decreasing cover and select an interest rate that is lower than the rate you're paying on your mortgage, the amount we pay out may not meet the outstanding amount of your mortgage.

Protecting your insurance against inflation

Inflation will reduce the spending power of any money you're paid in the future. To help protect your insurance against this effect, you can choose to increase your sum assured.

This means that the amount you pay will increase each year to pay for the extra cover. It'll increase by a higher percentage than that of the benefit, because you're more likely to claim as you get older.

If you choose to stop or skip the increase, the premium will remain at the level it was when you made that change. If you restart the annual increase, the premium will increase again.

For more information, take a look at section 3.3 in the Cover Details.

Paying for your cover

We'll collect monthly or annual premiums from you by direct debit until your cover ends. The amount you pay won't change, unless you choose increasing cover where the amount you pay will increase each year to pay for the extra cover.

If you miss a premium

If any premium remains unpaid for more than 30 days from the date it was due to be collected, we'll stop your policy and you'll no longer be covered. You may be able to reinstate your cover by paying any outstanding premiums up to 6 months after a missing premium.

For more information on reinstating your cover, take a look at the Cover Details.

Value of the cover

This isn't a savings or investment product. Your cover has no cash value unless a valid claim is made.

Additional option available at extra cost

Waiver of Premium

If you're too ill or injured to work, Waiver of Premium means you won't have to pay your premiums.

We'll waive your premiums if you're incapacitated for longer than 26 weeks. Waiver of Premium will end when you reach your 70th birthday.

You can include Waiver of Premium if you're 54 and below when you buy the cover, for an additional cost. You can add Waiver of Premium for one or both people if you have a joint life cover.

We won't waive premiums if Waiver of Premium isn't included in the cover for that person (the Cover Summary will show who's covered by Waiver of Premium).

For more information about Waiver of Premium, take a look at section 2.2 of the Cover Details.

What does incapacitated mean?

Incapacitated means that you're too ill or injured to work. It depends on whether you're in paid work and what kind of work you do.

It'll either be based on your ability to be able to do your own occupation (the type of job you did before you stopped work), or certain work tasks (types of things people do in everyday life, like writing, walking or bending). We sometimes refer to work tasks as daily activities.

Which of these definitions applies to you will be agreed based on your circumstances when you apply – and will be confirmed in your Cover Summary. If your circumstances change before you became incapacitated, a different definition may apply to your claim.

Changing your policy

If you've selected increasing cover, you can stop and restart your annual increases at any time.

However, if you decide to decline the increase for three consecutive years, you'll no longer have the option of an increasing sum assured under the cover in future years.

In addition, you can change how your premiums are paid, for example from monthly to annual and vice versa.

If you've included Waiver of Premium in your policy, you can remove it at any time.

For more information, including limitations, please see section 3.3 of the Cover Details.

Things you need to know

Making a claim

If you need to claim, you should get in touch as soon as you can using the contact details provided.

If you'd like to know more about how to claim, you can find this in the Cover Details or visit our website [protection.aviva.com](https://www.protection.aviva.com).

We'll pay the benefit to the person legally entitled to receive it. This will be confirmed when a claim is made. It'll depend on the nature and circumstance of the claim at the time, and whether the policy has been assigned or put under trust.

Where a claim can be made

For critical illness claims, the person covered can be residing anywhere in the world, however the consultant must be in an eligible country.

For Waiver of Premium claims, you must be living in an eligible country when you become incapacitated. You must return to and remain in the UK, Channel Islands, Isle of Man or Gibraltar within 26 weeks of becoming incapacitated in order to receive the benefit.

For a list of eligible countries, take a look at section 5 of the Cover Details.

When we won't pay a claim

More claims are paid than aren't. Here are the reasons why we won't pay a claim.

- you stopped paying regular premiums throughout the term of your policy
- you provided inaccurate information when you applied for the cover
- you don't give us medical or other evidence that we ask for, or
- you didn't tell us if any of the information in the Cover Summary or Application Details we send you is wrong.

It's important to be accurate and thorough when applying. If you don't take sufficient care and give us information that's untrue, incomplete or inaccurate, we may need to cancel or change your policy so that it fits what we should have been told about.

So if you later spot an error in your documents, contact us as soon as possible to change it.

For more details on when we won't pay a claim, take a look at section 2.1 in the Cover Details.

Changing your mind about your cover

If you change your mind about having cover within 30 days of receiving your policy documents, we'll refund any payments you've made, unless we've already paid a benefit under your insurance.

If you don't cancel your policy within this time period, your policy will remain active as set out in your Cover Summary.

You can stop your policy at any time. Once you tell us, your policy will end on the day before your next monthly premium is due and you won't get any money back. If you're paying annual premiums, your policy will end on the day before the next monthly anniversary of the policy.

We'll retain the cost of any full (or partial) months of cover up to the date of cancellation and will refund any balance of the annual premium.

The Law

This insurance is governed by the law of England and Wales.

All our standard communications with you now and throughout the term of your insurance will be in English. If you have specific communication needs, we'll do our best to support you. Just let us know.

Current tax rules

Under current legislation and HMRC practice, benefit(s) payable under this cover are normally free from Income Tax and Capital Gains Tax for UK residents, unless you assign your policy to someone else.

Professional guidance should be sought before any type of assignment or changed ownership is undertaken.

Personal information we collect

Personal information we collect about you includes sensitive information such as your health and medical history. Where we collect this information, we'll rely either on your consent, or on a combination of the following justifications: performing a contract with you or preparing to enter into a contract with you; complying with regulatory requirements; or having a legitimate interest to request your personal information.

To give you a quicker decision about your insurance, we may make decisions about your application using an 'automated decision-making tool'. An 'automated decision-making tool' doesn't involve human input and we sometimes use it to determine whether we're able to provide you with insurance and on what terms based on the answers you give us.

We may also use your personal information to detect, investigate and prevent crime (including fraud and money laundering).

Where permitted by applicable law, Aviva may share personal information with carefully selected third parties, for example, other insurers, reinsurers, and financial advisers.

Your personal information may be transferred outside the country in which you are located including to countries outside the UK.

As a data subject you have certain rights in relation to your personal information.

More details about Aviva's use of personal information and your rights as a data subject can be found at protection.aviva.com/privacy-policy or you may request a copy using the following contact details:

The Data Protection Officer,
Aviva Protection UK Limited,
PO Box 12010,
Harlow,
CM20 9LG.

or by email at

DataProtectionOfficer@protection.aviva.com

About our business

Aviva Protection UK Limited operates in the UK, Channel Islands, Isle of Man and Gibraltar.

Information about our business, performance and financial position, and details on how we control our business and manage risks can be found in our Solvency and Financial Condition Report available on our website protection.aviva.com.

Making a complaint

If you have a complaint, you can get in touch with us using the contact details provided.

We'll try to resolve complaints as quickly and fairly as possible. If we can't deal with your complaint promptly, we'll send you a letter to acknowledge it and give you regular updates until it's resolved. If you're not happy with how we deal with your complaint, you can refer it to the Financial Ombudsman Service.

You can email them at:

complaint.info@financialombudsman.org.uk;

Call **0800 023 4567** (calls to this number are free on mobile phones and landlines) or **0300 123 9123** (calls to this number cost no more than calls to 01 and 02 numbers) or write to:

The Financial Ombudsman Service,
Exchange Tower,
Harbour Exchange Square,
London
E14 9SR.


Making a complaint to the Financial Ombudsman Service doesn't affect your right to take legal action.

What happens if Aviva got into financial trouble and couldn't pay out the money?

The Financial Services Compensation Scheme (FSCS) is there to protect you if we can't meet our obligations. Whilst most customers will be covered under the FSCS, whether or not you can claim and the amount you can claim depends on the specific circumstances of your claim. You can get more information from **fscs.org.uk** or by calling **0800 678 1100**.


How to contact us

For any questions about your cover:

 0345 600 6820


Email us at: enquiries@protection.aviva.com

To make a complaint:

 0345 600 6813

Email us at: complaints@protection.aviva.com

To contact the Claims Team:

 0345 600 6815

Email us at: claimsteam@protection.aviva.com

Write to us at:

Aviva Protection UK Limited, PO Box 12010, Harlow CM20 9LG.

We're open Monday to Thursday, 8.30am to 6pm and Friday, 8.30am to 5.30pm, except for bank holidays. Please note our opening hours are UK local time.

Calls are charged at standard rates from a BT landline, but may cost more via mobiles and other networks. We may record or monitor calls. This is to make sure we have a record of any instructions we're given, help train our staff, improve the quality of our service and prevent or detect fraud.

For more information, visit protection.aviva.com

Please get in touch if you'd prefer this brochure (**EDCO2114**) in large font, braille, or as audio.

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protection.aviva.com