



YourLife Plan Term Assurance with Critical Illness Choices



YourLife Plan Term Assurance with Critical Illness Choices is designed to pay you a sum of money if you die or are diagnosed with a terminal illness or critical illness.

Who provides this YourLife Plan Term Assurance with Critical Illness Choices?

This policy is being provided by NFU Mutual Select Investments Limited's chosen partner – Aviva Protection UK Limited (Aviva for short). We specialise in protection insurance in the UK – such as life insurance, critical illness and income protection.

NFU Mutual Select Investments Limited has chosen to partner with Aviva to provide you with this protection policy because we provide excellent service and consider all claims fairly.

Throughout this document, 'we', 'us' and 'our' means Aviva Protection UK Limited.

How to use this document

The purpose of this document is to help you decide whether YourLife Plan Term Assurance with Critical Illness Choices 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 is a personalised summary of your cover if you decide to take it out. We'll let you know when you might want to take a look at these.

The Cover Details can be found on nfumutual.co.uk and you can also ask your NFU Mutual financial adviser for a copy. 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 your NFU Mutual 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 can buy Term Assurance with Critical Illness Choices?

To apply for this cover, you must 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 complete the application, 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

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

What does joint life cover mean?

Joint life cover is where two people need cover so if one person dies or is diagnosed with a terminal illness or critical illness, the other is provided with financial support. The cover is jointly owned so the policy will end after we've paid the full sum assured, meaning the other person is no longer insured under this cover.

Insurable interest

You can only cover someone else if you'd suffer financially were they to die or suffer from a terminal or 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 Term Assurance with Critical Illness Choices?

Term Assurance with Critical Illness Choices is designed to help pay off a mortgage, support you and your family in managing any financial impacts you may have following a critical illness diagnosis, provide financial protection for a family member or friend, or leave behind a legacy.

The main benefit

Term Assurance with Critical Illness Choices will pay out a lump sum while you're insured if you die or if you're diagnosed with a terminal illness. It'll also pay out if you have one of the critical illnesses or operations specified under core critical illness cover.

It only protects you against events that happen during the term of your policy. If something happens outside that term, you won't be covered. Your Cover Summary will show you when your cover starts and ends.

Optional benefits

When you take out this cover, you can also choose to add optional benefits for an additional cost. These are:

- Enhanced critical illness cover
- Children's cover
- Waiver of Premium
- Total Permanent Disability

Cover for critical illnesses

Term Assurance with Critical Illness Choices will only pay out a benefit for a critical illness if you meet the condition as defined in the Cover Details.

For some people, we may not include every critical illness in the cover. 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're offering.

What does terminal illness mean?

A terminal illness means that the illness either has no known cure, or has progressed to the point where it can't be cured.

A claim for terminal illness can be made where you've been diagnosed by a medical consultant with an illness that is expected to lead to death within 12 months. If the consultant can't diagnose this, or expects death to occur more than one year after diagnosis, we won't pay a terminal illness claim.

We'll only make a payment for a diagnosis of a terminal illness if you meet the definition in the Cover Details.

The fundamentals

The amount of cover

You decide on how much cover you want. This is the amount we pay if you make a valid claim. We call this the 'sum assured'.

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 pass away, are diagnosed with a terminal illness or are 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 cover must end before 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 10%, 11%, 13% and 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 by 5% each year.

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.

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.

Summary of the benefits

Below is a summary outlining what's included in your Term Assurance with Critical Illness Choices and what optional benefits you can add.

The main benefit

These are included in your cover as standard:

Death benefit

- If you die while you're insured, we'll pay the benefit and your cover will end

Terminal illness benefit

- If you're diagnosed with a terminal illness that meets our definition while you're insured, we'll pay the benefit and your cover will end

Core critical illness cover

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Optional benefits

When you take out your cover, you can choose to add these optional benefits for an additional cost:

Enhanced critical illness cover

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Children's cover

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Waiver of Premium

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Total Permanent Disability

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- You can add children's cover at any point during the term of your cover.
- You can only add enhanced critical illness, Waiver of Premium or Total Permanent Disability when you take out your cover. Some options may not be available to everyone, or we may restrict cover. If this happens, we'll explain our decision.
- Your Cover Summary will show if you have these options in your cover.

We cover a number of different illnesses and conditions in this insurance and they're listed in this document. Some you may not be familiar with. Our Cover Details goes into more detail, or you can speak to your NFU Mutual financial adviser or take a look at Aviva's website for more information.



Core critical illness cover

Core critical illness cover is included in your cover as standard. The core critical illness cover benefit falls within two groups – Group 1 and Group 2.

Full definitions can be found in the **Cover Details**.

Core critical illness cover – Group 1

If you're diagnosed with any of the conditions listed below and survive for at least 10 days, we'll pay the full sum assured. Once we've paid the full sum assured, the cover will end.

- Bacterial meningitis – resulting in permanent symptoms
- Benign brain tumour – resulting in permanent symptoms or specified treatment
- Blindness or removal of an eyeball – permanent and irreversible
- Brain injury – resulting in permanent symptoms
- Cancer – excluding less advanced cases and including aplastic anaemia
- Coma – of specified severity
- Deafness – permanent and irreversible
- Degenerative neurological disorder – of specified severity
- Encephalitis – resulting in permanent symptoms
- Heart attack – of specified severity
- Kidney failure – requiring permanent dialysis
- Liver failure – end stage
- Loss of use of a limb
- Lung disease or removal – as specified
- Major organ transplant – from another donor
- Multiple sclerosis or neuromyelitis optica (Devic's disease) – where there have been symptoms
- Reduced heart function – of specified severity
- Spinal stroke – resulting in permanent symptoms
- Stroke – of specified severity
- Surgery to the heart, aorta or pulmonary artery – as specified
- Surgery via the skull – as specified
- Systemic lupus erythematosus (SLE) – of specified severity
- Third degree burns – covering 20% of the body's surface area or 20% of the face's surface area

Core critical illness cover – Group 2

If you're diagnosed with any of the conditions listed below and survive for at least 10 days, we'll pay the lower of 25% of the sum assured, or £25,000. If you have more than one cover (whether provided by Aviva Protection UK Limited or originally provided by us under our former name, AIG Life Limited), this is the maximum we'll pay per person covered for each Group 2 condition.

This is an additional payment, meaning any payments made won't affect the benefit we pay for any subsequent death or terminal illness claim under Group 1.

A claim can be made once for each condition, per person covered.

- Cancer in situ of the breast – treated with surgery
- Early stage prostate cancer – requiring treatment



Enhanced critical illness cover

You can choose to add enhanced critical illness cover for an additional cost when you take out your cover.

Enhanced critical illness cover is in addition to core critical illness cover and provides:

- cover for more conditions in Group 1
- cover for more conditions in Group 2 (replacing those in core critical illness cover) and a higher payment, and
- pregnancy cover.

The enhanced critical illness cover will apply to both people covered on a joint life cover.

Full definitions can be found in the [Cover Details](#).

Enhanced critical illness cover – Group 1

If you're diagnosed with any of the conditions listed below and survive for at least 10 days, we'll pay the full sum assured. Once we've paid the full sum assured, the cover will end.

- Benign spinal cord tumour – resulting in permanent symptoms or specified treatment
- Cauda equina – with permanent symptoms
- Intensive care – requiring mechanical ventilation for 7 consecutive days
- Loss of independence – of specified severity
- Peripheral vascular disease – requiring bypass surgery
- Severe bowel disease
- Severe mental illness – as specified

Enhanced critical illness cover – Group 2

If you're diagnosed with any of the conditions listed below and survive for at least 10 days, we'll pay the lower of the full sum assured, or £35,000. If you have more than one cover (whether provided by Aviva Protection UK Limited or originally provided by us under our former name, AIG Life Limited), this is the maximum we'll pay per person covered for each Group 2 condition.

This is an additional payment, meaning any payments made won't affect the benefit we pay for any subsequent death or terminal illness claim under Group 1.

A claim can be made once for each condition per person covered (unless stated otherwise within the definition).

- Accidental hospitalisation
- Angioplasty – requiring treatment to multiple coronary vessels
- Bladder removal
- Bowel disease – treated with intestinal resection
- Carotid artery stenosis – treated by endarterectomy or angioplasty
- Central retinal artery or vein occlusion (eye stroke) – resulting in permanent visual loss
- Cerebral or spinal arteriovenous malformation or aneurysm – with surgery or radiotherapy
- Diabetes mellitus Type 1 – requiring permanent insulin injections
- Endovascular surgery – as specified
- Less advanced cancers – of named sites and specified severity:
 - Breast
 - Cervix
 - Colon and rectum

- Larynx
- Ovary
- Prostate
- Renal pelvis (of the kidney) and ureter
- Thyroid
- Urinary bladder
- Uterus
- Other early stage cancers – with surgery
- Permanent pacemaker insertion – for heartbeat abnormalities
- Pituitary gland tumours – with specified treatment
- Severe sepsis – resulting in admission to a critical care unit for 3 days or more
- Significant visual impairment – permanent and irreversible
- Single lobectomy – the removal of a complete lobe of a lung
- Skin cancer (not including melanoma) – advanced stage as specified
- Syringomyelia or syringobulbia – treated by surgery

Pregnancy cover

If you have a specified complication during pregnancy, we'll pay £5,000 per pregnancy, unless the claim is because of foetal death in utero, in which case we'll pay £5,000 per foetal death. If you have more than one cover (whether provided by Aviva Protection UK Limited or originally provided by us under our former name, AIG Life Limited), this is the maximum amount we'd pay.

Pregnancy cover would pay out following a definite diagnosis by a consultant Obstetrician of one of the following conditions:

- Disseminated Intravascular Coagulation (DIC)
- Ectopic Pregnancy
- Hydatidiform Mole
- Placental Abruption
- Eclampsia (excluding Pre-eclampsia), or
- Foetal death in utero after at least 20 weeks gestation.

Any claim made under pregnancy cover won't affect your main sum assured.

We won't pay a pregnancy cover benefit:

- if you were aware of an increased risk of suffering from a complication of pregnancy before the cover started or restarted, or
- if the pregnancy resulted in a child life cover benefit being paid (if children's cover is included).

Children's cover

You can choose to add children's cover for an additional cost.

There are two levels of children's cover: core and enhanced. The level you can add depends on the type of main cover for adults you've chosen.

Core children's cover is our standard cover for children. You can add core children's cover if you've only chosen our core cover for adults. It includes:

- Children's critical illness cover

Enhanced children's cover includes more conditions and higher payment amounts. You can only add enhanced children's cover if you've also chosen to add our enhanced cover for adults. It includes:

- Children's critical illness cover
- Birth defect cover

Both core and enhanced children's cover include:

- Child life cover
- Hospitalisation benefit

Children are covered from birth up to age 22 and there's no limit on how many children are covered under one policy.

Any claim made under children's cover won't affect your main sum assured.

More detailed explanations of how things work and full definitions of the terms we use can be found in the **Cover Details** on our website.

Core children's cover

Children's critical illness cover

If a child is diagnosed with a condition listed below and survives for at least 10 days, we'll pay:

- Group 1: £25,000 or 50% of the full sum assured, whichever is lower
- Group 2: £25,000 or 25% of the full sum assured, whichever is lower

If the person covered has more than one Term Assurance with Critical Illness Choices policy (whether provided by Aviva Protection UK Limited or originally provided by us under our former name, AIG Life Limited), this is the maximum we'll pay for each child. If each parent has their own cover, we'll pay a claim on each parent's cover.

We'll pay one claim under each Group per child, at which point the children's critical illness cover ends for that child.

For more information, take a look at the **Cover Details**.

Group 1 conditions

- Blindness or removal of an eyeball – permanent and irreversible
- Cancer – excluding less advanced cases and including aplastic anaemia
- Degenerative neurological disorder – of specified severity
- Kidney failure – requiring permanent dialysis
- Liver failure – end stage
- Major organ transplant – from another donor
- Third degree burns – covering 20% of the body's surface area or 20% of the face's surface area

Group 2 conditions

- Bacterial meningitis – resulting in permanent symptoms
- Benign brain tumour – resulting in permanent symptoms or specified treatment
- Brain injury – resulting in permanent symptoms
- Coma – of specified severity
- Deafness – permanent and irreversible
- Encephalitis – resulting in permanent symptoms
- Heart attack – of specified severity
- Loss of use of limb
- Lung disease or removal – as specified
- Multiple sclerosis or neuromyelitis optica (Devic's disease) – where there have been symptoms
- Reduced heart function – of specified severity
- Stroke – of specified severity



- Surgery to the heart, aorta or pulmonary artery – as specified
- Surgery via the skull – as specified
- Systemic lupus erythematosus (SLE) – of specified severity
- Terminal Illness – where death is expected within 12 months

Enhanced children's cover

Children's critical illness cover

If a child is diagnosed with a condition listed below and survives for at least 10 days, we'll pay:

- Group 1: £50,000 or 50% of the full sum assured, whichever is lower
- Group 2: £25,000 or 25% of the full sum assured, whichever is lower

If the person covered has more than one Term Assurance with Critical Illness Choices policy (whether provided by Aviva Protection UK Limited or originally provided by us under our former name, AIG Life Limited), this is the maximum we'll pay for each child. If each parent has their own cover, we'll pay a claim on each parent's cover.

We'll pay one claim under each Group per child, at which point the children's critical illness cover ends for that child.

For more information, take a look at the **Cover Details**.

Group 1 conditions

- Blindness or removal of an eyeball – permanent and irreversible
- Cancer – excluding less advanced cases and including aplastic anaemia
- Degenerative neurological disorder – of specified severity
- Kidney failure – requiring permanent dialysis
- Liver failure – end stage
- Loss of use of two limbs
- Major organ transplant – from another donor
- Muscular dystrophy
- Permanent dependence – of specified severity
- Spina bifida
- Third degree burns – covering 20% of the body's surface area or 20% of the face's surface area

Group 2 conditions

- Accidental hospitalisation
- Bacterial meningitis – resulting in permanent symptoms

- Benign brain tumour – resulting in permanent symptoms or specified treatment
- Benign spinal cord tumour – resulting in permanent symptoms or specified treatment
- Bowel disease
- Brain injury – resulting in permanent symptoms
- Cerebral palsy
- Cerebral or spinal arteriovenous malformation or aneurysm – with surgery or radiotherapy
- Coma – of specified severity
- Cystic fibrosis
- Deafness – permanent and irreversible
- Diabetes mellitus type 1 – requiring permanent insulin injections
- Down's syndrome
- Edwards' Syndrome
- Encephalitis – resulting in permanent symptoms
- Heart attack – of specified severity
- Hydrocephalus – treated with the insertion of a shunt
- Intensive care – requiring mechanical ventilation for 7 consecutive days
- Loss of use of a limb
- Lung disease or removal – as specified
- Multiple sclerosis or neuromyelitis optica (Devic's disease) – where there have been symptoms
- Osteogenesis imperfecta
- Patau syndrome
- Permanent pacemaker insertion – for heartbeat abnormalities
- Reduced heart function – of specified severity
- Severe mental illness – as specified
- Severe sepsis – resulting in admission to a critical care unit for 3 days or more
- Stroke – of specified severity
- Surgery to the heart, aorta or pulmonary artery – as specified
- Surgery via the skull – as specified
- Systemic lupus erythematosus (SLE) – of specified severity
- Terminal illness – where death is expected within 12 months
- Third degree burns – covering at least 5% of the body's surface area or 10% of the face's surface area

Overseas treatment for children's critical illness cover

We'll pay double the amount of benefit if in the opinion of the treating consultant and our Consultant Medical Officer:

- the child is unable to receive treatment for the critical illness in the UK that's effective in curing or preventing further deterioration of the condition, and
- a prescribed specialised service or treatment directly commissioned by the NHS that's effective in curing or preventing further deterioration is available overseas

Birth defect cover

We'll pay £5,000 if a child has a specified birth defect:

- Cleft lip
- Cleft palate
- Congenital Talipes Equinovarus (Club foot)
- Developmental dysplasia of the hip

If the person covered has more than one Term Assurance with Critical Illness Choices policy (whether provided by Aviva Protection UK Limited or originally provided by us under our former name, AIG Life Limited), this is the maximum we'll pay for each child. If each parent has their own cover, we'll pay a claim on each parent's cover.

Birth defect cover is payable once per child.

Core and enhanced children's cover

Child life cover

If a child dies, including stillbirth after at least 24 weeks gestation, we'll pay:

- £5,000 for core children's cover, or
- £10,000 for enhanced children's cover

If the child is diagnosed with a terminal illness (defined under children's critical illness cover Group 2), we'll pay the child life cover early.

If the person covered has more than one Term Assurance with Critical Illness Choices policy (whether provided by Aviva Protection UK Limited or originally provided by us under our former name, AIG Life Limited), this is the maximum we'll pay for each child. If each parent has their own cover, we'll pay a claim on each parent's cover.

Child life cover is payable once per child.

Hospitalisation benefit

We'll pay £100 per night for every night a child is in hospital from the seventh consecutive night, up to a maximum of 30 nights.

A claim can be made more than once, up to a maximum of £3,000 per child. If the person covered has more than one Term Assurance with Critical Illness Choices policy (whether provided by Aviva Protection UK Limited or originally provided by us under our former name, AIG Life Limited), this is the maximum we'll pay for each child. If each parent has their own cover, we'll pay a claim on each parent's cover.

When we won't pay children's cover

There are some instances where we may not be able to pay a claim for children's cover. We'll always explain these to you in full, but the following are some important ones to be aware of.

We won't pay a claim for children's critical illness cover or birth defect cover if either parent was aware of the condition or the increased risk of the child having the condition before the children's cover started, was last restarted or before the child was covered by the policy.

We won't pay the child life cover if the cause of death first arose before the children's cover started, was last restarted or before the child was covered by the policy.

We won't pay the hospitalisation benefit if the hospitalisation is as a result of a child being born prematurely (before 37 weeks gestation).

There are some other important exclusions for children's cover. For more information about when we won't pay out under children's cover, take a look at the **Cover Details**.

Waiver of Premium

If you're too ill or too 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 your 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).

Total Permanent Disability

If you have an illness or injury that results in a permanent disability, Total Permanent Disability will pay out the sum assured.

You'll usually have to be incapacitated for at least 26 weeks before we can establish whether the incapacity is permanent. Once we've established that the incapacity is permanent, we'll pay the full sum assured and the cover will end. Total Permanent Disability will end when you reach your 70th birthday.

You can include Total Permanent Disability if you're aged 59 and below when you buy your cover, for an additional cost. You can add Total Permanent Disability for one or both people if you have a joint life cover.

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), a suited occupation (the kind of job you could do) 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 become incapacitated, a different definition may apply to your claim.

Changing your policy

You can change your policy to ensure that it still meets your needs.

Some of these options may not be available to everyone, for example if you have a particular medical condition when the cover is first taken out. For more information, including further limitations, take a look at section 3.3 in the Cover Details.

Life event changes

You're able to increase the amount of cover without the need to answer any more health and lifestyle questions up until and including your 55th birthday and you:

- get married or enter a civil partnership
- get divorced, dissolve a civil partnership or separate
- have a child (including adoption)
- increase your mortgage for home improvements, moving home or buying a new home, or
- increase your salary by at least 10% following promotion or employment change.

You can also increase the term of the cover in relation to an increase in your mortgage term.

The limits

More than one increase can be requested, but there's a limit to how much you can increase your sum assured by in total – it can't be more than the lower of 100% of the original sum assured or £200,000. If it's in relation to a mortgage, then the increase can't be more than the increase to the mortgage.

More than one increase to the term of the cover can be requested but the total of all increases can't result in the new term being more than 150% of the original term, or extend beyond the end of the term of the new mortgage or beyond the 65th birthday of the oldest person covered.

More ways you can change

You can also:

- reduce the sum assured
- reduce the term of the cover
- stop, skip and restart the annual increase if you've selected increasing cover
- change from a decreasing to a level sum assured
- add another person to the cover
- change from joint life to two single life covers
- change how often a premium is paid
- add or remove children's cover
- remove enhanced critical illness cover, Waiver of Premium or Total Permanent Disability.

More details about any of these changes can be found in section 3.3 of the Cover Details.

Things you need to know

Making a claim

If you need to claim, you or the person claiming 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**.

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 circumstances of the claim, and whether the cover has been assigned or held in trust.

Where can a claim be made

For a death claim, the person covered or child can be anywhere in the world.

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

For Waiver of Premium and Total Permanent Disability 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.

A list of eligible countries is shown in 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.

We won't pay the claim if you die as a result of your own actions within one year of starting the cover or the latest restart date.

Once the cover has been active for more than one year, if you ask us to increase the sum assured in the 12 months prior to you dying as a result of your own actions, no benefit will be payable in respect of this increase.

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 2.4 in the Cover Details.

Changing your mind about your cover

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

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

If you stop your policy after 30 days, your insurance will end on the day before your next 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.

Association of British Insurers – guide to minimum standards for critical illness cover

The Association of British Insurers (ABI) is a trade body for the UK's insurance and long term savings industry. Part of its remit is to set standards that insurers must follow.

The ABI Guide to Minimum Standards provides that, to be called 'critical illness' insurance, policies must include cover for cancer, heart attack and stroke according to specified minimum definitions of those conditions. It also sets out minimum definitions for other conditions which insurers may or may not offer so that there is a degree of comparability and consistency, and to ensure that the cover for all these conditions meets certain minimum standards.

Our Term Assurance with Critical Illness Choices meets, and in some instances improves on, the standards provided for in the ABI Guide to Minimum Standards for Critical Illness Cover.

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.

If your policy is not placed in trust, the benefit we pay may form part of your estate for inheritance tax purposes.

If the sum paid out under this policy forms part of your estate, it may not be free of inheritance tax. You may wish to place your policy in trust to help mitigate the effect of inheritance tax. However, we cannot advise whether a trust is suitable in any particular circumstance or give tax advice in relation to the use of trusts. We recommend that you take professional advice before setting up a trust.

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'll 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 are 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 Protection UK Limited 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're located including to countries outside of the UK.

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

More details about Aviva Protection UK Limited'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, 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 is 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.

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](https://www.fscs.org.uk)** or by calling **0800 678 1100**.

How to contact us

For any questions about Term Assurance with Critical Illness Choices:

 0330 123 4467

 nfumutual@protection.aviva.com

To make a complaint:

 0345 600 6813

 complaints@protection.aviva.com

To contact the Claims Team:

 0345 600 6815

 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 6.00pm and
Friday, 8.30am to 5.30pm, except for bank holidays.

Please note these 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 to make sure we have an accurate record of the
instructions we are given, for training purposes, to improve
the quality of our service and to prevent and detect fraud.

For more information visit
protection.aviva.com

**This document is available in other
format such as Braille, large print or
audio. Please ask if you need one of
these formats.**



NFU Mutual
LIFE PROTECTION

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