

Policy Summary of Income Protection+



Keep this document safe

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

For the full details of the policy, have a look at the separate document, called the '**Policy Conditions**'.

If you buy this policy, we'll send you a third document – the '**Policy Schedule**'. This will be personalised to you, so it will show you what's included in your particular policy.

The basics

Money if you're ill or injured and your income drops

If you have an **Income Protection+** policy and an illness or injury stops you working, or reduces what you can earn, we'll pay you an income. This could help you continue to meet your essential outgoings such as mortgage or rental payments.

Remember that for us to pay you an income, you'll need to make a successful claim.

This income is called your 'benefit'. We could pay your benefit until you start earning again, or until one of a list of other events happens. You can find this information in the 'When benefit payments stop' section on page 8.

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

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

This isn't the kind of policy that you can 'cash in' – so you don't get any money if you cancel it.

Choose how much benefit you'll get

You can choose how much benefit you want, up to a maximum amount. Your maximum amount depends on how much you're earning. If you weren't working before your illness or injury the benefit will depend on how much you were earning before you stopped working.

Choose when your policy will end and how long we pay your benefit

You can choose how long you want your policy to last – your 'policy term'. The policy term is important because if any of the things we talk about in this summary happens outside the policy term, we won't pay anything.

You can also choose whether we'd pay you your benefit up until the end of your policy term, or for just up to two years for each successful claim.

During the policy term you pay us money every month – your premium. If you stop paying your premiums or cancel the policy, you'll no longer be covered, and you won't get any money back.

Choose how long you wait to get your benefit

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

Choose optional benefits

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

Contents

How an Income Protection+ policy works	Page 5	▶
Can I apply for an Income Protection+ Policy?	Page 5	▶
Information about you	Page 5	▶
Choose between two types of cover	Page 6	▶
Deferred period	Page 6	▶
Special arrangements for NHS doctors, surgeons, nurses and midwives	Page 6	▶
How much benefit you can get	Page 7	▶
Your maximum amount	Page 7	▶
Benefit guarantee	Page 8	▶
What happens when I claim	Page 9	▶
Before you make a claim	Page 9	▶
Proving what you earn	Page 9	▶
Restricted benefit	Page 9	▶
Maternity, parental or adoption leave	Page 10	▶
When benefit payments stop	Page 10	▶
Unlimited number of claims	Page 10	▶
Moving abroad	Page 10	▶
Choose whether your benefit goes up over time	Page 11	▶
Increasing cover	Page 11	▶
Fixed increasing cover	Page 11	▶
Index-linked increasing cover	Page 11	▶
Your premiums	Page 12	▶
Guaranteed premiums	Page 12	▶
Reviewable premiums	Page 12	▶
Extra benefits included at no extra cost	Page 13	▶
Waiver of premium	Page 13	▶
Back to work benefit	Page 13	▶
Hospital benefit	Page 13	▶
Trauma benefit	Page 13	▶
Life change benefit	Page 14	▶
Optional benefits	Page 15	▶
Fracture cover	Page 15	▶
Global treatment	Page 15	▶
You can change or cancel your policy	Page 16	▶
Protection promise	Page 17	▶
Law, compensation and tax	Page 18	▶
If you need to complain	Page 19	▶
Contact us	Page 20	▶

How an Income Protection+ policy works

If an illness or injury stops you working, or reduces what you can earn, this is called being **'incapacitated'**. If you're incapacitated while you have an **Income Protection+** policy and make a successful claim, we'll pay you an income.

You can choose how long your policy will last and this needs to be at least five years and no more than 52 years. How long you choose your policy to last is called your 'policy term'. It can't end before you're 50 and can't continue past your 71st birthday.

Can I apply for an Income Protection+ policy?

To get an **Income Protection+** policy you need to:

- be aged between 18 and 59,
- be working either employed or self-employed,
- have been working for at least the last 12 months, and have proof of your earnings for that period,
- be registered with a doctor in the UK, Channel Islands, the Isle of Man or Gibraltar for at least the last two years, or be able to provide your medical history from a doctor in the UK, Channel Islands, the Isle of Man or Gibraltar for at least the last two years, and

at the time you complete the application, you 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, and
- be legally permitted to work in the UK, the Channel Islands, the Isle of Man or Gibraltar.'

Information about you

When you apply you need to answer:

- health and lifestyle questions
- questions about your job, including what you earn
- questions about your personal circumstances.

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

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

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

How an Income Protection+ policy works

Choose between two types of cover

Each type of cover pays your benefit for a different length of time.

- We could pay your benefit for as long as you're incapacitated – this is called 'full cover to term'.

or

- We could pay your benefit for a maximum of 24 months each time you're incapacitated – this is called 'limited payment term'. Once you've gone back to work for six consecutive months, you can claim again for the same illness or injury.

With either type of cover, there's no limit on the number of claims you can make, but we'll not pay any benefit after the policy end date.

Choose your deferred period

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

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

You can choose a deferred period of 4, 8, 13, 26, 52 or 104 consecutive weeks.

You can also choose a dual deferred period

This means you'll receive a reduced benefit after an initial period, then your full benefit later. This is another way to allow for earnings you expect to receive after you're incapacitated, like sick pay. If you choose a dual deferred period on a 'limited payment term' this means you'll receive a maximum of 24 monthly benefit payments in total for each claim.

Special arrangements for NHS doctors, surgeons, nurses and midwives

You can have a deferred period of 52 weeks. So this might suit you if you're a doctor, surgeon, nurse or midwife employed directly by the NHS.

Your sick pay entitlement builds up gradually during your first five years working for the NHS until you reach the maximum allowance of 6 months' full pay, followed by 6 months' half pay. We recognise that this can cause uncertainty - and make it difficult to know what deferred period to choose. To make this easier for you, you can have a deferred period of 52 weeks. You'll start getting some of your **Income Protection+** benefit as soon as your NHS sick pay goes down. When your NHS sick pay stops, you could get your full benefit although we'll take into account any income you are still receiving. If you're no longer working directly for the NHS when you make a claim, you'll have to wait until the end of your deferred period to receive any benefit from us. It's important to review your cover if your circumstances change.

Keep in mind that your sick pay arrangements might change. So it's a good idea to review your cover regularly.

How much benefit you can get

We take account of how much you earn

When you take out the policy you can choose how much benefit you want, up to a 'maximum amount' which is based on your earnings before tax. This will be the amount of 'benefit' you're covered for. If you make a successful claim we'll do the same calculation to work out the 'maximum amount' you can claim and this will be based on how much you earned, before tax, in the 12 months before incapacity.

Your maximum amount is:

65% of the first £60,000 you earned, plus

45% of what you earned above £60,000

up to a maximum benefit amount of £240,000 a year (or £20,000 a month).

So your benefit won't be as much as your income was before you stopped working.

When we look at how much you were earning, it could include income from things like dividends, bonus, commission, and benefits in kind.

When you apply for a policy, if you choose to have something called 'increasing cover', which we explain on page 11, your benefit can go up beyond £20,000 a month as a result of choosing 'increasing cover'.

Example:

If you earn £70,000 per year.

65% of the first £60,000 is £39,000

45% of the remaining £10,000 is £4,500

This means you could have a maximum amount of £43,500 per year, or £3,625 per month

We take account of some income you may be getting

You might carry on getting an income after you have to stop working. This could be, for example, sick pay, other insurance that pays when you're incapacitated, or income from a business you own. This could also include pension payments that you receive as a result of your incapacity. We include income like this when we're working out what benefit to pay you. If that income is going to take you over your maximum amount, we'll reduce your benefit to compensate. We'll never pay you more than the benefit amount shown on your policy schedule.

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

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

How much benefit you can get

If your salary goes down, your benefit doesn't have to

This is called our 'benefit guarantee'. If your salary goes down after you take out your policy, your benefit won't necessarily go down with it.

If your benefit is up to £1,500 a month

If your benefit is up to £1,500 a month, we'll still pay that amount even if your salary goes down – it will be the amount shown in your policy schedule.

If your benefit is over £1,500 a month

We'll use the calculation at the top of this page. If the benefit you're entitled to is equal to, or more than, 90% of the amount shown on your policy schedule, we'll guarantee the amount in your policy schedule.

If the benefit you're entitled to is less than 90% of the amount shown on your policy schedule, we'll pay the new calculated benefit amount or £1,500 per month – whichever is more.

We'll calculate the amount of benefit you are entitled to on your earnings in the 12 months before your illness or injury. We'll then check to see if you can use benefit guarantee, before deducting any income, like sick pay, from the benefit amount.

If you're working less than 16 hours a week immediately before you're incapacitated, you won't be covered by the benefit guarantee.

Example:

When Paul takes out a policy his salary is £40,000 per year and he chooses a benefit of £2,166 per month. He is then incapacitated and needs to claim, however his income in the 12 months before the claim is lower than when he applied for his policy.

Example 1: Paul's income has dropped from £40,000 to £37,000. As the benefit he is entitled to based on this lower salary is more than 90% of the benefit he applied on, he would still receive the £2,166 per month he applied for.

Example 2: Paul's income has dropped from £40,000 to £35,000. As the benefit amount he is entitled to based on this lower salary is less than 90% of the original amount. The benefit would reduce to £1,895 per month as it would be calculated on the lower salary.

Example 3: Paul's income has dropped from £40,000 to £27,000. Even though the benefit amount that he is entitled to based on this lower salary would be less than £1,500 per month, the benefit guarantee ensures that he would still receive the minimum amount of £1,500 per month.

What happens when I claim

Before you make a claim

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

It's important that you understand we won't be able to pay your benefit if:

- your policy has ended because you haven't paid your premiums
- you've cancelled your policy
- you get ill or injured outside the policy term
- your unemployment isn't due to incapacity
- you've misled us by giving us false information or by keeping information from us relating to your claim.

We may amend or cancel your policy, or we may not pay a claim at all, if you haven't answered all the questions on the application completely, truthfully and accurately.

This isn't the kind of policy that you can 'cash in' – so you don't get any money if you cancel it.

Proving what you earn

If you're employed by someone else and you were working immediately before your illness or injury, you'll need to show us payslips for the last 12 months or your last P60 certificate and P11D. If you're a director, we'll also need to see proof of your dividends together with the profit and loss accounts relating to it

If you're self-employed and you were working immediately before your illness or injury, you'll need to show us proof of your personal earnings in the 12 months immediately before your illness or injury. This should be the income you declared to HMRC in your tax return. This means your share of the pre-tax profit, as described in Schedule D Case I and II of the Income and Corporation Taxes Act 1988. So we'll need to see a copy of your latest tax return, plus the profit and loss accounts relating to it.

Restricted benefit – if you stop working you can keep your cover

If you stop working after you've taken out your policy you'll still be able to keep your cover. We'll assess your claim based on the occupation you were doing in the 12 months before you stopped working. But you'll only be eligible for a 'restricted benefit'.

A restricted benefit means we'll pay you for a maximum of 12 months during the policy term, either as one claim or a number of shorter claims. When a claim ends, or we've paid you for 12 months, whichever is sooner, you'll need to start paying premiums again. This will be regardless of whether you're still incapacitated. You won't be able to make a further claim on this policy until you've returned to work for at least six consecutive months and you're paying premiums. If you need to claim again after you've returned to work for six consecutive months we'll assess your claim on the occupation you are now doing.

You'll still be able to claim for some extra benefits, if you have them in your policy, like fracture cover or global treatment.

If you're incapacitated within three months of being made redundant, you can claim the main benefit.

What happens when I claim

Maternity, parental or adoption leave

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

If you take extended maternity, parental or adoption leave and then you're incapacitated, you can claim a 'restricted benefit'. Again, we'll assess your claim based on the job you were doing in the last 12 months before you stopped working.

You'll still be able to claim for fracture cover or global treatment, which we explain on page 15.

When benefit payments stop

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

- you're no longer incapacitated – this means that, for our purposes, either your illness or injury no longer restricts your ability to do your occupation or no longer restricts what you're earning.
- you reach the end date of the policy
- you reach the end of your limited payment term
- you reach the end of the 12 month payment period if you're claiming under restricted benefit
- you're remanded in custody or given a custodial sentence. If you're remanded but not convicted, we'll pay you all the benefit we would have paid you if you hadn't been arrested.
- you die.

Unlimited number of claims

After you've gone back to work, you might need to claim again for an illness or injury that has stopped you working before. If that happens within 12 months of you going back to work, you won't need to wait through another deferred period. We'll start paying your benefit straight away once we've accepted your claim. If you need to claim again after you've returned to work we'll assess your claim on the occupation you are now doing.

The exception to this is if you've chosen a limited payment term. If you've reached the end of your limited payment term we can't pay your benefit again for the same condition until you've been back at work for six consecutive months. After that, if you're claiming for the illness or injury that stopped you working last time, once we've accepted your claim you'll have to wait through your deferred period again. Then we'll start paying your benefit.

If you want to claim for a different condition, once we've accepted your claim you'll have to wait through the deferred period before we'll start paying you benefit.

Moving abroad

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

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

When you read about global treatment, on page 15, you'll see it's also affected if you move abroad.

Choose whether your benefit goes up over time

You might expect your income to increase over the years. To reflect that, you can apply for a policy where your benefit increases each year, without you having to answer more health and lifestyle questions.

This is called 'increasing cover'. There are two kinds of increasing cover.

1. Fixed increasing cover

Your benefit will automatically go up every year. You can choose whether it goes up by 3% or 5%.

Your premiums will go up as well, by 4.5% or 7.5%, respectively.

2. Index-linked increasing cover

Your benefit will automatically go up every year, in line with any increase in the Retail Prices Index (RPI), up to a maximum of 10%.

Your premiums will also go up at 1.5 times the rate of the RPI increase. So your premiums will go up by a maximum of 15%. If the RPI doesn't go up, nor will your benefit or premiums. If you've also chosen reviewable premiums the combined increase in premium could be more than 15%. See the 'Your premiums' section for further details.

If you don't want your cover or your premiums to go up one year, you can skip an increase. Your benefit and your premiums will stay the same that year. We'll offer you the increase again the following year.

If you choose either kind of increasing cover, your benefit can go up beyond your maximum benefit amount of £20,000 per month, so it's important to review your cover. It's important to review your cover regularly to ensure this still meets your needs or if your earnings and/or other income has changed.

Example of increasing cover:

Laura, 35 has a £1,500 per month increasing cover Income Protection+ policy to last 30 years. She pays £40.00 a month. After the first year the Retail Prices Index (RPI) has increased by 2.5%

Her cover amount increases by 2.5%.

$$£1,500 \times 2.5\% = £37.50$$

$$£1,500 + £37.50 = £1537.50$$

Her premium increases by the change in RPI and the factor we apply.

$$£40.00 \times 2.5\% \times 1.5 = £1.50$$

$$£40.00 + £1.50 = £41.50$$

Your premiums

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

When you first apply for a policy, we quote you a premium for the benefits you asked for. If the premium and benefits are still the same after the application process, and if we haven't applied any exclusions, you'll be on our standard terms.

You can choose to have guaranteed premiums or reviewable premiums:

1. Guaranteed premiums

The amount you pay is the same every month, unless you choose increasing cover or make changes to your policy. If you choose increasing cover, your premiums will go up, of course. But they'll only go up in a set way, at the rate you've chosen.

The only other way your premium would go up is if you've chosen global treatment, which we explain below, on page 15. Global treatment renews every three years, so your premium might change then.

2. Reviewable premiums

Every five years we'll look at things like medical advances, changes in the law, changes in the insurance industry and our experience with claims to work out whether you're paying the right amount for your cover. We'll confirm whether your premiums need to go up, down or stay the same. We don't look at things like your age or your health as part of this review.

If your premium goes up and you don't want to pay it, you can keep your premium as it is and bring down your benefit amount.

If you choose reviewable premiums, you won't be able to have a dual deferred period.

Extra benefits included at no extra cost

Waiver of premium – paying your premiums for you

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

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

Back to work benefit

Money if you have to change your work

If an illness or injury means you earn less than you did before, but you're still able to work, we'll pay you a monthly amount. It will be a smaller amount than if you were off work completely, to take into account the fact that you're earning something.

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

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

Hospital benefit

Money if you spend time in hospital

We'll pay this if your incapacity means you have to be in hospital for more than six consecutive nights during your deferred period. We'll pay £100 for each night you spend in hospital, for up to 90 nights during the policy term.

Trauma benefit

Money if you suffer certain traumatic events

We'll pay this if you suffer one of the six traumatic events that we list in the policy conditions. We'll make one payment of six times the amount of benefit shown in your policy schedule or £40,000, whichever is lower.

Extra benefits included at no extra cost

Life change benefit

Increase cover if your circumstances change

Once your policy is up and running you might want to increase your cover amount to keep up with big changes in your life. You can do this if you:

- get married or go into a civil partnership
- divorce, dissolve a civil partnership or separate
- change your employer or get a promotion
- become a parent
- get a bigger mortgage because you're moving, buying somewhere or improving your home
- increase your rental payments due to a house move or rent increase imposed by your landlord
- move from a rental to mortgaged accommodation
- taking out a mortgage to purchase a property.

For these changes, you won't need to answer any extra health and lifestyle questions.

You can use life change benefit six months after your policy start date.

You can increase your benefit by up to 50% of the original benefit amount or by £9,000 a year, whichever is lower. You can't increase it beyond the maximum amount available for your earnings. You can use the life change benefit as many times as you like before you turn 55.

The increase in benefit will be on a new policy, for an additional premium.

You can also use life change benefit if your salary has gone up by more than 20% since you took out your policy. This can be from a single pay rise or a series of pay rises. You can increase your benefit by up to £20,000 a year. You can only do this once throughout the life of your policy. You can't use life change benefit in this way if you're self-employed.

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

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

You can pay to add extra benefits

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

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

Fracture cover - money for fractures

If you fracture a bone we'll pay you a lump sum. The size of the lump sum depends on the type of fracture and it has to be one of 18 specified fractures.

We won't pay more than one claim in any 12 month period. The 12 months runs from your policy start date to the day before the policy anniversary date. We won't pay a claim for a fracture that happens within the first seven days after the policy start date. The policy anniversary date and the policy start date will be shown on your policy schedule.

We won't cover a fracture that happens when taking part in any of the following: mountain biking or BMX; boxing, cage fighting or martial arts; rugby or Gaelic football; horse riding; or any form of motor cycle sport or event including practice, competing or track days, or motor cycling off-road, trail riding, or green-lane riding.

If you have a successful claim, your policy will continue and it won't affect what we pay for any other benefit in the future.

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

Access to world class treatment abroad

This is called global treatment

If you or your child is diagnosed with a serious illness or needs a medical procedure as specified in your policy conditions, this benefit gives you access to overseas medical treatments.

This benefit includes a concierge service which recommends doctors and treatment centres. The concierge service manages all the treatment and makes the arrangements.

We'll pay up to £1 million for each person in every 12 month period from the issue of our written approval of the claim.

We'll cover as many treatments as you need, up to a total maximum of £2 million for each person. This limit includes medical, travel and accommodation expenses that we cover.

We'll automatically renew global treatment every three years until your policy ends, unless we substantially change the terms of the benefit or we can no longer offer it. This means the premium you pay for it might change every three years.

If you made a successful claim, your policy will continue and it won't affect what we pay for any other benefit in the future.

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

If you have any children, they're covered from birth, up to the age of 18 or 21 if in full time education. If you live in the UK, Channel Islands, the Isle of Man or Gibraltar but you have children who live outside of these territories, they'll have to come back for a doctor to confirm the initial diagnosis.

If you go to live outside of the UK, Channel Islands the Isle of Man or Gibraltar, we'll have to cancel the global treatment benefit.

This option is provided in conjunction with Further who will process your claim and provide all services related to overseas treatment.

You can change or cancel your policy

The policy is flexible so you can change the cover you have. This includes changing the benefit amount, the option to increase cover, changing the deferred period or the policy end date.

You can reduce your benefit amount or increase your deferred period once your policy has started. Six months after your policy has started you can make any of the other changes, that are mentioned below. Depending on the changes you want to make, we may change your original policy. So you might need to answer some more health and lifestyle questions.

If you want to increase your benefit then we'll issue a new policy for the additional amount of benefit.

Once your policy has started, you'll probably want to keep your level of cover in line with your earnings and sick pay. If you don't, your cover may be less than you need. Or, it may be more than your income justifies, so we may have to reduce your benefit if you make a successful claim. If this happens, we won't give you any of your premiums back.

So it's important to look at your policy regularly to make sure it still provides the right cover for you, especially if you change your job.

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

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

You can cancel

You can change your mind and cancel your policy by contacting us. We'll refund any premiums paid if you cancel within 30 days. If you don't cancel within this time your policy will continue in line with the policy conditions. You can still choose to cancel outside these 30 days but we won't refund any premiums.

If you cancel your policy, you're not covered and you won't be able to claim.

You're protected while we find out more during your application

This is called our 'protection promise'.

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

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

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

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

- your policy start date
- ten days after we make our acceptance offer
- the date we decide to defer or decline your application
- the date you withdraw your application
- 90 days from our confirmation that your free cover has started.

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

- you're no longer incapacitated, this means for our purposes, either your illness or injury no longer restricts your ability to do your occupation or no longer restricts what you're earning.
- you're no longer suffering a loss of earnings
- you reach the end date of the policy
- you reach the end of your limited payment term
- you reach the end of your restricted benefit term
- you're remanded in custody or given a custodial sentence. If you're remanded but not convicted, we'll pay you all the benefit we would have paid you if you hadn't been arrested.
- you die.

The amount we pay will be the benefit amount you've applied for up to a maximum of £20,000 per month or £240,000 a year.

This will also be subject to the calculation of your maximum yearly amount.

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

Important:

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

You need to tell us about any changes in your health or medical history as soon as possible before we tell you when the cover will start. If you don't, we may defer or decline your application.

If you don't, we may not be able to pay a protection promise claim, or any subsequent claim on a policy. Until we confirm the protection promise has started, we can change or withdraw this offer.

Law, compensation and tax

The law of England will apply in legal disputes

This policy is governed by the law of England. Your contract will be in English and we will always write and speak to you in English. We're regulated by the Financial Conduct Authority:

The Financial Conduct Authority
12 Endeavour Square
London
E20 1JN

We're also regulated by the Prudential Regulation Authority:

The Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA

Solvency Financial Condition Report

Every year we publish a Solvency and Financial Condition report which provides information about our performance, governance, risk profile, solvency and capital management. This report is available for you to read on our website at www.aviva.com/investor-relations/institutional-investors/regulatory-returns/

You could get compensation if we become insolvent

Our **Income Protection+** policy is covered by the Financial Services Compensation Scheme. If we become insolvent and we can't meet our obligations under this policy, the scheme may cover you for up to 100% of any successful claim you make.

To find more information about the FSCS, including how to contact them via email and webchat: Website: fscs.org.uk
Phone: **0800 678 1100** or **0207 741 4100**.

Tax

In the UK, the payments we make are free from personal liability to income and capital gains tax. You shouldn't be claiming tax relief on the premiums for this cover.

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

Wherever you live, we'd always recommend that you get independent financial advice. This is because your individual circumstances can affect your tax position.

Premiums include insurance premium tax, where applicable.

Please remember that tax rules may change in the future.

If you need to complain

To complain you can:

If you've taken a product out with Aviva and are unhappy with the product or the service you received, you can contact us at:

Aviva Customer Relations

PO Box 3182

Norwich

NR1 3XE

Phone number: **0800 285 1098**

From outside the UK: **44 1603 603 479**

Email: **protection@aviva.com**

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

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

The Financial Ombudsman Service

Exchange Tower

London

E14 9SR

Telephone: **0800 023 4567**

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

Website: **financial-ombudsman.org.uk**

The Financial Ombudsman Service normally can't consider your complaint until you've received a final response from us. This doesn't affect your right to take legal proceedings.

Contact us

To make a claim



Call us on:

0800 158 3105



If you're outside the UK, call:

+44 2381 247091
option 3

For our opening hours, please refer to our website **aviva.co.uk**.

Calls may be monitored and will be recorded.



Write to us at:

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

Make a claim under global treatment

To make a claim, you can call us on **0345 030 8071** and select the option to start a global treatment claim.

Your call will be transferred to Further, who will evaluate and process your claim and provide you with any options for overseas treatment. Further's claims line is open Monday to Friday 8.30am to 5pm.

These times are correct at the time of publishing.

Calls may be monitored and will be recorded.

Talk to us about your policy



Call us on:

0800 285 1098



If you're outside the UK, call:

+44 1603 603 479

For our opening hours, please refer to our website **aviva.co.uk**.

Calls may be monitored and will be recorded.



Write to us at:

Aviva
PO Box 520
Norwich
NR1 3WG



Email us at:

protection@aviva.com

Calls to 0800 numbers from UK landlines and mobiles are free.


The costs of calls to 03 and +44 1603 prefixed numbers are charged at national call rates (charges may vary dependent on your network provider) and are usually included in inclusive minute plans from landlines and mobiles. Calls from outside the UK may be charged at international rates.



Need this in a different format?

Please get in touch if you would prefer this policy summary (**AL52001**) in large print, braille or as audio.

How to contact us?

 0800 285 1098 (+44 1603 603 479)

 protection@aviva.com

 [MyAviva.co.uk](https://www.myaviva.co.uk)

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