



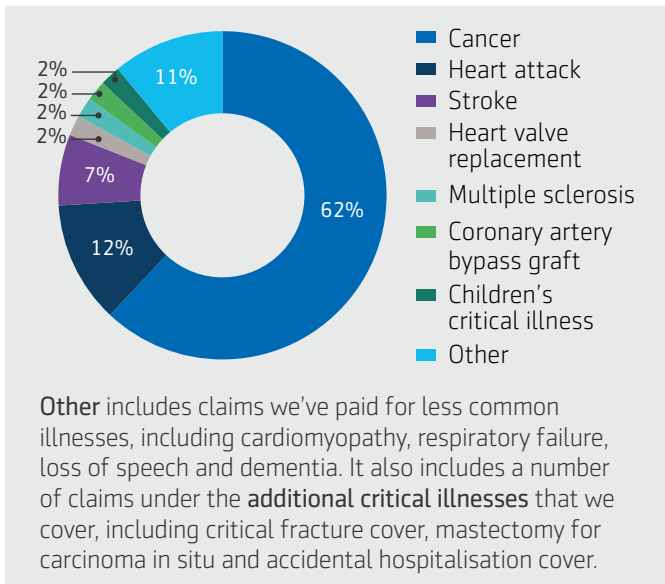
Spotlight on critical illness claims

We take a closer look at critical illness protection claims paid to customers in 2018.

Before choosing a protection provider, it's important to know about its claims payment history. So, we've pulled together some of the statistics behind the claims made during 2018, including some examples of real-life claims we've received.

What were the main reasons for claims?

Similar to previous years, cancer claims dominated our critical illness claim payments in 2018. Heart-related conditions also accounted for a significant number of claims.



Health and wellbeing service

With our health and wellbeing service, provided by our partners Health Assured, you have access to confidential and compassionate support through phone-based counselling and online support tools.

Qualified and experienced counsellors are available 24 hours a day, 365 days a year, to provide support with a wide range of issues, including bereavement, emotional health, relationships, family concerns, finances, debt, legal issues and consumer rights.

Call 08000 28 90 95 or visit healthassuredeap.co.uk and login using user ID: aegon and password: support4u

Claims we paid in 2018

93% of critical illness claims



A total of **£37.4 million** for critical illness claims

An average critical illness claim value of **£80,644**



£1.5 million - the highest critical illness claim, to a customer who had a heart attack

Claims by gender

56%



44%

Second medical opinion service

With our second medical opinion service, if you've received a medical diagnosis, our partners RedArc can provide additional support and reassurance of your diagnosis and treatment.

You'll receive a confidential face-to-face consultation with a UK-based specialist who's local to you, and RedArc will allocate a dedicated personal nurse adviser to provide guidance and support before and after your consultation.

You can call RedArc's experienced registered nurses on 01244 62 51 80 to see if a second medical opinion would be right for you.



50 years – the average age of the insured person at the time of claim



7 years 5 months - the average age of a policy at the time of claim



5.4% of claims declined for not meeting the definition



1.6% of claims declined due to misrepresentation

Why do you decline claims?

There are two main reasons why we occasionally have to decline claims.

Claims not paid due to misrepresentation

We may not be able to pay a claim if it's for an illness that doesn't meet our medical definition set out in our policy conditions. In 2018, we had to decline 5.4% of claims due to this.

Sometimes, we'll receive a claim too early, but this doesn't mean that we won't ever pay the claim. It just means that we can't pay it at the time we've received the claim request. In these circumstances, we'll work

with the insured person and their consultants to make sure we pay the claim when they meet our medical definition.

Claims not paid due to misrepresentation

Misrepresentation occurs when customers don't give us all the relevant information about their health or lifestyle when they apply for protection.

In 2018, we declined 1.6% of critical illness claims due to misrepresentation.

The best way to avoid misrepresentation is to take a few extra minutes to make sure you've answered all questions fully and completely.

Case studies

Here we highlight how our claims payments have helped real families in 2018.



'Aegon representatives have been very helpful and supportive throughout my need to claim. This has been an easy time throughout a difficult time.'



'I would like to thank all the Aegon team for the service we've received and the efficiency and convenient way of processing the claim. I wish all companies provided such a first class service. Through my first contact and the communications afterwards, it's been nothing but a comfort and support in our difficult time.'

Life with critical illness protection

A female care worker, aged 48, took out life with critical illness protection, including total permanent disability benefit, in April 2015.

In November 2017 she noticed a change in her breast. She visited her GP, who immediately referred her to the breast clinic. A biopsy confirmed a breast cancer diagnosis.

Following her diagnosis, she got in touch with our Claims team and provided copies of her medical reports. We paid her claim in January 2018.

Our customer said:



'I wasn't pestered by phone calls while dealing with my illness. Everything was done quickly and professionally with ease. I completed my claim over the phone and posted paperwork back. I wasn't harassed whilst having treatment and the staff were very compassionate.'

Life with critical illness protection, with separate life protection

A 42-year-old male took out life with critical illness protection in June 2005. He also took out additional life protection.

In May 2018, he'd felt unwell and following several investigations and scans at the hospital, found out he had multiple sclerosis.

In October 2018, he contacted our Claims team to let us know about his diagnosis. We paid his claim in November under his life with critical illness protection. His policy continues with the additional life protection he took out.

Our customer said:



'Claim handling... pretty quick and slick.'



'The high calibre of caring staff whose professionalism and experience in difficult circumstances is to be highly recommended. I was kept informed throughout my claim at all times. Thank you to all the team. Valued members of your company in my opinion.'

Reducing life with critical illness protection

A husband and wife in their 50's took out reducing life with critical illness protection in October 2007.

After feeling a lump in his stomach, the husband went to his GP thinking he had a hernia. Tests and discussions around his symptoms, led to a prostate cancer diagnosis. Chemotherapy and radiotherapy treatment began immediately. In January 2018, the husband contacted us to make a critical illness claim.

The husband was able to email us copies of paperwork he'd received from the hospital which helped us to agree and pay his claim within one month.

Our customer said:



'The claims service was compassionate and sensitive. Staff responded quickly and reached a prompt decision and final settlement of the claim.'



To talk to a member of our Claims team call 03456 00 04 93 or visit aegon.co.uk/claims to find out more about our claims service.



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