

For customers

Claims we paid in 2018

We understand that all claims are different and need personal attention, in what's already a very stressful time.

That's why we offer a tele-claims service that saves completing lengthy claims forms. It helps us to speed up the time to assess a claim – so we can pay all valid claims quickly and with as little hassle as possible.



We paid a total of **£128.6 million** in claims to support our customers in 2018



We helped a total of **1,552** families and businesses in 2018

How many claims did we pay in 2018?



98% of life protection claims, to the value of **£67.1 million**

95% of terminal illness claims, to the value of **£23.0 million**



93% of critical illness claims, to the value of **£37.4 million**

93% of income protection claims, to the value of **£561,120 a year**



Source: Aegon claims statistics, 2018

Why did people claim?



Cancer was the most common claim condition

62% of critical illness claims were for cancer



47% of life protection claims were as a result of cancer

27% of income protection claims were due to cancer



Cancer, heart attack and stroke accounted for **81%** of all critical illness claims



Source: Aegon claims statistics, 2018

More than just financial support



With our protection products, customers and their families have access to our health and wellbeing service, offering customers 24 hours a day, 7 days a week counselling support throughout the life of their policy. Here we highlight the main reasons customers used our service in 2018.

50% of all calls to this service were in relation to depression and bereavement



24% of all calls were in relation to mental health



27% of all calls were about legal issues – **69%** of which were in relation to employment and wills and probate



Source: Aegon health and wellbeing service MI, February 2019

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