



Spotlight on tele-claims

We take a closer look at tele-claims and how you can submit a claim without the need to complete lengthy paperwork.

Suffering a critical illness or being diagnosed with a terminal illness can be a very stressful and difficult time.

Our tele-claims service helps to make this time as hassle-free as possible by allowing you to complete a critical illness or terminal illness claim over the phone, rather than filling in and returning paper forms.

How does it work?

We'll allocate one assessor to assist you with your claim – so you'll deal with the same person throughout the claims process. If you need to call us for any reason, you'll know who to ask for.

Your assessor will arrange a call time that suits you, so they can gather your claim information. When they call you they'll only ask the essential questions, to make sure there's enough information for them to progress your claim.

They'll also ask you to send in any copies of medical information or reports that you have, by post or email, as it will help to speed up the claims process. It may also mean that we won't need to approach your doctor or consultant for any additional information.

They'll clearly answer any questions that you have and let you know what the next steps are in the claims process.

After the call your claims assessor will send you a copy of the information you've provided, for your records.

'Thank you for the quick easy claim process, we were very surprised how simple this was.'

Aegon critical illness customer, November 2018

Key statistics

Our tele-claims service has been assisting claimants since 2010.



86% of our customers chose the tele-claims approach to complete critical illness claims in 2018.

Tele-claims calls for a critical illness or terminal illness can take about **25 minutes** to complete. Claims for other benefits can take about 45 minutes.



We paid **93%** of critical illness protection claims in 2018.¹

Source:

1 Aegon critical illness claims, 2018

What happens next?

If there's any remaining information to collect, we'll contact your doctor or consultant.

We'll keep you up to date with how we're progressing with your claim and let you know the outcome once we've completed our assessment.

How long does it take to complete a claims assessment?

It can take between three and seven weeks to complete the whole claims assessment and make the payment.

Some claims may take longer if there's a delay in getting medical information from your consultant, or if they're still doing tests or investigating your condition.

Completed my claim over the phone and posted paperwork back. Wasn't harassed whilst having treatment and the staff were very compassionate.

Aegon critical illness customer, January 2018

Support for you and your family

All of our protection customers, and their immediate families, have access to Policy Plus - our range of services that offer support and guidance, whenever you need it. Policy Plus is available throughout the life of your policy for no additional cost, and offers support through tough times.

What makes our tele-claims so good?

We understand that all claims are different and need personal attention – our priority is to pay all valid claims quickly and with as little hassle as possible.

We want to help you through what can be a very difficult and stressful time, so our aim is to:

- minimise the amount of paperwork you need to do;
- call you when it suits you;
- clearly answer any questions you have, and
- keep you up to date with your claim.

We're continually looking for ways to improve our claims processes and we're delighted to have won a number of industry awards across our product and service offering.

Find out more

For more information about making a claim with us, or to talk to one of our claims assessors, call us on 03456 00 04 93.



Investment Life and Pensions Moneyfacts Awards 2017/18 Best Protection Service



Protection Review 2017/18 Life and Health Claims Award



COVER Customer Care Awards 2019 Best Claims Management/Claims Team



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