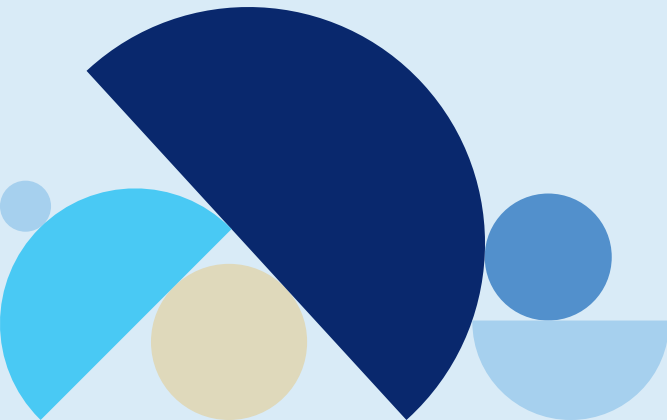


Critical illness or terminal illness benefit

Your guide to your claim



This leaflet provides you with general information about how we assess and deal with your claim. It's also designed to answer some of the more common questions.

You should also read your policy terms and conditions for specific information about your policy. The information in this leaflet does not replace or alter the terms of the contract in any way. If you need another copy of the terms and conditions you can access them through the customer portal, or we can send them to you.

Our commitment to you

We will deal with your claim as quickly as we can so, if we agree to your claim, we can pay the lump sum as soon as possible.

We look to pay all valid claims quickly and with the minimum of fuss but to protect the interest of all policy holders we will need medical evidence before we can assess your claim.

Data protection

This leaflet explains how we deal with your claim and that we may need to pass your personal details, and sometimes your health details, on to third parties.

When we do this the third party must keep your information confidential under data protection legislation and use it only for your claim.

Zurich holds your personal data as a Data Controller under data protection legislation. We process your data in accordance with that legislation. If you'd like to know more about data protection please ask your adviser for a leaflet, or contact our Data Protection Officer at Zurich Insurance Group, Unity Place, 1 Carfax Close, Swindon, SN1 1AP or by emailing the Data Protection Officer at GBZ.General.Data.Protection@uk.zurich.com.

If you have any concerns regarding our processing of your personal information, or are not satisfied with our handling of any request by you in relation to your rights, you also have the right to make a complaint to the Information Commissioner's Office. Their address is: First Contact Team, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF.

Making a claim

We will usually carry out a telephone based interview to enable us to get all the information we need to start assessing your claim. We will then send you a brief summary of the call for you to check, sign and return.

In some circumstances it may be more appropriate to send you a claim form to complete, sign and return. Both the claim form and call summary include a declaration.

During the telephone call or when completing the claim form please provide as much information as you can about your illness and ensure it is accurate and honest, to the best of your knowledge. If you deliberately provide misleading or inaccurate information to claim benefits you are not entitled to, we may refuse your claim.

The declaration you must sign confirms the information you have provided is true and complete. Please complete and return this as soon as possible so we can start gathering all the information we need to assess your claim. Your authority to allow us to do so is included within the declaration so it is important that you don't delay.

Common questions and answers

What happens once you've received my signed summary or claim form?

We will need to get medical reports about your medical history. We will get this from your doctor, any hospital consultant who is responsible for your care, or both. If you have any medical reports that will help our assessment, we will ask you to send these to us.

Whilst assessing your claim we'll keep you informed of our progress either by telephone, text or letter.

Will I have to have a medical examination?

After we've received the medical report or reports we may ask you to have an independent medical examination. An independent examiner may help us reach a fair decision for your claim and may also be able to suggest further investigations or treatment that could ease your symptoms or speed up your recovery. If this is necessary we'll supply the independent examiner with copies of any medical reports we had from your doctor or hospital consultant, or both, so the examiner has details of your medical history before conducting the examination.

It may be appropriate to supply your doctor, or any other insurance company who are also considering a claim for you, with a copy of the examiner's report. We will meet the cost of obtaining any medical reports.

Will you contact anyone else for information?

It may be necessary for us to contact any other insurance company that you have made a claim with to get a more complete picture. We may also contact you by telephone if we need more information from you. If we contact you by telephone, we may record or monitor calls to help improve the quality of our service.

Do I have to carry on paying while Zurich considers my claim?

Yes, you should carry on making payments to make sure your policy provides you with financial protection if your claim is unsuccessful. If you have a valid claim, we'll refund any payments you make after the date we agreed your claim.

However, if we refuse your claim and you are covered by the waiver of premium benefit on your policy, you may be able to claim this benefit instead. Your illness or injury must have stopped you from working for a set period of time (specified in the terms and conditions of your policy, but usually three or six months) and we may be able to refund any payments made after you stopped work.

Does my policy end after Zurich have paid the claim?

This depends on the type of policy you have with us so you should check the terms and conditions of your policy or contact us if you are unsure.

However, if your claim is for children's critical illness benefit this will not affect your cover.

Who is the lump sum payable to?

We'll pay the lump sum to the owner of the policy. This means that if the policy is protecting someone else (life of another), then we'll pay it to the policy holder not the life assured. If you have assigned the policy, the claim is payable to the assignee. If the life assured does not own the policy, we'll contact the owners to tell them we are considering a claim.

Fraud and exaggerated claims

While most of the claims we receive are from people with genuine claims it is regrettably the case that we find a few claims are false or fraudulent.

To protect other policy holders and Zurich against fraudulent and exaggerated claims it is occasionally necessary to instruct a private investigator to help identify and detect these claims.

We will only instruct a private investigator if there is no other reliable, alternative method available or if we have reasons to suspect the claim is exaggerated or fraudulent.

For the purposes of fraud prevention we may also share data with any of our associated companies or with any databases designed to help detect fraud. If we consider that we have enough evidence of fraud it may be necessary to refer the matter to the appropriate police authority.

Please let us know if you would like a copy of this in large print or braille, or on audiotape or CD.

Zurich Assurance Ltd

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We may record or monitor calls to improve our service.