

# The **co-operative** insurance

## good with money

## Guide to making a claim on your Critical Illness policy

### Introduction

Hopefully you'll never suffer from a critical illness, but if you do and need to make a claim on your Critical Illness policy we'll provide you with all the support you need. This guide shows you the steps to take to make sure your claim is dealt with as quickly and fairly as possible.

### Contents

1. Telling us about your illness.
2. Completing the claim forms.
3. Assessing your claim.
4. Letting you know our decision.
5. Our Care Planning service.
6. A reminder of the illnesses covered.

#### 1. Telling us about your illnesses

If you are diagnosed with one of the illnesses covered by your critical illness policy simply ring us on 08457 46 46 46 to let us know. You can ring us Monday to Friday 8am-8pm or Saturday 8am-5pm, including bank holidays but not Christmas Day, Boxing Day and New Years Day.

It will be helpful if you have your policy number to hand so we can find your details quicker. Tell the adviser the illness you have been diagnosed with and they can check to see if it's covered by your policy. If it is we'll post you a claim form for completion.

If you prefer, you can write to us to let us know you wish to make a claim. The address to write to is:

Life Policy Claims  
The Co-operative Insurance  
Miller Street  
Manchester  
M60 0AL

**It's important that you let us know you wish to make a claim within six months of your illness being diagnosed, otherwise we may not be able to consider your claim.**

#### 2. Completing the claim forms

As soon as we receive notification of your illness we'll send you a claim form. The claim form is made up of three parts.

##### Forms A & B are for you to complete:

- Form A is to give us more information about your illness.
- Form B is to give us permission to contact your doctor as we may need to request additional information about your illness.
- You must also include your original birth certificate (we'll send this back to you).

You should complete and sign both forms. If you are too ill to complete the forms the person who is responsible for your care should complete them for you. If you have any questions about completing the forms please ring us on 08457 46 46 46 so we can help. Once complete send them back to us, along with your original birth certificate (we'll send this back to you), in the prepaid envelope provided.

##### Form C is for your doctor to complete:

This is to confirm the diagnosis of your illness. You'll need to pass this to your doctor to complete and ask him/her to send it directly back to us in the prepaid envelope provided.

Please note that if your doctor makes a charge for completing the claim form this will need to be paid for by you, as stated in your policy document. We will pay for any further information we request.

The claim process can take a number of weeks, especially if we have to write to your doctor to get further information. The sooner we receive your completed claim form the faster this can be done and the quicker we can look at your claim. If we don't receive your claim form within 60 days of sending it to you, we'll assume that you don't want to proceed with the claim.

### 3. Assessing your claim

We would like to be able to pay your claim as soon as possible and when we receive all three parts of the claim form we will start our assessment process. **It is important that you continue to pay your premiums whilst we assess the claim.** If you stop paying your premiums before we have notified you of our decision the policy will lapse and have no value.

During our assessment we will assess whether you:

- meet the definition of the illness, as outlined in your policy document
- informed us of all the relevant information covering your health at the time you took out the policy.

We may be able to complete our assessment from the details you have provided in the claim form but for some cases we may need to request further information from your doctor or other medical practitioners, e.g. hospital consultants, who have been involved in your care. If we do this we'll write to you to let you know. Requesting this information will mean it takes longer to assess your claim but makes sure we make a fair decision. Any charges for requesting this information will be paid for by us.

#### Child Claim

If the claim is for a child we'll also need to check he/she meets the eligibility criteria outlined in your policy document, i.e. he/she:

- is the life assured's natural or legally adopted child and is financially dependent upon the Life Assured
- is aged between 3 and 17 (inclusive)
- has been diagnosed with an illness which meets the definition of the listed critical illness but didn't result directly or indirectly from a medical condition which was known to exist before he/she became eligible for cover or where the symptoms first arose before he/she was covered
- survives 28 days from the date the illness was diagnosed.

Please note we will not pay a claim if we have previously paid a claim for this child or if we have already made three child-related payments under your policy.

### 4. Letting you know our decision

As soon as we have completed our assessment we'll write to you to let you know our decision. Our decision will either be to:

- pay your claim in full
- pay part of your claim
- decline your claim.

#### Paying your claim

If we agree to pay your claim in full we will send you a cheque within 5-7 days of letting you know our decision. This benefit is free of UK income tax and capital gains tax (tax laws may change and the information in this document is based on our understanding of the current position).

Once we have made our decision to pay your claim your policy will end and you will have no further cover. If you pay your premiums by direct debit you should notify your bank or building society to stop these payments being made.

As an extra benefit you'll have access to our Care Planning Service – see section 5 for more details.

#### If we pay part of your claim

The medical and personal information you gave us when you applied for your policy forms the basis of your cover. During our assessment we may find that the information you gave us was incorrect or incomplete. For example you may not have told us about your existing illnesses, which would have increased the premiums payable to us. In these cases we will usually recalculate the reduced amount of benefit the premiums you have paid would have bought, had they been paid at the correct rates of premium.

We will then send you a cheque within 5-7 days of letting you know our decision. This benefit is free of UK income tax and capital gains tax (tax laws may change and the information in this document is based on our understanding of the current position).

Once we have made our decision to pay your claim your policy will end and you will have no further cover. If you pay your premiums by direct debit you should notify your bank or building society to stop these payments being made.

As an extra benefit you'll have access to our Care Planning Service – see section 5 for more details.

#### If we decline your claim

We may decline your claim for several reasons:

- The illness you have been diagnosed with is not covered by your policy.
- The illness you have been diagnosed with does not meet the definition stated in your policy document.
- Your claim is excluded from the policy (please check your policy document to see if any illnesses have been excluded from your cover).
- You gave us incorrect or incomplete medical, age or smoker information when you took the policy out which had we known would have resulted in us declining your application for cover.

Our letter to you will let you know the exact reason why we have declined your claim. In most cases your cover can continue as before (providing you continue to pay the premiums). If we find out information that would have materially affected our decision to offer your policy on those terms then we may end your policy and return any premiums paid to you.

#### Appealing our decision

If we decline your claim we'll let you know why we've made that decision. If you feel that our decision or the information we have based it on is incorrect you can appeal.

To make an appeal please let us know your reason for this. When we receive your appeal a claims assessor will review your claim. If further evidence is required this will be sought before any new decision is made.

If we still decide to decline your claim after appeal and you remain unhappy with this decision, you can write to the Financial Ombudsman Service (FOS) at:

South Quay Plaza  
183 Marsh Wall,  
London  
E14 9SR.

Telephone 0845 080 1800.

The FOS is totally independent and free to you. The use of the FOS does not prevent you taking legal action if you so decide.

## 5. Our Care Planning Service

The Critical Illness cover includes an additional benefit called the Co-operative Care Planning Service at no additional cost to you. This service provides you with access to a 24-hour helpline which can address any medical concern you may have about you or any member of your family. You can ring at any time and speak to a qualified nurse. In addition, if you make a valid claim, you will be offered the services of your own personal nurse adviser, who will be able to give you information about your condition, as well as emotional support. Your personal nurse adviser may where appropriate be able to commission a home visit from a nurse specialising in your condition or, alternatively, a course of therapy or programme of counselling. The service of the personal nurse adviser is tailored to meet your needs. The Co-operative Care Planning Service is provided under contract by a third party carefully chosen to provide this service on our behalf. We reserve the right to withdraw this service at any time.

## 6. A reminder of the illnesses covered

**The following critical illnesses may be covered by your policy, however, you may also be covered for other conditions depending on when you applied for your policy. Please check your policy booklet for the exact illnesses and definitions covered by your policy. In the event of any conflict between the illnesses and definitions listed below and those listed in your Policy Booklet, those listed in your Policy Booklet will apply.**

### Alzheimer's disease

#### Medical definition

A definite diagnosis of Alzheimer's disease by a consultant neurologist, psychiatrist or geriatrician. There must be permanent clinical loss of the ability to do all of the following:

- remember
- reason
- perceive, understand, express and give effect to ideas.

For the above definition, the following are not covered:

- Other types of dementia.

#### What this means

Alzheimer's Disease is a progressive and degenerative disease of part of the brain and is the most common cause of dementia. The initial manifestation of the disease is usually failing memory, followed by a general decline in other areas of mental ability, such as orientation, intellectual function and ability. There is persistent loss of function in at least three of the following areas of mental capacity: language, memory, personality and of the mental process by which a person acquires knowledge. It is important that we are sure that there is no other cause of the symptoms. We therefore need to have confirmation of the disease from an appropriate consultant.

### Aorta graft surgery

#### Medical definition

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair.
- Surgery following traumatic injury to the aorta.

For this condition we will only pay out once surgery has taken place (and where applicable the end of the 28 day survival period has been reached). Payment is not based on when the requirement for surgery was established.

#### What this means

The aorta artery carries oxygenated blood from the heart around the body. It may become blocked or enlarged and need replacing. Only the chest or abdominal parts of the aorta are covered because these are the parts which are closest to the heart and where any blockage or weakening is more serious.

### Benign brain tumour

#### Medical definition

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- tumours in the pituitary gland
- angiomas.

#### What this means

A benign brain tumour is an abnormal growth of cells which is not malignant but which can cause serious pressure on parts of the brain and this will be covered only when this results in permanent damage.

### Blindness

#### Medical definition

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

#### What this means

Blindness can result from changes to the retina associated with many illnesses including diabetes, glaucoma, accidental injury, or simply old age. The loss of sight must be permanent and irreversible.

### Cancer

#### Medical definition

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
  - premalignant, for example essential thrombocythaemia and polycythaemia rubra vera
  - non-invasive
  - cancer in situ
  - having either borderline malignancy or
  - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

#### What this means

A tumour is a growth which increases in size uncontrollably and can spread to other areas of the body where a new growth may begin. Other cancers which are covered are: leukaemia, which is a cancer of the white blood cells, and Hodgkin's disease or non-Hodgkin's lymphoma, which are cancers of the lymph glands and lymphatic system. There are a number of tumours which are not covered. These are tumours which are either detected before invasion or spread of cells has taken place or in respect of certain prostate cancers before they are life threatening.

### **Coma**

#### Medical definition

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours and
- results in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug abuse.

#### What this means

Comas are caused by brain damage arising most commonly from head injury, stroke, diabetes, internal bleeding or oxygen starvation. A coma patient will be unconscious, unable to be aroused by actions or noise and unable to control bodily functions. This must last for at least 96 hours and the patient must be connected to a life support machine for all that time.

### **Coronary artery by-pass grafts**

#### Medical definition

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

For this condition we will only pay out once surgery has taken place (and where applicable the end of the 28 day survival period has been reached). Payment is not based on when the requirement for surgery was established.

#### What this means

If one or more of the major blood vessels leading into the heart (the arteries) become blocked or narrowed, the blood supply is limited. This puts strain on the heart and can cause chest pains. The effect of the blockage or narrowing can be corrected by using a vein or an artery from elsewhere in the body to by-pass the affected area and allow blood to flow freely again.

### **Deafness**

#### Medical definition

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

#### What this means

Deafness can occur from persistent noise, recurrent infections, disease or old age. Loss of hearing must be permanent and in both ears for claims to be accepted.

### **Heart attack**

#### Medical definition

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
  - Troponin T >1.0 ng/ml
  - AccuTnI >0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina.

#### What this means

A heart attack happens when part of the heart muscle dies because its blood supply has been cut off. To confirm an attack has happened doctors use machines called electrocardiographs (ECG). In addition a blood sample may be taken and the levels of certain chemicals (cardiac enzymes or troponins) are tested. After a heart attack the enzymes will be raised for a short period. Prior to suffering a heart attack an individual may suffer from chest pains called angina, however, angina in itself does not constitute a critical illness.

### **Heart valve replacement or repair**

#### Medical definition

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to replace or repair one or more heart valves.

For this condition we will only pay out once surgery has taken place (and where applicable the end of the 28 day survival period has been reached). Payment is not based on when the requirement for surgery was established.

#### What this means

Heart valves control the flow of blood into and out of the heart. Valves may become diseased or damaged and may narrow or leak, and it may become necessary to replace or repair them.

## **Kidney failure**

### Medical definition

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

### What this means

When the kidneys stop working waste products build up in the body. It is possible to manage with one kidney, but if both kidneys fail completely, a person will usually need to use a dialysis machine to take over the job of purifying the blood. As an alternative, a person may have a transplant and receive a kidney from a donor.

## **Loss of hands or feet**

### Medical definition

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints.

### What this means

Either both legs or arms or a leg and an arm must be completely and permanently severed above the wrist or ankle joint.

## **Loss of speech**

### Medical definition

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

### What this means

Losing the power to speak can occur through a stroke, cancer or physical injury. Whatever the cause, we would need to see reasonable medical evidence that the speech loss is permanent in order for a claim to be successful.

## **Major organ transplant**

### Medical definition

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official UK waiting list for such a procedure.

For the above definition, the following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells.

### What this means

It may be considered essential that a person should have a transplant because their heart, liver, lung, pancreas or bone marrow is not functioning correctly. A transplant means a person receives a replacement organ from a donor.

## **Motor Neurone disease**

### Medical definition

A definite diagnosis of motor neurone disease by a consultant neurologist. There must be permanent clinical impairment of motor function.

### What this means

This is the degeneration of nerve cells in the brain and the spine that control our movements. Muscles rapidly weaken and deteriorate leading to severe disability. The cause of the disease is unknown.

## **Multiple Sclerosis**

### Medical definition

A definite diagnosis of Multiple Sclerosis by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.

### What this means

Multiple Sclerosis involves the damage of the insulation that covers the body's nerve cells. Multiple Sclerosis is a difficult condition to diagnose. It is possible for a person to be suspected of suffering from Multiple Sclerosis but, after a short initial attack, they may recover, or suffer repeat episodes of limited duration. The severity of the disease can vary considerably and the symptoms can differ depending upon which areas of the brain or spinal cord have been affected.

## **Paralysis of limbs**

### Medical definition

Total and irreversible loss of muscle function to the whole of any two limbs.

### What this means

A claim can be made if you completely lose all movement and feeling in two or more of your limbs and it is irreversible.

## **Parkinson's disease**

### Medical definition

A definite diagnosis of Parkinson's disease by a consultant neurologist. There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

For the above definition, the following is not covered:

- Parkinson's disease secondary to drug abuse.

### What this means

This is a gradually worsening disease of the central nervous system. It is characterised by rigidity of muscles and tremor of hands.

## **Stroke**

### Medical definition

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.

### What this means

If a blood clot enters or forms in the brain and causes a blockage, or if a blood vessel in the brain bleeds, a stroke can be said to have occurred. If permanent damage is caused, for example weakness on one side of the body, a claim can be made. Sometimes similar symptoms may occur but last only for a brief period. This is as a result of a short term interruption to the blood supply to the brain known as Transient Ischaemic Attack. In this situation there is no permanent damage to the brain and no permanent loss of physical function.

## Terminal illness

### Medical definition

Advanced or rapidly progressing incurable illness where, in the opinions of an attending consultant and our Principal Medical Officer, the life expectancy is no greater than 12 months.

### What this means

Terminal illness is any illness, which in the opinion of a consultant and our Principal Medical Officer, is highly likely to result in death within 12 months.

## Third-degree burns

### Medical definition

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.

### What this means

This is injury to skin tissue caused by heat, flames, chemicals, electricity or radiation. Third degree is the most serious form of burns and means that the full thickness of the skin has been destroyed rather than just the top or upper layers.

## Total permanent disability

Total permanent and irreversible disability arising from injury or disease. Disability will be considered to be total if it results in the inability, as described below, to carry out at least four of the following activities:

### Bending

The inability to bend or kneel to pick up something from the floor and straighten up again.

### Climbing

The inability to walk up or down a flight of 12 stairs without holding on or resting.

### Communicating

The inability to answer a telephone and take a message for someone.

### General Health

The inability to arrange, independently, to see a doctor and take routine prescribed medication.

### Lifting

The inability to lift, carry or otherwise move everyday objects. Everyday objects would include a kettle of water, bags of shopping and an overnight bag or briefcase.

### Manual dexterity

The inability to use hands and fingers with precision, including the inability to pick up and manipulate small objects, for example, a pen or cutlery.

### Reading

The inability to read, even after correction by spectacles or contact lenses, ordinary newsprint, or to pass the standard eyesight test for driving. This would include being certified as blind or partially sighted by a UK registered Ophthalmologist.

### Walking

The inability to walk for a distance of at least 200 metres on flat ground without stopping or without severe discomfort.

Disability will be considered permanent if it is expected to last throughout life and will be considered irreversible if it is incapable of being cured by medical treatment and/or surgical procedures used by the National Health Service in the United Kingdom at the time of diagnosis.

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