

How we handle critical illness claims

Our process

Suffering a critical illness takes a big emotional toll. So we want to make sure claims are dealt with quickly and sensitively.

Our claims team:

- Keeps what we require from the claimant to an absolute minimum
- Collects information themselves wherever possible, rather than asking the claimant to do so
- Handles all correspondence as quickly as possible
- Provides regular updates on the progress of the claim

How to make a claim

Whether you're administering a group critical illness scheme, or you're a scheme member, you should contact us as soon as you become aware of a potential claim.

Call our claims team on **0330 303 9973**. The line is open 9.00am to 5.00pm, Monday to Friday. (Calls may be recorded for training and monitoring purposes).

We'll ask you for the information we need to assess whether the claim is likely to meet the definition of a covered critical illness.

Completing the claims forms

There are two claim forms to be completed. One is for the policyholder (usually the employer) to confirm basic details, including, for example, that the claimant is an eligible member of the scheme.

The second form is for the member (and/or the member's spouse/partner if they are the person claiming and the scheme's cover extends to them). It includes a section, to be signed by the claimant, giving us authority to ask for medical information from the claimant's GP and any other experts who've treated them. This will help us to assess the claim.

Medical evidence

Once we have the signed claim forms back, we'll contact the relevant medical professionals to check the claimant's condition is within the definition covered by the policy. We may need to arrange for independent assessments and examinations. We may also ask for a medical opinion from suitably qualified and experienced medical professionals.

The medical information can take some time for us to collect as we're dependent on how quickly the medical experts respond, but we'll chase up any outstanding items.

Supporting documents

We may need to see a birth certificate, marriage, civil partnership or adoption certificate, depending on who the claim relates to. We'll make clear what's required in our initial conversations. We'll always return documents using recorded delivery and we recommend that any documents sent to us use this service.

Our address is: **Claims Team, AIG Life, The AIG Building, 58 Fenchurch Street, London EC3M 4AB.**

Payment

Once a claim has been accepted, payment will be made to the member by direct credit.

Complaints

If at any stage any party to the claim is dissatisfied with our service, they can contact our complaints team at: groupcomplaints@aiglife.co.uk.

Appeals process

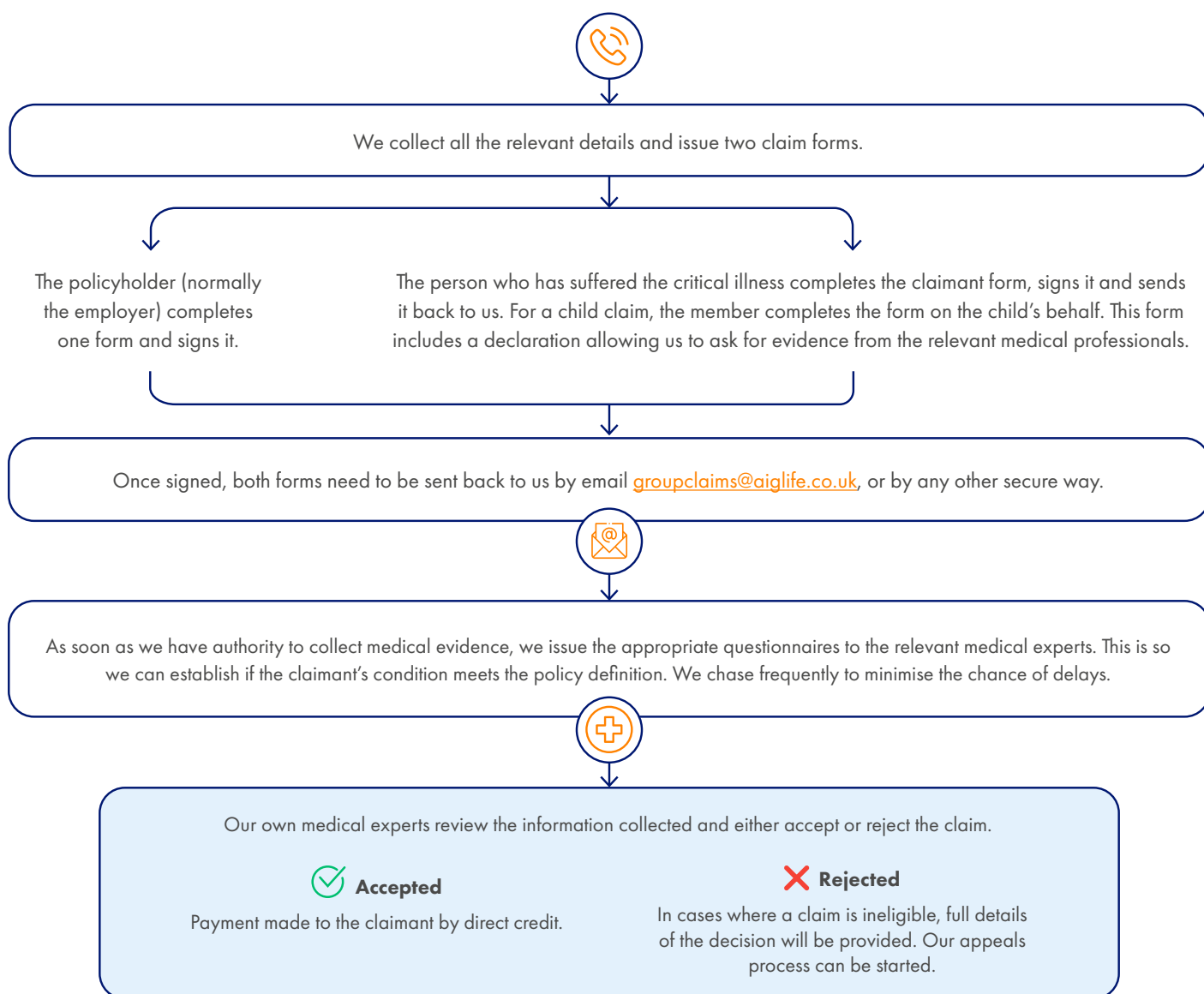
If, after gathering all the medical information, it appears to us that the claim didn't meet the criteria specified in the policy, we would decline the claim.

Where this is the case, you can appeal our decision, by emailing groupclaims@aiglife.co.uk. In the email, outline the reason for the appeal and attach any additional information.

The claim will be reviewed by an appropriately qualified and experienced assessor who wasn't involved in the original claim decision. If after the appeal process the original decision is upheld, contact details of the Financial Ombudsman Service will be provided.

An overview of how claims are handled

If you have suffered one of the conditions covered (or are not sure if what you've suffered is covered) call our Claims Team on **0330 303 9973**.



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