

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
- 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](tel:03303039973). 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 Limited, PO Box 12010, Harlow, CM20 9LG](#).

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 you still feel we haven't fairly assessed the claim, the Financial Ombudsman Service might be able to help. Here's their details:

Exchange Tower
Harbour Exchange Square
London
E14 9SR

Website: www.financial-ombudsman.org.uk.

You can also call them on: 0800 023 4567.

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**.



We collect all the relevant details and issue two claim forms.

The policyholder (normally the employer) completes one form and signs it.

The person who has suffered the critical illness completes the claimant form, signs it and sends it back to us. For a child claim, the member completes the form on the child's behalf. This form includes a declaration allowing us to ask for evidence from the relevant medical professionals.

Once signed, both forms need to be sent back to us by email groupclaims@aiglife.co.uk, or by any other secure way.



As soon as we have authority to collect medical evidence, we issue the appropriate questionnaires to the relevant medical experts. This is so we can establish if the claimant's condition meets the policy definition. We chase frequently to minimise the chance of delays.



Our own medical experts review the information collected and either accept or reject the claim.



Accepted

Payment made to the claimant by direct credit.



Rejected

In cases where a claim is ineligible, full details of the decision will be provided. Our appeals process can be started.