



# 2024 CLAIMS REPORT

Cover you can believe in.

**GUARDIAN**<sub>1821</sub>  
LIFE. MADE BETTER.

# A WORD FROM OUR CEO

“At the heart of sharing claims data across our industry is one thing: trust.

Trust that when it really matters, we'll be there - doing what we said we would for the people who rely on us.

In our second claims report, we're proud to show how we delivered on that promise during 2024. Our products are designed to give people clarity and certainty. They're packed with innovative features to make sure they embody quality – because we believe customers want insurance they can count on when they need it most. And the results speak for themselves. You'll see the numbers – like 100% of life claims paid – but also the real stories, showing how our approach is making a real difference to people's lives.

Of course, trust isn't just about paying claims – it's also about being open. So when we haven't been able to pay, we explain why, clearly and transparently.

We hope this report gives advisers and their clients real confidence they're right to put their trust in us.



**Carlton Hood**  
Chief Executive Officer



## CONTENTS

- 2 CEO INTRODUCTION
- 3 THE HIGH-LEVEL CLAIMS STATISTICS
- 4 LIFE CLAIMS IN DETAIL
- 5 THE VALUE OF PAYOUT PLANNER
- 6 TERMINAL ILLNESS CLAIMS IN DETAIL
- 7 CRITICAL ILLNESS CLAIMS IN DETAIL
- 9 CHILDREN'S CRITICAL ILLNESS CLAIMS IN DETAIL
- 10 THE CLAIMS WE COULDN'T PAY
- 12 REDUCING THE CASES OF MISREPRESENTATION
- 13 THE VALUE OF PREMIUM WAIVER
- 14 THE VALUE OF HALO, OUR CLAIMS SUPPORT SERVICE
- 16 OUR HIGHLY PERSONAL CLAIMS PROCESS

TOTAL AMOUNT PAID:

# £21,344,290

TOTAL NUMBER OF CLAIMS PAID:

# 238

Plus, a further 283  
Premium Waiver claims

## LIFE PROTECTION ONLY

## LIFE

% of claims paid:

## 100%

Total amount:

## £6,719,696

Number of claims paid:

## 50

TERMINAL  
ILLNESS

% of claims paid:

## 94%

Total amount:

## £4,916,015

Number of claims paid:

## 32

CRITICAL  
ILLNESS

% of claims paid:

## 92%

Total amount:

## £9,065,309

Number of claims paid:

## 129

CHILDREN'S  
CRITICAL ILLNESS

% of claims paid:

## 100%

Total amount:

## £643,270

Number of claims paid:

## 27

**This report includes the following covers:**

Life Protection launched in August 2018, Critical Illness Protection launched in August 2018, Combined Life and Critical Illness Protection launched in October 2019, and Children's Critical Illness Protection launched in August 2018. All claims with a decision made from 1 January 2024 – 31 December 2024.

**This report doesn't include:**

Income Protection launched in April 2023, Life Essentials launched in January 2024, or Fracture Plus Protection that closed to new business in October 2019.



“As our business grows, this is also reflected in our claims. In 2024, we're proud to have paid out 40% more in claims year-on-year to our policyholders and their loved ones.”

**Nischal Singh**

Chief Financial Officer

% OF LIFE PROTECTION CLAIMS

100% For the second year in a row.

TOTAL AMOUNT PAID:

£6,719,696

Highest amount paid:

£379,057

Average amount paid:

£134,394

Lowest amount paid:

£10,000

Total number of claims paid:

50

Total number of claims not paid:

0

Youngest age of claimant:

27

Average age of claimant:

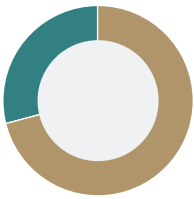
52

Oldest age of claimant:

68

% male:

72%

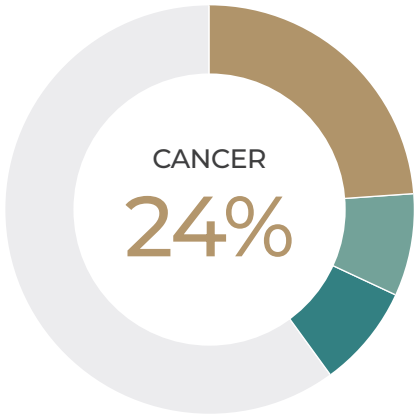


% female:

28%

THE CAUSES OF LIFE CLAIMS

Condition	No. of claims	% of claims
Cancer	12	24%
Accident	4	8%
Suicide	4	8%
Other natural causes	30	60%



Our 2024 life claims shown above are for Life Protection only. Life Essentials only launched in January 2024, and we had no Life Essentials claims in 2024.

# BYPASSING PROBATE

## Probate can cause problems during the claim process.

It can slow down how long it takes for a beneficiary to receive their payout. Reports show that probate cases taking over 6 months rose 209% from 2020 to 2023, and those taking over a year increased 134% during the same period.\* While recent Government data suggests that the average wait for probate has fallen during 2024,\*\* with pensions set to become part of the taxable estate from April 2027, the situation could worsen with the need to include figures from pension schemes.

It adds a layer of risk that the payout won't reach the right person. Added to the potential for probate delays, intestacy rules can mean there's a risk that the payout may not reach the intended person, especially if the policyholder and their preferred beneficiary aren't married.

## Payout Planner can help address both these problems.

It allows clients to nominate their beneficiaries within the application. This means any payout doesn't form part of the policyholder's estate, so can bypass probate and go directly to the most recently nominated beneficiaries.

Here's how Payout Planner helped our policyholders in 2024:

**70%**

of all our life policies that went in force in 2024 used Payout Planner.

**56%**

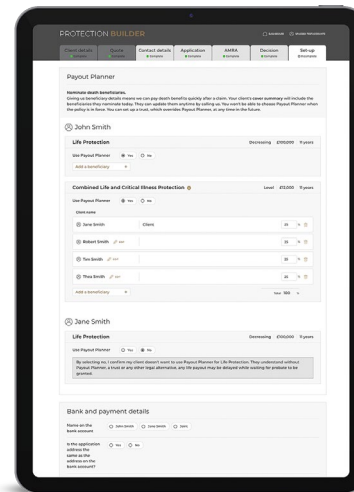
of life claims paid in 2024 were paid using Payout Planner.

**4 months**

was saved at claim on average by using Payout Planner in 2024.

**Only 18%\*\*\***

of life policies are written in trust across the industry.



## PAYOUT PLANNER IN ACTION

In 2024, we were able to pay a life claim in just 7 days. The claim was for a tragic road traffic accident. In normal circumstances, because the cover amount was high, providers would usually have to wait for probate before they could pay the claim.

However, because the policyholder had our Payout Planner in place, naming his wife as the beneficiary, we were able to make the payment without waiting for probate.



This story is real, but we've used stock photography for confidentiality.

### Sources:

\* FT adviser, probate cases taking longer than a year surge, 18 January 2025.

\*\* gov.uk, Probate waiting times halved thanks to Government push, 14 February 2025.

\*\*\* Swiss Re, Life claims: a balance of risk. November 2024.

% OF TERMINAL ILLNESS CLAIMS PAID:

94%

We're committed to transparency. You can see the terminal illness claims we couldn't pay on page 12.

TOTAL AMOUNT PAID:

£4,916,015

OUR ENHANCED TERMINAL ILLNESS DEFINITION

Uniquely, our Life Protection terminal illness definition not only pays out if the illness is expected to lead to death within 12 months, but also if a policyholder is diagnosed with incurable stage 4 cancer, motor neurone disease, parkinson-plus syndromes and creutzfeldt-jakob disease (CJD) regardless of their life expectancy.

56%

of the terminal illness claims we paid wouldn't have met the industry standard definition.

THE CAUSES OF TERMINAL ILLNESS CLAIMS IN 2024

Condition	No. of claims	% of claims
Cancer	32	100%



Highest amount paid:  
£400,000

Average amount paid:  
£153,625

Lowest amount paid:  
£22,500

Total number of claims paid:  
32

Total number of claims not paid:  
2

Misrepresentation:  
6%

See pages 10 and 11 for full details on the claims we couldn't pay.

Youngest age of claimant:  
33

Average age of claimant:  
53

Oldest age of claimant:  
69

% male:  
53%



% female:  
47%

% OF CRITICAL ILLNESS CLAIMS PAID:

92%

TOTAL AMOUNT PAID:

£9,065,309

THE VALUE OF OUR KEY CRITICAL ILLNESS DEFINITIONS

We're focused on providing the best possible cover for the most common illnesses.

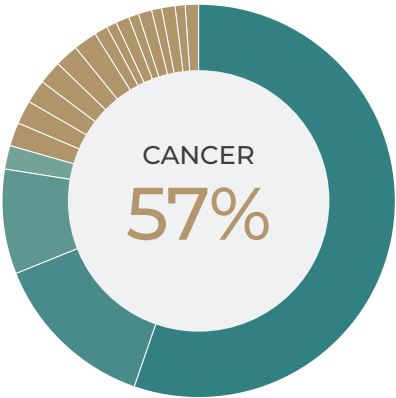
We aim to make our definitions crystal-clear and more all-encompassing than the rest of the market.

In many cases – including for the big 4 (cancer, heart attack, stroke and multiple sclerosis) which made up 82% of our critical illness claims – confirmation from a UK Consultant is all we need to pay out.

CRITICAL ILLNESS CLAIMS PAID BY CONDITION

Condition	Male	Female	Total	%
• Cancer	21	53	74	57
• Heart attack	16	2	18	14
• Stroke	10	1	11	9
• Angioplasty	3		3	2
• Non-melanoma skin cancer	1	2	3	2
• Type 1 insulin-dependent diabetes mellitus	2	1	3	2
• Multiple sclerosis	1	1	2	2
• Aorta graft surgery	2		2	2
• Carcinoma in situ of the breast		2	2	2
• Heart valve replacement / repair	2		2	2
• Benign brain tumour		1	1	1
• Coma	1		1	1
• Crohn's disease	1		1	1
• Deafness		1	1	1
• Gastro-intestinal Stromal Tumour (GIST)	1		1	1
• Low-grade prostate cancer	1		1	1
• Neuroendocrine tumours		1	1	1
• Systemic lupus erythematosus		1	1	1
• Total permanent disability		1	1	1

Percentages don't add up to 100% due to rounding.



Total number of claims paid:

129

Total number of claims not paid:

11

Misrepresentation: 6% (8 claims)  
Not meeting the definition: 2% (3 claims).

See pages 10 and 11 for full details on the claims we couldn't pay.

FULL PAYOUT

Highest amount paid:

£412,993

Average amount paid:

£76,481

Lowest amount paid:

£7,391

ADDITIONAL PAYOUTS

Highest amount paid:

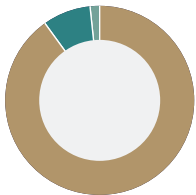
£27,237

Average amount paid:

£14,301

Lowest amount paid:

£2,500



Full payout: 90%  
Additional payout: 8.5%  
Surgery cover: 1.5%

3 of the claims made were for a reduced payment. These were made due to misrepresentation of medical history on the application.

Youngest age of claimant:

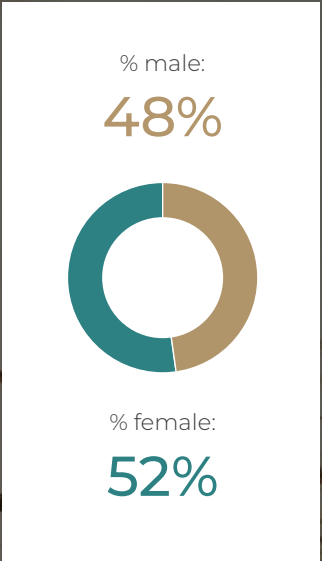
26

Average age of claimant:

48

Oldest age of claimant:

67



IMMEDIATE COVER

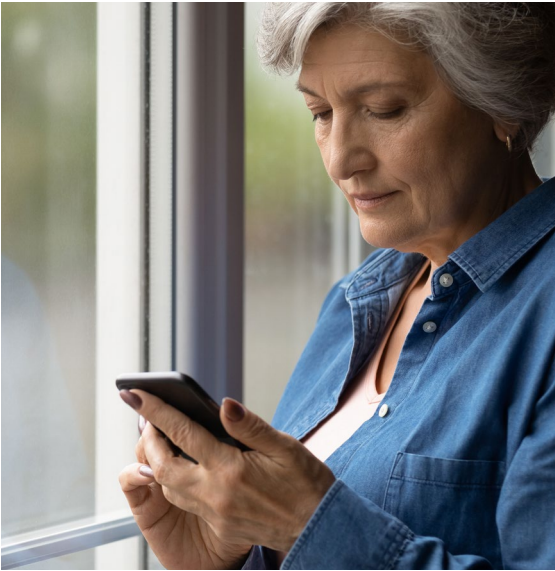
We paid one claim for cancer before the policy had gone in force under our Immediate Cover.

Immediate Cover is temporary cover that starts as soon as we receive a completed application form.

PAID ON THE SAME DAY

The clarity and simplicity of our definitions is why when Amy called us to let us know she'd been diagnosed with breast cancer and wanted to claim on her critical illness cover, we were able to pay her claim on the same day she told us about it.

Our Claims Specialist spoke to Amy and gathered all the information needed over the phone. Amy was able to provide hospital letters which confirmed her definite diagnosis by a UK Consultant. We were able to look at these, confirm the information was correct, and pay on the very same day.



This story is real, but we've changed the name and image for confidentiality.

% OF CHILDREN'S CRITICAL ILLNESS CLAIMS PAID:

100%

TOTAL AMOUNT PAID:

£643,270

THE FLEXIBILITY OF OUR CHILDREN'S COVER

We don't automatically include a limited amount of child cover with adult critical illness cover. Instead, policyholders can add our Children's Critical Illness Protection to any type of adult cover at any time.

CHILDREN'S CRITICAL ILLNESS CLAIMS PAID BY CONDITION

Condition	No.	%
● Funeral cover	10	37
● Cancer	5	18
● Intensive care benefit	4	15
● Type 1 insulin-dependent diabetes mellitus	3	11
● Benign brain tumour	1	4
● Coma	1	4
● Down's syndrome	1	4
● Hydrocephalus	1	4
● Stroke	1	4

Percentages don't add up to 100% due to rounding.

Total number of claims paid:

27

Total number of claims not paid:

0

FULL PAYOUT

Highest amount paid:

£100,000

Average amount paid:

£35,679

Lowest amount paid:

£21,000

ADDITIONAL PAYOUTS

Highest amount paid:

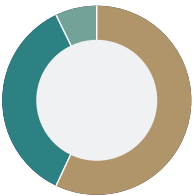
£8,068

Average amount paid:

£7,159

Lowest amount paid:

£6,250



Full payout:

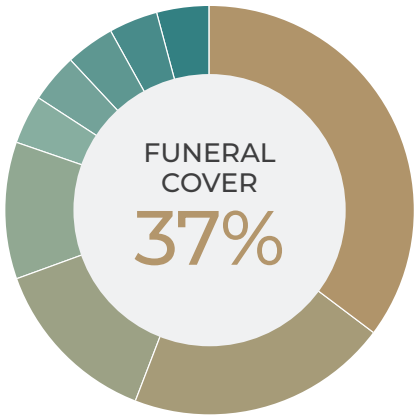
56%

Funeral cover:

37%

Additional payout:

7%



56%

of our children's critical illness claims were attached to adult life cover.

7%

were attached to Income Protection.

Our Children's Critical Illness Protection includes funeral cover. If a child who is covered dies, we'll pay out £10,000 for funeral costs.

# OUR COMMITMENT TO TRANSPARENCY



We believe to grow trust in our industry we need to do more than just report on the claims that we paid. We also need to explain the reasons why there were a small number we couldn't pay.

In 2024, 13 claims were declined. The main reason was misrepresentation. Misrepresentation is when someone gives inaccurate or incomplete information during the application process.

No one wins when a claim is declined. That's why at application, it's so important the person applying fully discloses their medical history, pre-existing conditions, and lifestyle habits.

Details of the reasons for our declined claims are shown below.

## THE NOT MEETING THE DEFINITION CLAIMS IN DETAIL

Type of claim	Length of time policy had been in force before claimable event	Definition claimed against	Reason for decline
Critical illness	4 months	Cancer	Customer claimed for cancer, but there were no cancer cells on the histology. This showed high-grade dysplasia which is a precancerous condition.
Critical illness	38 months	Heart attack	Customer had an initial abnormal ECG but with no cardiac symptoms. A subsequent ECG was confirmed as normal and their consultant confirmed they didn't have a heart attack.
Critical illness	23 months	Cancer	Customer was diagnosed with a mature cystic ovarian teratoma which isn't malignant and doesn't have malignant potential, so doesn't meet our full or additional payout condition and not one of our listed conditions.

## THE MISREPRESENTATION CLAIMS IN DETAIL

Type of claim	Length of time policy had been in force before claimable event	Definition claimed against	Reason for decline
Terminal illness	6 months	Cancer	Customer didn't disclose tests and investigations, including an MRI and flexible sigmoidoscopy, before the policy started. Had this been disclosed during the application process we wouldn't have offered cover.
Terminal illness	14 months	Cancer	Customer didn't disclose a long history of stomach complications and that they were waiting for a consultant referral when they applied. If they had disclosed the information when they applied we would have postponed the application until investigations were complete. The investigations unfortunately led to their cancer diagnosis, so we wouldn't have offered cover at all.
Critical illness	28 months	Cardiomyopathy	Customer didn't disclose investigations were still ongoing. Had this been disclosed when they applied we wouldn't have offered cover.
Critical illness	46 days	Breast cancer	Customer confirmed they had discovered a lump 3 months before diagnosis, and before policy started. Had the lump been disclosed when they applied we would have postponed offering cover.
Critical illness	8 months	Stroke	Customer didn't disclose a history of raised cholesterol which wasn't under control. Had this been disclosed when they applied we wouldn't have offered cover.
Critical illness	9 months	Multiple sclerosis	Customer didn't disclose multiple sclerosis diagnosis before the policy started. Had this been disclosed we wouldn't have offered cover.
Critical illness	25 days	Rectal cancer	Customer didn't disclose the symptoms they had been experiencing for over a month before they applied for their policy. Had this been disclosed we would have postponed cover. These symptoms unfortunately led to their cancer diagnosis.
Critical illness	7 months	Malignant melanoma	Customer didn't disclose when they applied they had visited the doctor about a changing mole and referred to dermatology before the policy started. Application would have been postponed until investigations were complete.
Critical illness	2 months	Follicular lymphoma	Customer didn't disclose ongoing investigations when they applied, which lead to their diagnosis. Application would have been postponed until investigations were complete.
Critical illness	10 months	Motor neurone disease	Customer experiencing early symptoms of motor neurone disease when they applied, which they didn't disclose and led to their diagnosis. Application would have been postponed until investigations were complete.

# LET'S MAKE SURE EVERY APPLICATION IS ACCURATE.

There are no winners when we find ourselves unable to pay a claim.

That's why we ask advisers and customers to read our underwriting questions in full and answer them honestly and accurately.



## Statement of facts

Please ask your clients to read the statement of facts within 30 days of the policy starting to check all the answers are correct.

Policyholders will find this in their MyGuardian account when their policy starts.



## Alcohol consumption

Please make sure your client discloses their alcohol consumption accurately and they tell us if they've ever been advised by a medical professional to reduce their alcohol consumption.



## Height and weight

Please ask your clients to measure their height and weight rather than disclosing guestimates, this enables us to determine their accurate Body Mass Index, a few kilograms can make a big difference.



## Smoking and vaping

Please tell your clients they must disclose even the occasional cigarette, cigar or vape. If they are an ex-smoker, they must provide us with an accurate date when they stopped.



## Pre-existing health conditions

It's vital clients tell us about any diagnosed conditions we ask them about, and any related treatment and ongoing symptoms.



## Undiagnosed health conditions

Please ask your client to disclose any undiagnosed symptoms, or whether they are waiting to see a specialist or undergoing any medical tests.

# 99%

OF PREMIUM WAIVER  
CLAIMS PAID

## PREMIUM WAIVER

We include Premium Waiver as standard because we believe it's invaluable.

It means if your client becomes too ill to work and their income reduces, we'll pay their premiums until they return to work and, depending what type of cover they choose, we may also pay their premiums for up to 6 months if they're made redundant or take maternity or paternity leave, as long as their policy has been in force for a year.

Total number  
of claims paid:

**283**

Total number of  
claims not paid:

**2**

Misrepresentation on  
core cover: 1 claim

Not meeting the definition  
of unemployment:  
1 claim

Highest monthly  
amount waived:

**£450.46**

Average monthly  
amount waived:

**£47.68**

Lowest monthly  
amount waived:

**£5.35**

## REASON FOR PAYMENTS:

**19%**

(54 claims)

### ILLNESS / INJURY

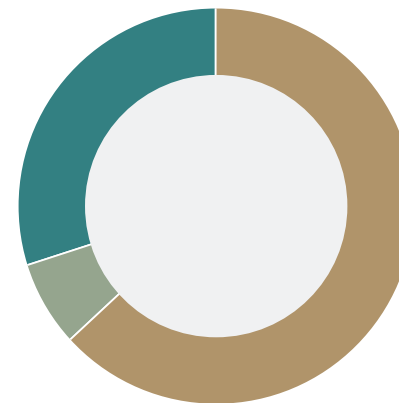
Premiums were waived for  
an average of 5 months

**11%**

(30 claims)

### INVOLUNTARILY LOSING JOB / BEING MADE REDUNDANT

Premiums were waived for an  
average of 5 months



**70%**

(199 claims)

### MATERNITY / PATERNITY

Premiums were waived for  
6 months as standard

KEY POINT:

**in 54**

cases both parents  
made a claim.

# HALO

## AN EXTRAORDINARY CLAIMS SUPPORT SERVICE

**Because there's no such thing as an ordinary claim.**

HALO is our free claims support service which provides claimants and their immediate family members access to additional medical treatments, counselling, legal services, and financial support.

The help provided is at the discretion of our Claims Team, and to make sure we take the best care of policyholders, we've partnered with the best.

Here's a small selection of the partners that help us bring HALO to life:



See pages 15 for how our partners have supported some of our claimants in 2024.

## EXAMPLE OF FINANCIAL SUPPORT

Alongside the support from our partners, our Claims Team also look for ways we can help during the claims process. For example, while accessing Emma's claim, we became aware that the regular visits to hospital for treatment were having a financial impact. Emma was still working, but the unexpected costs were becoming a worry. We paid Emma £250 outside of the claim amount, to support while we assessed her claim, easing the immediate financial burden of her ongoing treatment.

This story is real, but we've changed the name for confidentiality.

## HALO SERVICES

The services made available to each claimant will depend on their situation. However, these examples show the breadth of support available.



Second medical opinion from a UK Consultant



Specialist therapy for neurological conditions



Support with home, family and childcare issues



Finding a solicitor to handle probate



Bereavement counselling



Nursing support following diagnosis and treatment



Estate planning following a terminal illness diagnosis



Counselling to help families cope with serious illness



Therapies to ease the consequences of treatments



Help to draw up a power of attorney



Support and guidance to navigate the NHS



Signposting to employer or state benefits

HALO doesn't form part of your client's contract with us, and we can change or remove the benefits included at any time.

# HALO

## IT'S CLAIMS SUPPORT MADE TRULY PERSONAL



**Archie's wife contacted us after he suffered 2 strokes during an operation. He had lost peripheral vision in his right eye, was suffering with short term memory loss and loss of taste.**

We discussed referring Archie to Krysalis on the initial call and a week later he and his wife contacted us to ask if this could go ahead. Krysalis arranged monthly sessions with Archie, offering tailored support. They helped him manage visual field loss, fatigue, and lifestyle adjustments. By session 3, he returned to work part-time, later full-time with international travel. He now enjoys playing badminton and his new routine is helping him manage his fatigue.



**Our Claims Team referred John to RedArc after his 9-year-old daughter was diagnosed with a brain tumour and given a heartbreaking prognosis. Understandably, he was deeply distressed but felt he had to stay strong for his family.**

To help him through this difficult time, an experienced nurse provided a safe space for him to talk openly, offering reassurance about his daughter's care and guidance on available support. She also shared resources, including charities that create special experiences for seriously ill children. John's dedicated nurse will keep in touch with him and the family to make sure have access to all the support that is available to them.



**When Ravi was diagnosed with a brain tumour, he wanted to put his affairs in order alongside making his critical illness claim.**

We referred Ravi to LegaCare who offered him expert guidance on wills, lasting powers of attorney (LPAs), employment, property, and pensions—helping him plan for the future while he and his partner prepared for their wedding.

Sadly, his prognosis became terminal, and he turned to LegaCare for further advice. They supported him in drafting wills and LPAs for himself and his new wife, and in appreciation of their help, he made a donation to the charity.

# NO CLAIM FORM. JUST A CONVERSATION.

When you're living through a traumatic experience, a protection claim form can be overwhelming. At Guardian we guide claimants through the process personally.

## 1. CALL AND REGISTER

If your client needs to make a claim, please call:

# 0808 173 1821

Calls to this number are free.

## 2. WE TAKE THE DETAILS OVER THE PHONE

A member of our Claims Team will take all the details from your client over the phone.

## 3. WE EMAIL YOU CONFIRMATION

We'll then email the claim details to your client to make sure the information is right. If needed, we'll also send your client any appropriate forms to be signed.

## 4. WE KEEP YOU UPDATED

If you'd like to be kept updated, we'll keep you and your client updated on the progress of their claim.

## 5. WE INTRODUCE HALO

The Claims Specialist will discuss the additional support we can offer them and their family at this difficult time.



Guardian's claims process is approved by the PDG Claims Charter.



“Care sits at the heart of our claims experience.

Our dedicated Claims Team guides claimants through the entire process to help make sure they receive a prompt payout and benefit from the full support of our claims support service, HALO. ”

Hilary Banks  
Commercial Director



LIFE. MADE BETTER.

---

Find out more at:

adviser [guardian1821.co.uk](https://guardian1821.co.uk)

 GUARDIAN 1821



Guardian Financial Services Limited is an appointed representative of Scottish Friendly Assurance Society Limited.  
All products are provided by Scottish Friendly.

Guardian Financial Services Limited is an appointed representative of Scottish Friendly Assurance Society Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered office: Galbraith House, 16 Blythswood Square, Glasgow G2 4HJ. Registration number 110002. Guardian Financial Services Limited is registered in England and Wales under number 11115769. Registered office: 11 Strand, London WC2N 5HR.