



CRITICAL ILLNESS ADDITIONAL PAYOUTS
MAKING OUR POLICIES
FAIRER BY FAR

With every critical illness diagnosis, comes an expectation that a critical illness policy will pay out.

However, in some cases, the diagnosis may not be severe enough to meet a full definition. That's why we include a wide range of additional definitions that pay out a percentage of the cover amount if a diagnosis doesn't meet the full definition.

HOW ADDITIONAL PAYOUTS WORK

A total of 22 additional payout conditions, and one partial payout condition are covered by our critical illness cover.

Multiple additional payouts can be claimed during the life of the policy. However, policyholders can only claim once on each definition except for carcinoma in situ, which can be claimed multiple times so long as the carcinoma in situ is found at a different organ.



HOW MUCH WILL BE PAID OUT

All bar one, additional definitions pay out 50% of the full cover amount up to a maximum of £50,000.

The exception is low-risk melanoma skin cancer where 10% of full cover amount is paid, up to a maximum of £50,000.

THE FULL COVER AMOUNT REMAINS IN PLACE

No matter how many additional payouts are made, the full cover amount remains in place. So, if in the future the policyholder is diagnosed with a condition that meets one of our full payout definitions, they'll also receive the full cover amount.

THE 22 EARLY-STAGE DEFINITIONS COVERED

- Angioplasty
- Brain abscess
- Carcinoma in situ
- Carcinoma in situ of the breast
- Carotid artery stenosis
- Central retinal artery or vein occlusion
- Cerebral aneurysm
- Cerebral arteriovenous malformation
- Connective tissue disorder
- Endovascular procedure
- Low-grade prostate cancer
- Non-melanoma skin cancer
- Ovarian tumour of borderline malignancy/low malignant potential
- Pituitary tumour
- Serious Accident Cover
- Significant visual impairment
- Spinal aneurysm
- Spinal arteriovenous malformation
- Syringomyelia or syringobulbia
- Testicular cancer of low grade
- Third degree burns (5%)
- Type 1 insulin-dependent diabetes mellitus

All conditions apply to Combined Life and Critical Illness Protection and stand-alone Critical Illness Protection.

SURGERY COVER

If on the advice of a UK Consultant your client is waiting to have one of the surgeries below, we'll make an advance payment of 25% of their cover amount or £50,000, whichever is less. The amount covered will be reduced by the amount we've paid in advance of the surgery.

- Aorta graft surgery
- Coronary artery bypass grafts
- Heart valve replacement or repair
- Insertion of a defibrillator following a cardiac arrest
- Pneumonectomy
- Pulmonary artery surgery
- Structural heart surgery
- Total colectomy

WHY OUR ADDITIONAL PAYOUTS ARE BETTER

We simply offer superior cover for 3 of the most prevalent early-stage conditions.

LOW-GRADE PROSTATE CANCER

On diagnosis of prostate cancer, a Gleason score of between 2 and 10 is assigned. Scores between 1 and 6 are classed as low grade and 95% of cases are treated by active surveillance. But most providers will only pay out if the claimant has a Gleason score of 7 and above and requires surgical treatment. So, the 95% of cases placed under surveillance are unable to claim.¹

We pay out if a claimant is diagnosed with a Gleason score of between 2 and 6 (inclusive) even if they're just placed under surveillance. What's more, if the cancer progresses and the Gleason score increases to 7 and above or clinical classification T2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate), we'll make a further payout of the full cover amount.

ANGIOPLASTY

Most providers stipulate that single artery surgery correction must be made to the left main artery. However, most corrections are made to the right main artery. Also, many stipulate 2 or more arteries must be treated despite most angioplasty being a single artery procedure. And some even stipulate the percentage by which arteries being treated need to be blocked.¹

We pay out if a claimant needs an angioplasty or stent insertion on the advice of a UK Consultant Cardiologist. This means we pay out on single or multiple stents if the correction is made to any of the coronary arteries without any stipulation on the percentage by which the arteries have been blocked.

NON-MELANOMA SKIN CANCER

To meet the industry-standard 'high-risk' definition, claimants must be diagnosed with histological confirmation that the tumour is larger than 2 centimetres across AND has at least one of the following features:

- Tumour thickness of at least 4 millimetres
- Invasion into subcutaneous tissue (Clark level V)
- Invasion into nerves in the skin (perineural invasion)
- Poorly differentiated or undifferentiated cells (cells are very abnormal as demonstrated when seen under a microscope)
- Has recurred despite previous treatments¹

However, we pay out if the claimant has histological confirmation that the tumour is larger than 2 centimetres across OR has at least one of the following features:

- Tumour thickness of at least 6 millimetres
- Invasion into subcutaneous tissue
- Invasion into nerves in the skin (perineural invasion)

Our use of OR rather than AND provides much wider cover, plus we're the only provider that pays out if the tumour has spread beyond the epidermal layer, and is less than 20 millimetres across and has no other high-risk features.

TAKING BETTER CARE OF CLIENTS

Our Critical Illness cover doesn't just come with additional payouts, it also comes with additional support services.

CLAIMS SUPPORT

HALO

Tailored support when it's needed most

At the point of claim, our Claims Team is on hand to organise medical treatments, counselling and legal services to support our customers in the best way possible. The service includes:

- A second medical opinion from a UK Consultant
- Specialist therapy for neurological conditions
- Return-to-work support
- 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
- Support with home, family and childcare issues

EVERYDAY SUPPORT

Anytime

Free access to a GP 24/7 and a second medical opinion

We're not just here for policyholders when they need to claim. Our policyholders get free access to vital medical expertise anytime they need it.

Find out more at:
adviser.guardian1821.co.uk



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.