

Coronavirus (COVID-19) Statement

Supporting our customers at this
challenging time



As a business, our purpose has always been to offer services and products that support our customers when they need it most.

This remains our primary focus and we wanted to share some details around our approach to claims at this time.

From the 3rd of April 2020 new questions will be added to our application in light of the continued progress of COVID-19.

Depending on your client's situation their application will be postponed as follows;

- If your client has tested positive or been diagnosed with COVID-19 we'll ask them to reapply 90 days following the end of their symptoms
- If your client has experienced/ are experiencing symptoms we'll ask them to reapply 30 days following the end of their symptoms
- If your client has been in contact with someone who is diagnosed or experiencing symptoms we'll ask them to reapply 14 days after their last contact date providing they've been free of symptoms for 30 days.

If the above doesn't apply to your client they'll be able to continue with your application as normal.

Applications submitted before 3rd April don't need to be resubmitted. Any application that's requested after 3rd April will be asked the new COVID-19 related questions.

In the unfortunate event that COVID-19 leads to a claim, we'll approach this as we normally would. Please refer to your customer's policy documents for information on what would be a valid claim, including any exclusions that may apply to their policy.

COVID-19 isn't a specified critical illness under the terms of our policy. In the unfortunate event that your customer were to develop a critical illness that we cover as a result of COVID-19, we would approach this claim in the same way as we would usually. For more details of your policy please refer to their policy documents.

People may be off work due to self-isolation without necessarily experiencing symptoms. Our product terms state that individuals would need to have a medical condition to qualify under our Income Protection Benefit (IPB) terms and conditions. However, we will consider the medically advised 2 week period of self-isolation as counting towards any work absence, should a diagnosis of COVID-19 be subsequently confirmed. Please refer to your policy documents for any exclusions that may apply to your policy.

Please note, this only relates to medically advised self-isolation. A client who is absent from work as a result of being unable to work from home or due to their place of work being closed or service suspended but who has not been medically advised to self-isolate, by 111, a GP or PHE, would not be considered to meet the definition of "self-isolation". Similarly, if a client is following UK Government guidance as part of the lockdown protocols but has not been medically advised to self-isolate, including those people identified as "at risk" and are requested by the Government to stay at home for 12 weeks, this absence would not be considered as part of any deferred period.

We will continue to monitor the developments of COVID-19 and the advice and updates from Government and health organisations. We think it is important that we are transparent in our



approach and clearly communicate with our partners and customers. We will ensure that we update you as the situation evolves. While we aim for this communication to be as full and open as possible, if you have further questions then please contact us.

In uncertain times, we would like to offer two certainties: our claims approach will always be fair and thorough, paying all valid claims and our purpose of supporting your clients in some of the most difficult times in their lives will never change.