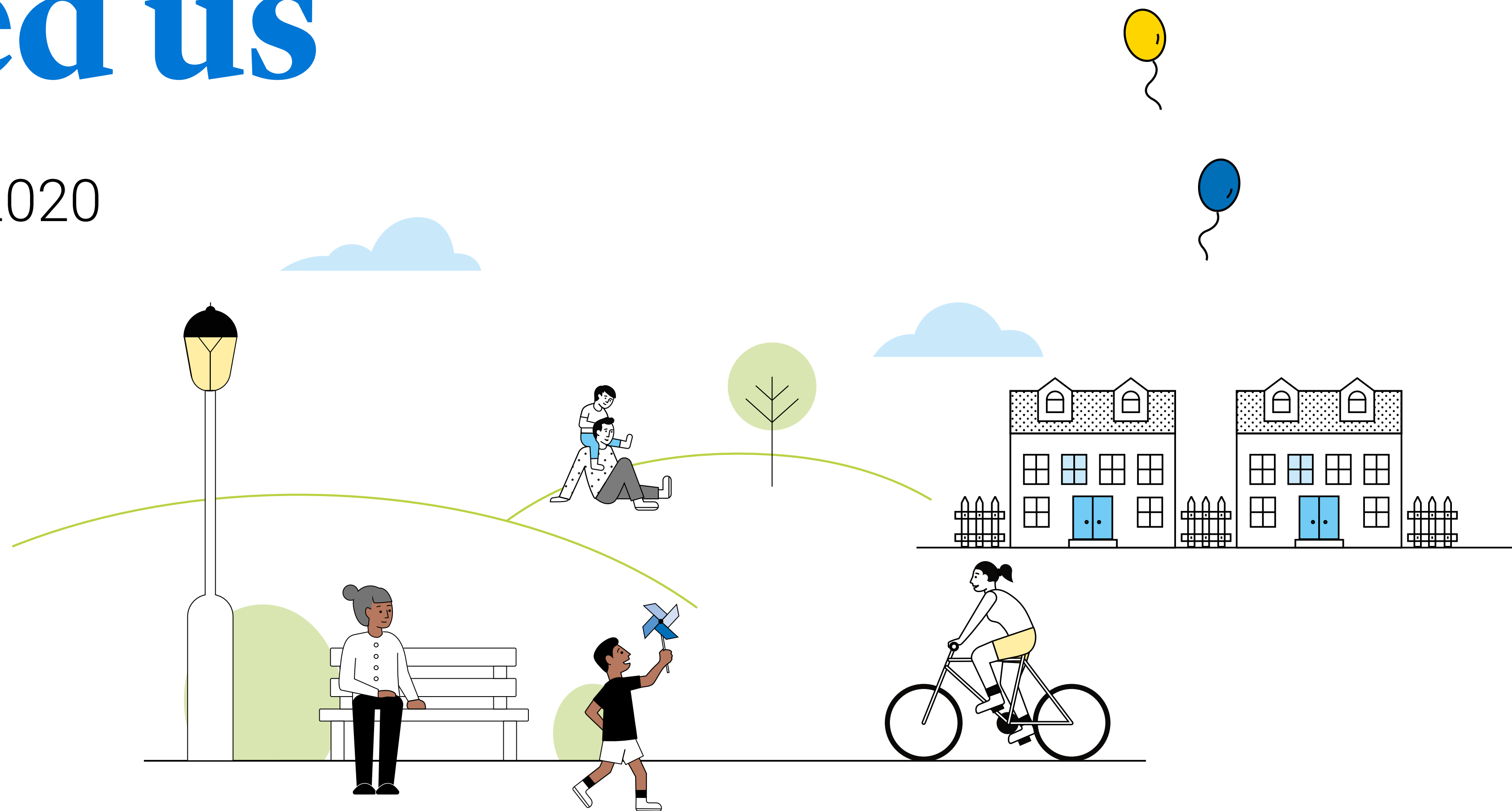
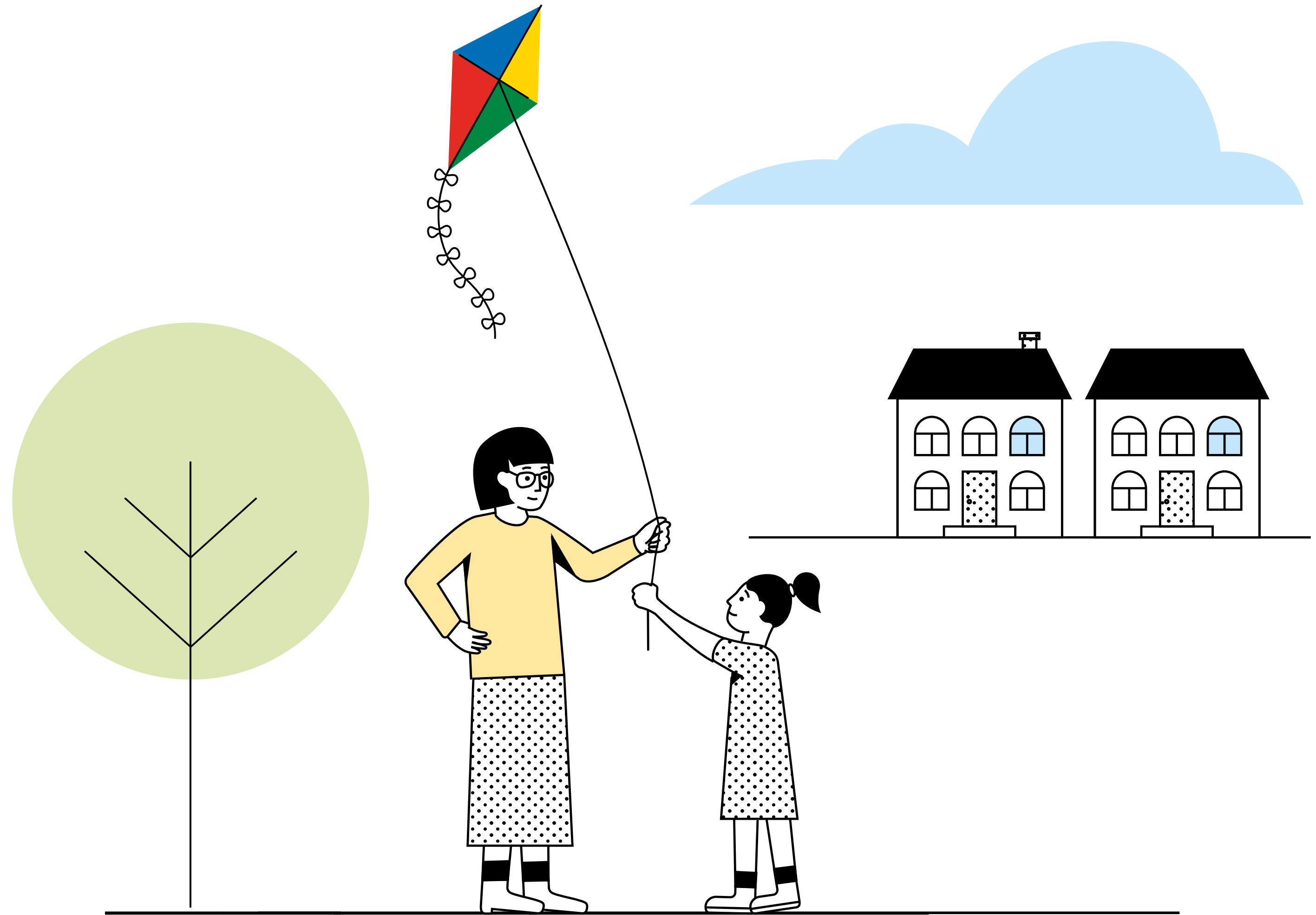


There when you need us

Our claims statistics 2020



What's inside



When you need us most, we're there.

What a year it's been. I don't think any of us would have imagined the impact Covid-19 would have on our lives.

We've all had to make huge changes and sacrifices. The way we work, how we shop, not seeing our loved ones, and then the worry of how to protect our families and livelihoods.

Throughout these unprecedented times, we've maintained our commitment to be there for you and your clients by providing a range of comprehensive protection products and additional support to give some peace of mind throughout this difficult period.

We're also committed to paying claims to provide financial support to your clients when they're at their most vulnerable.

As you will see from our claims record, last year we paid out over £763 million in total to support 15,855 customers and their families. Out of that, we paid over £39 million to support families who very sadly lost loved ones to Covid-19. I understand that no amount of money could ever heal the loss of a loved one, but we hope having protection in place could ease financial pressures during these very difficult times.

And it's not just the ones we've helped that are important, it's also the ones we couldn't. Our aim is to improve our claims record – that's why we're providing you with the tools and support to ensure all your clients stand the very best chance of having their claim paid if they need it.

Thank you

Ali Crossley

**Managing Director
for Distribution**



Helping your clients throughout 2020

The way 2020 unfolded was totally unparalleled and unprecedented. These figures show our continued commitment to supporting your clients and their families, and for being there when they need us most.



15,855

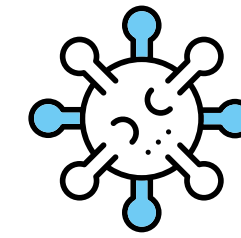
people helped



Over

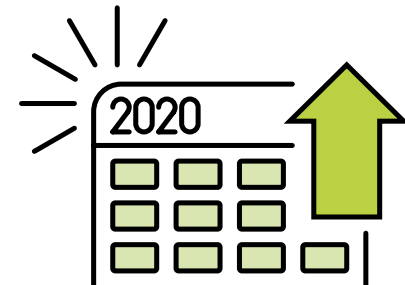
£763 million

paid to individuals and their families



1,214

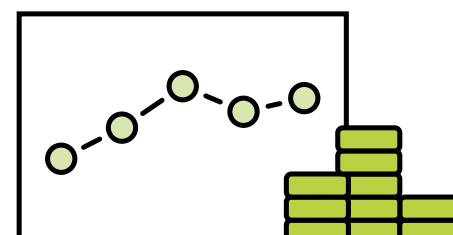
to support our customers and their families who suffered from Covid-19



An extra

£32 million

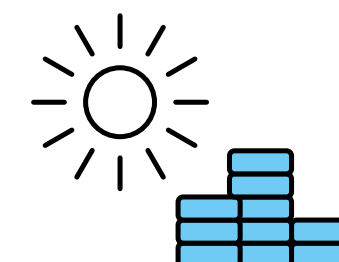
more than 2019



And over 5 years, that's more than

£3.1 billion

paid out



Over

£39m

of valid Life Insurance* claims were paid out, where Covid-19 was an attributing factor



Claims statistics by age group

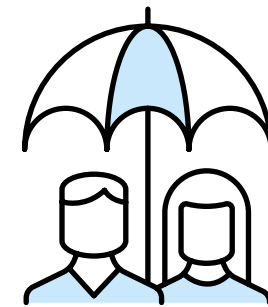
People often think they're too young or too healthy to start thinking about protection. Our figures may help you challenge some of these misconceptions, and showcase how important it is to ensure your client and their family have the protection they need.

We've broken down our figures so you can see how claims for each product varies per age group.

**20 - 29
year olds**

112

Total customers helped



Life Insurance

28

Total claims paid

1 year

Average length of policy before claim

£157,172

Average payout



Terminal Illness Cover

3

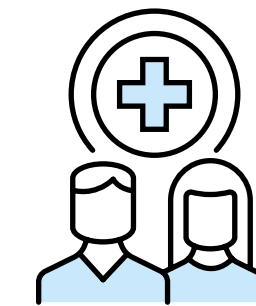
Total claims paid

2 years

Average length of policy before claim

£86,011

Average payout



Critical Illness Cover*

59

Total claims paid

2 years

Average length of policy before claim

£28,757

Average payout



Income Protection**

22

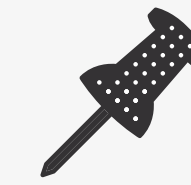
Total claims paid

1 year

Average length of policy before claim

£1,012 per month

Average payout



Did you know?

Our **Deadline to Breadline report** covers 6 common myths and misconceptions about the need for protection and how advisers can overcome these common barriers.

*Critical Illness Cover (combined with Children's Critical Illness Cover) for age ranges 20-29

**New claims admitted in 2020 and those already being paid before Jan 2020 that continued to be paid.

30 - 39 year olds

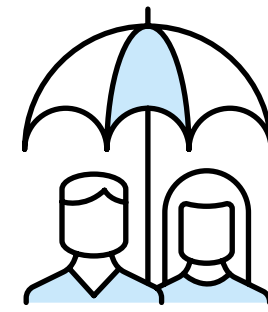
671

Total customers helped

40 - 49 year olds

2,074

Total customers helped



Life Insurance

157

Total claims paid

4 years

Average length of policy before claim

£144,869

Average payout



Terminal Illness Cover

22

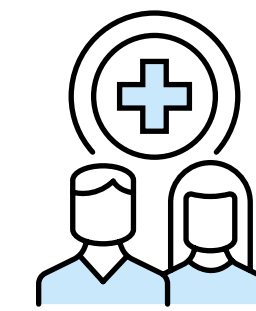
Total claims paid

6 years

Average length of policy before claim

£163,880

Average payout



Critical Illness Cover

417

Total claims paid

4 years

Average length of policy before claim

£85,352

Average payout



Income Protection*

75

Total claims paid

2 years

Average length of policy before claim

£790 per month

Average payout

738

Total claims paid

9 years

Average length of policy before claim

£128,630

Average payout

175

Total claims paid

8 years

Average length of policy before claim

£151,943

Average payout

1,090

Total claims paid

8 years

Average length of policy before claim

£77,635

Average payout

71

Total claims paid

5 years

Average length of policy before claim

£1,058 per month

Average payout

*New claims admitted in 2020 and those already being paid before Jan 2020 that continued to be paid.

50 - 59 year olds

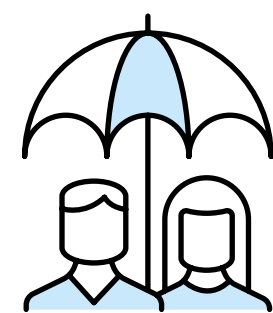
3,601

Total customers helped

60+ year olds

9,268

Total customers helped



Life Insurance*

2,057

Total claims paid

10 years

Average length of policy before claim

£81,553

Average payout



Terminal Illness Cover

417

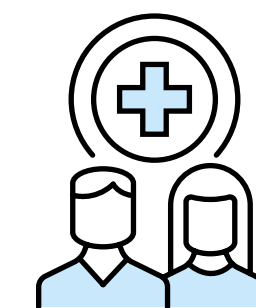
Total claims paid

9 years

Average length of policy before claim

£113,115

Average payout



Critical Illness Cover

1,083

Total claims paid

10 years

Average length of policy before claim

£54,913

Average payout



Income Protection**

44

Total claims paid

9 years

Average length of policy before claim

£1,009 per month

Average payout

8,775

Total claims paid

24 years

Average length of policy before claim

£15,219

Average payout

294

Total claims paid

8 years

Average length of policy before claim

£84,853

Average payout

195

Total claims paid

10 years

Average length of policy before claim

£39,701

Average payout

4

Total claims paid

9 years

Average length of policy before claim

£1,459 per month

Average payout

*Life Insurance (combined with Over 50s life insurance) for age ranges 50-59 and 60+

**New claims admitted in 2020 and those already being paid before Jan 2020 that continued to be paid.

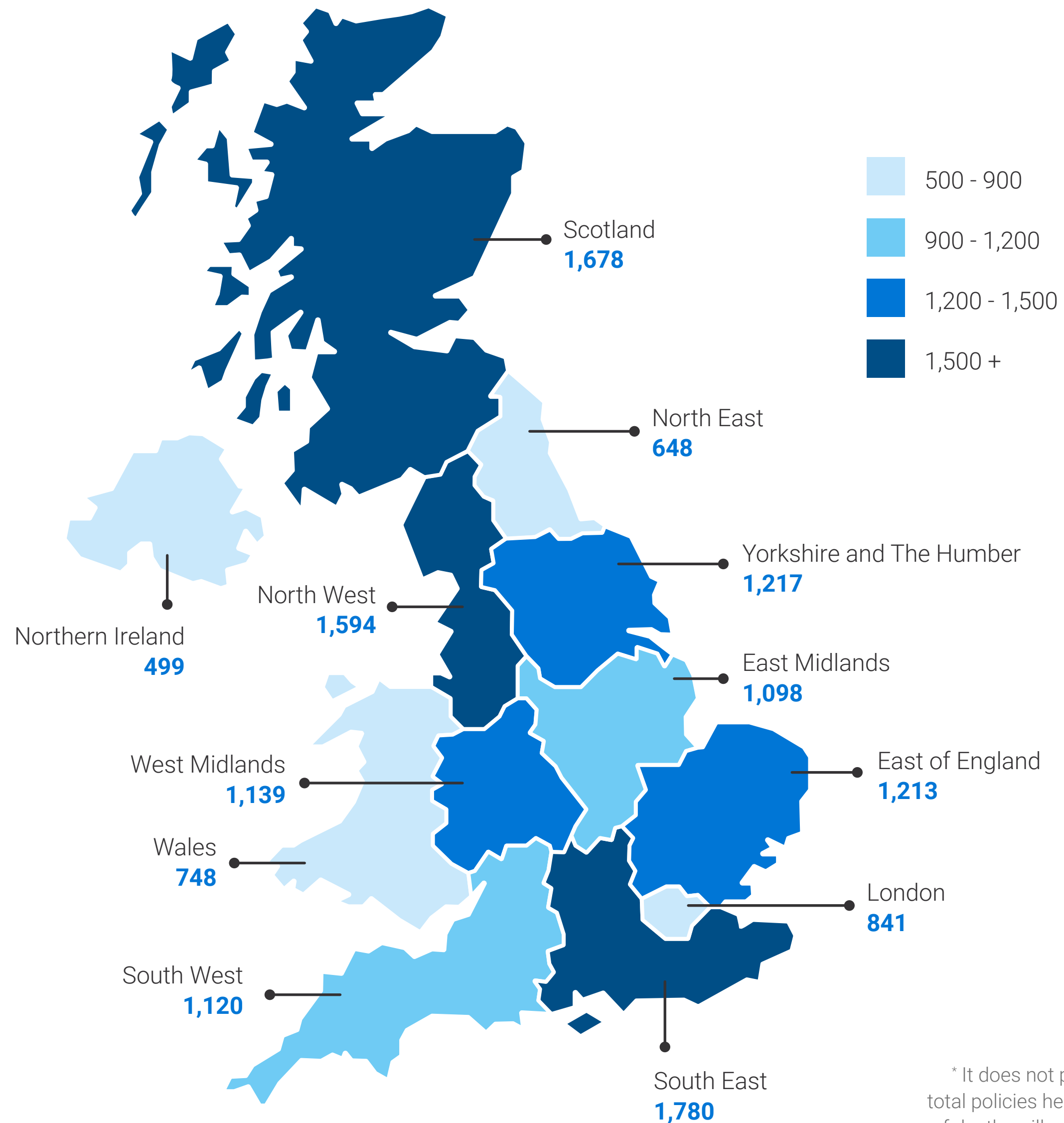
Regional claims data

This map shows Legal & General's total amount of claims made for Life Insurance (combined with Over 50s life insurance), Terminal Illness Cover, Critical Illness Cover, Children's Critical Illness Cover and Income Protection, which have been recorded within each region in the UK.*

There when you need us

The claim was completely hassle free, relevant documentation was sent, and very little else was required from me. At what was an extremely difficult time, this was very helpful.

Richard

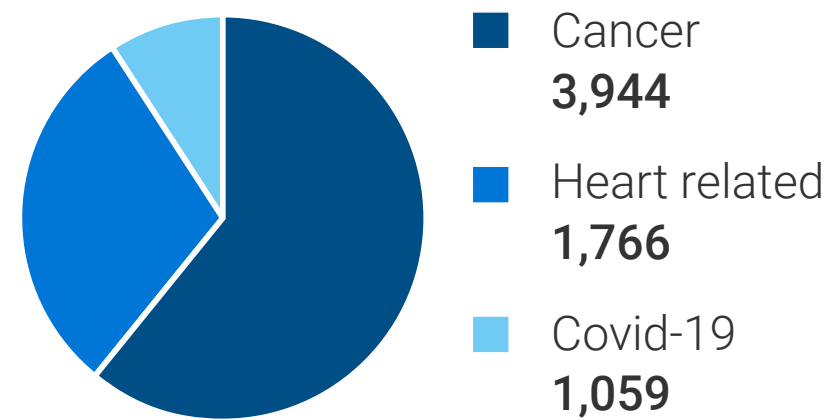


* It does not provide a true representation of total policies held in each region or a reflection of death or illness, but simply the total volume of protection claims recorded per region.

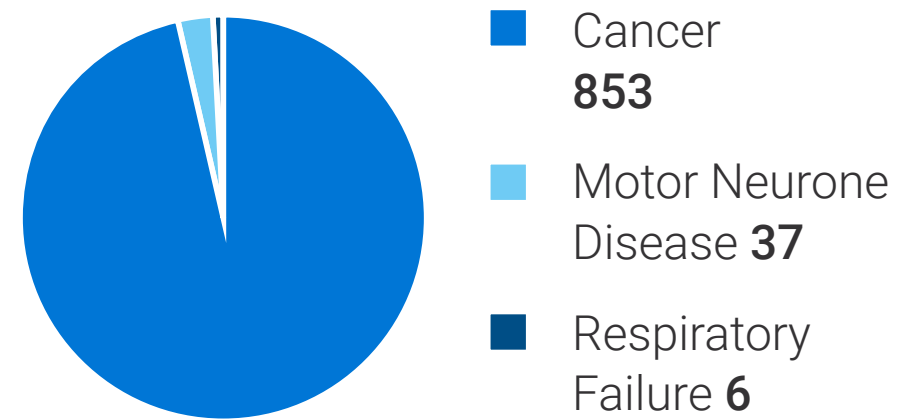
Why people are claiming

Below are the top 3 reasons claims were made on our protection products, along with the number of claims made for each reason.

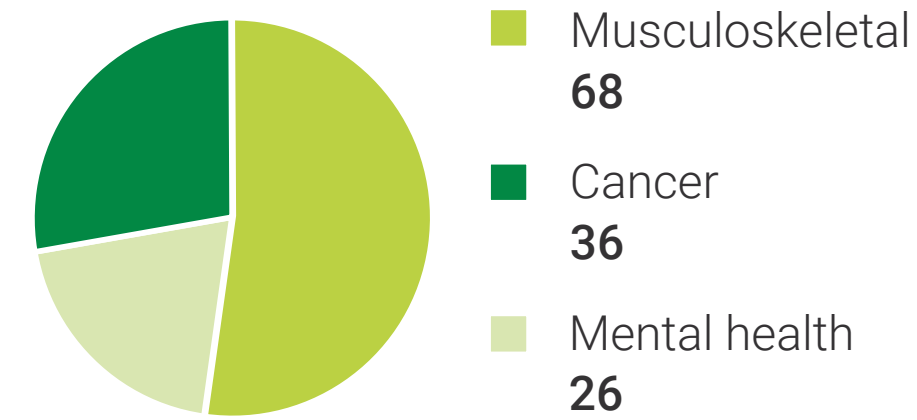
Life (combined with Over 50s)



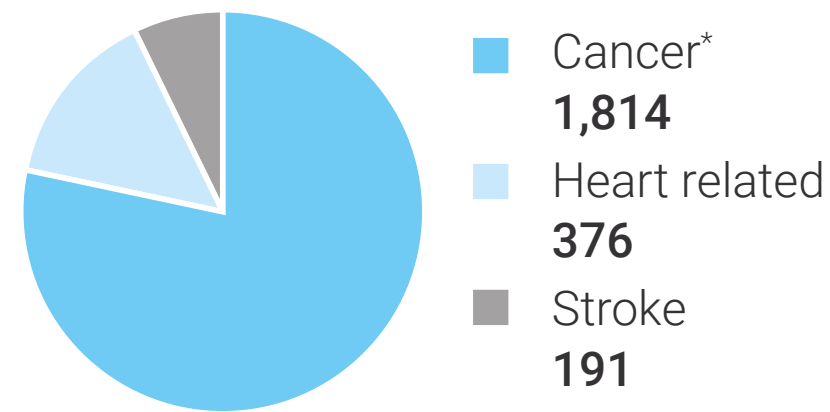
Terminal Illness Cover



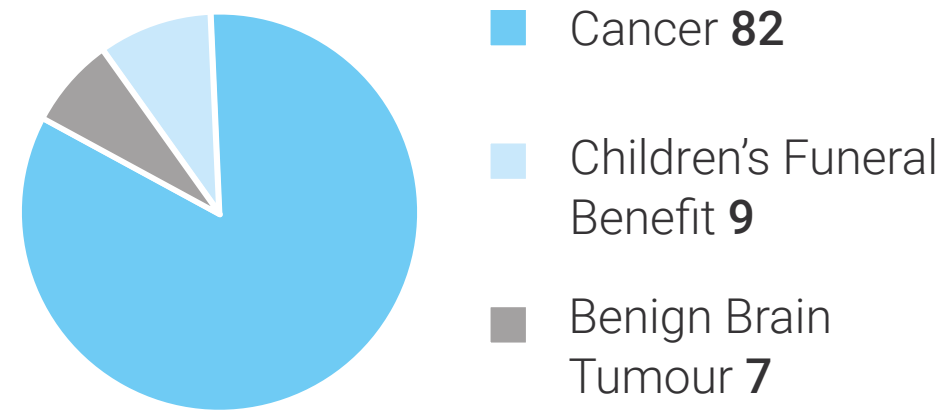
Income Protection



Critical Illness Cover



Children's Critical Illness Cover



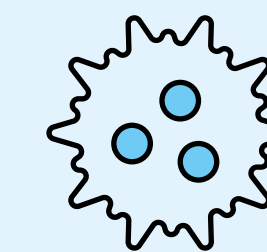
*Not all types of cancer are covered under critical illness cover plans.

“ There when you need us
Everyone I spoke with was very appreciative of the situation and dealt with my enquiries with great patience, tact and understanding. I could not have asked for better. Any time frames given for things to happen were not only met, but exceeded. Superbly professional in every respect too.
 Susan ”

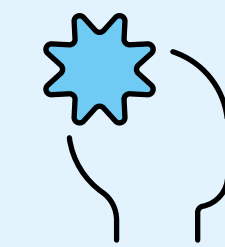
The need for protection

People always say it'll never happen to them, but the reality is illness and death can hit clients and their families at any time. That's why it's important to have a plan in place should the worst happen.

Did you know?



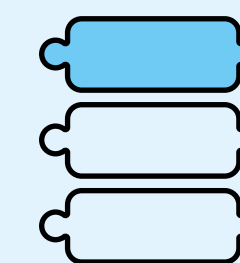
There are more than 166,000 cancer deaths in the UK every year. That's more than 450 every day.



Stroke strikes every five minutes and affects 100,000 people each year.



Heart and circulatory diseases cause more than a quarter of all deaths in the UK. That's more than 160,000 deaths each year.



Musculoskeletal conditions are the second-largest single cause of sickness absence in the UK, with more than 480,000 people affected by work-related injuries in 2019/2020.

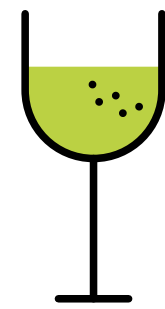
Cancer Research UK 2021, BHF 2021, Stroke Association 2021, Office for National Statistics 2021.

Help us to pay more claims

In 2020, we paid on average 96% of individual protection claims. While we're proud to have supported over 15,800 customers and their families, it still means there were some customers we couldn't be there for. That's not good enough for us, because we want to help every customer. Our aim is to improve our claims record, which we may be able to do with your help.

Opposite are some of the common areas where mistakes are made on the application, or things that clients forget to inform us about. Remind your client to take extra care to provide the correct health and lifestyle information, and to speak to you if their circumstances have changed so you can advise them on what to do next.

Areas to focus on to get it right first time.



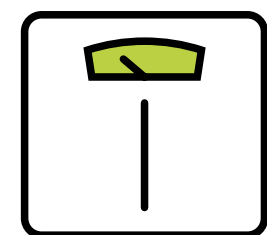
Alcohol

Details around alcohol is the most common cause of misrepresentation resulting in a claim not being paid, so your client needs to consider all parts of the alcohol questions carefully. For instance, many people who have received medical advice to reduce their alcohol consumption don't tell us.



Smoking

It's important your client doesn't think this question refers to regular smoking only. They must disclose even the occasional cigarette, cigar or vape they have. If they have given up smoking, it's also very important that they provide an accurate date of when they last smoked.



Weight

If your client is uncertain of their current weight, please ask them to weigh themselves and advise them to be as accurate as possible.



Pre-existing conditions

We need to know about any conditions your client has already been diagnosed with, and any treatment or related ongoing symptoms they have.



Symptoms not yet diagnosed

Remind your client to disclose any current symptoms, whether they're undergoing any tests which have not yet been officially diagnosed, or if they are waiting to be seen by a specialist, to ensure they have the correct cover in place.

Confirm Your Details (CYD)

Remind your clients of the importance of completing a CYD by registering with My Account, as it not only protects them but also provides you with the reassurance that they have the correct cover in place. You can also encourage your clients to speak to you for advice if their circumstances change. We'd be happy to talk through the different options with them too.

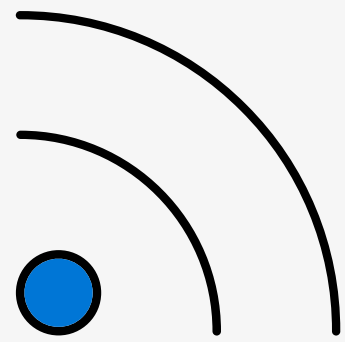


Good to know

Your clients can call us directly with any questions, such as whether a recent illness is covered by their policy. This won't have an impact on their policy, and they don't have to make a claim there and then if they'd prefer to keep the policy in place for longer.

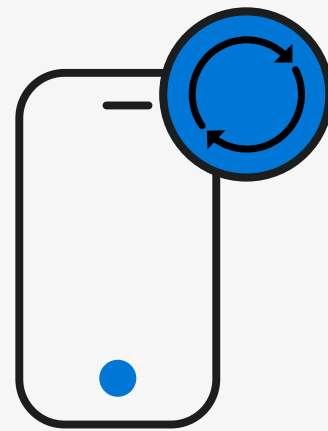
Improving our claims process

Below are some recent improvements we've made to our claims process which have been implemented following recent feedback to ensure we're providing the best possible service.



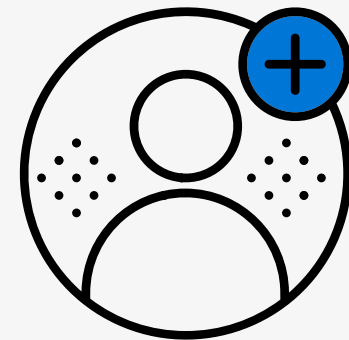
Claims go digital

Claimants' expectations have been met and exceeded with our new digital claim management system, MyClaim.



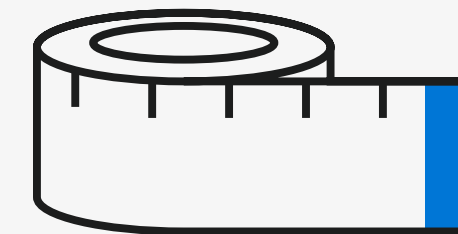
Automatic updates

MyClaim keeps claimants updated with the progress of their claim application through automated emails and text messages, to help them feel supported throughout the process.



Personalised process

Claimants are assigned a designated claims handler to take on their case, for a personalised experience.



Tailored approach

Our bespoke claims management system means we meet not just the needs of today, but regular reviews help us continually improve for the future.



There when you need us

From start to finish they were all professional, sympathetic and understanding. They didn't make the process difficult, and they went above and beyond to make it easier for me by doing all the work when the claim was submitted - thank you.

Dave

Our claims process

At the time when your client's family needs us the most, our team of claim assessors are ready to step up and support them through the claims journey.

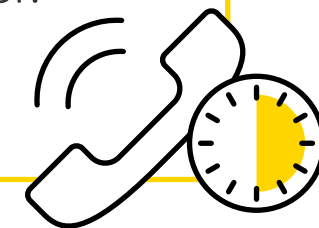
Here we outline our claims process to help you and your client ensure claims are paid efficiently.

Life Insurance, Terminal Illness and Critical Illness claims

Step 1

We don't have any cut off periods, so claimants can contact us when it's right for them. The initial phone call to start the claim will take between 15 and 30 minutes.

Our team will send out the claim pack to be completed and returned. If they prefer, we can send out the pack via email – whatever's easier.



Step 2

Once we've received the claim pack, we'll do one of three things:

1. If the pack is incomplete, we'll call the client to go through missing details, or send it back to them to complete.
2. Refer the claim to health professionals.
3. Pay the claim.



Income Protection claims:

Step 1

Once your client notifies us of their absence from work, we'll gather as much information as we can during the initial phone call. Our team will send out the claim pack via DocuSign

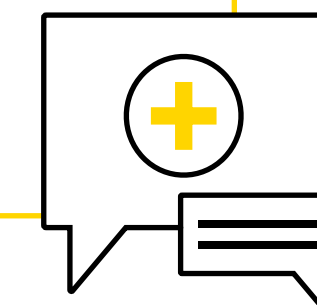
so the client can complete any missing information in their own time, and give their consent electronically. We can also send a paper copy if they prefer.



Step 2

Once we've received the claim pack, we'll carry out a triage. This will help highlight any further information we may need. This could be through a referral to our Rehabilitation

Support Service, more information from your client or their family, or from their treating medical professional.



Good to know

Sometimes, we need to refer the claim to our health professionals. If this is the case, it may take a little longer to pay the claim while we're waiting for information from third parties (e.g. NHS, Consultant etc.)

Unfortunately, we can't progress such claims until we get this information. Our team will keep your client or their family regularly updated by phone or email if they provide us with their details. We'll also let your client or their family know if we have accepted or declined the claim.

Speeding up claims

There are a few ways your client can ensure their claims are paid quicker:

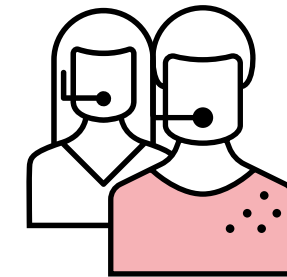
- For the majority of claims we need medical reports. The client should contact the relevant doctor for a copy or ask them to send it to us directly.
- Use email to complete the claim pack if possible.
- For bereavement claims, have the death certificate and Will (if there is one) available.
- Ask the GP to keep the medical records for longer – usually they are removed from the surgery 28 days after death, which can delay claims by up to 6 months or more.
- For income protection claims, notifying us as early as possible of the absence and submitting any relevant medical reports and giving evidence of earnings/proof of income.



Putting the policy in Trust

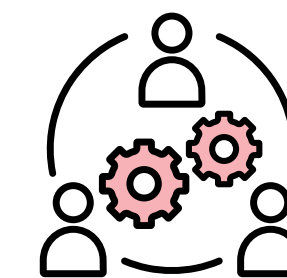
When your client's family suffers a loss, the last thing they need are delays in the payment of proceeds from your client's life insurance policy. Trusts help to ensure the money from a life policy goes to the right people at the right time. And because the money paid out isn't part of the estate, it won't be held up by probate and shouldn't be subject to inheritance tax.

Claim handling you can trust



Trained claims handlers

We have over 60 trained claim assessors who handle each claim with compassion and understanding.



Dedicated client experience team

Working across all areas of our Insurance Division, they ensure that client feedback is acted upon and improvements are made.



PDG Claims Charter

We've signed up to The Protection Distributors Group Claims Charter as part of our commitment to deliver the highest standards to your clients throughout their claims process.

There when you need us

My claim was dealt with over the phone, so it avoided reams of paperwork. Staff were excellent, and they went above and beyond in processing and assuring me all was in hand. My claim was due to a bereavement and the team were respectful and considerate.

Julie

**For more information
please speak to your Business
Development Manager**

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