

# Our claims statistics 2021

There when you need us



# There for you when you need us most

What a unique two years we've all experienced. In March 2020, we could never have imagined that the Covid-19 pandemic would still be impacting us in 2022 and beyond.

Restrictions have been lifted across the UK and vaccinations have been widely given out. It is a hopeful time in many ways, yet Covid-19 is still present; and the nation is experiencing repercussions from the pandemic and other world events. Rising living costs, increased NHS waiting times and the ongoing effects on mental and physical health affect us all in one way or another. Undeniably, the uncertain times are continuing, and we're very grateful for your hard work and commitment throughout.

In turn, maintaining our commitment to be here for you and your clients is our priority. We strive to offer not only a range of comprehensive protection products, but also to deliver additional, evolving support to give some peace of mind and address changing needs. As you'll read later on in this brochure, this support includes recruiting more staff, improving our communications and speeding up claims.

Last year we paid out over £797 million in total to support 16,890 customers and their families. Within that figure, we paid over £73 million to support families who very sadly lost loved ones to Covid-19. I understand that no amount of money could ever heal such

a loss, but we hope having protection in place could at least lessen financial pressures and offer some comfort.

We also care very much about the customers whom we couldn't help. As such, our aim is to support even more people going forward. Every customer is important, that's why we're providing you with more information, to ensure all your clients – should they need it – stand the best possible chance of having their claim paid.

Thank you

**Ali Crossley**  
**Managing Director**  
**for Distribution**



# Helping your clients throughout 2021

These figures reflect our commitment to supporting your clients and their families; and to being there when they need us most.



**16,890**

people helped

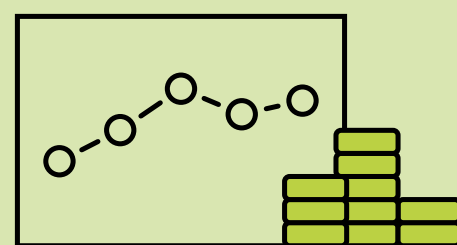
Up **1035** on 2020



Over **£797 million**

paid to individuals and their families

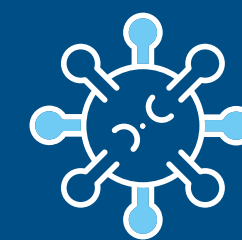
Up **£33.9m** on 2020



More than **£3.5 billion**

paid out over 5 years

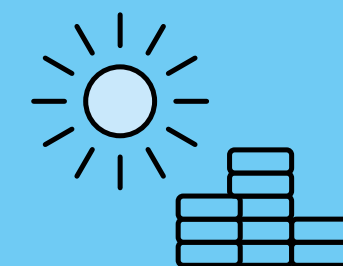
Up **£378m** on 2020



**1,579**

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

Up **365** on 2020



Over **£73m**

of life claims\* were paid out, where Covid-19 was an attributing factor

Up **£34m** on 2020

# Claims statistics by product



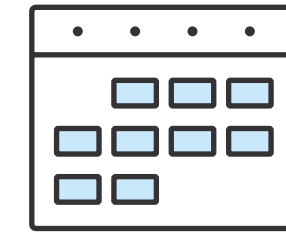
**12,405**  
claims accepted



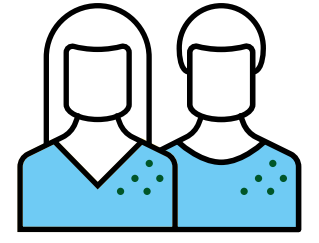
**£478,650,984**  
total paid



**£38,585**  
average payout

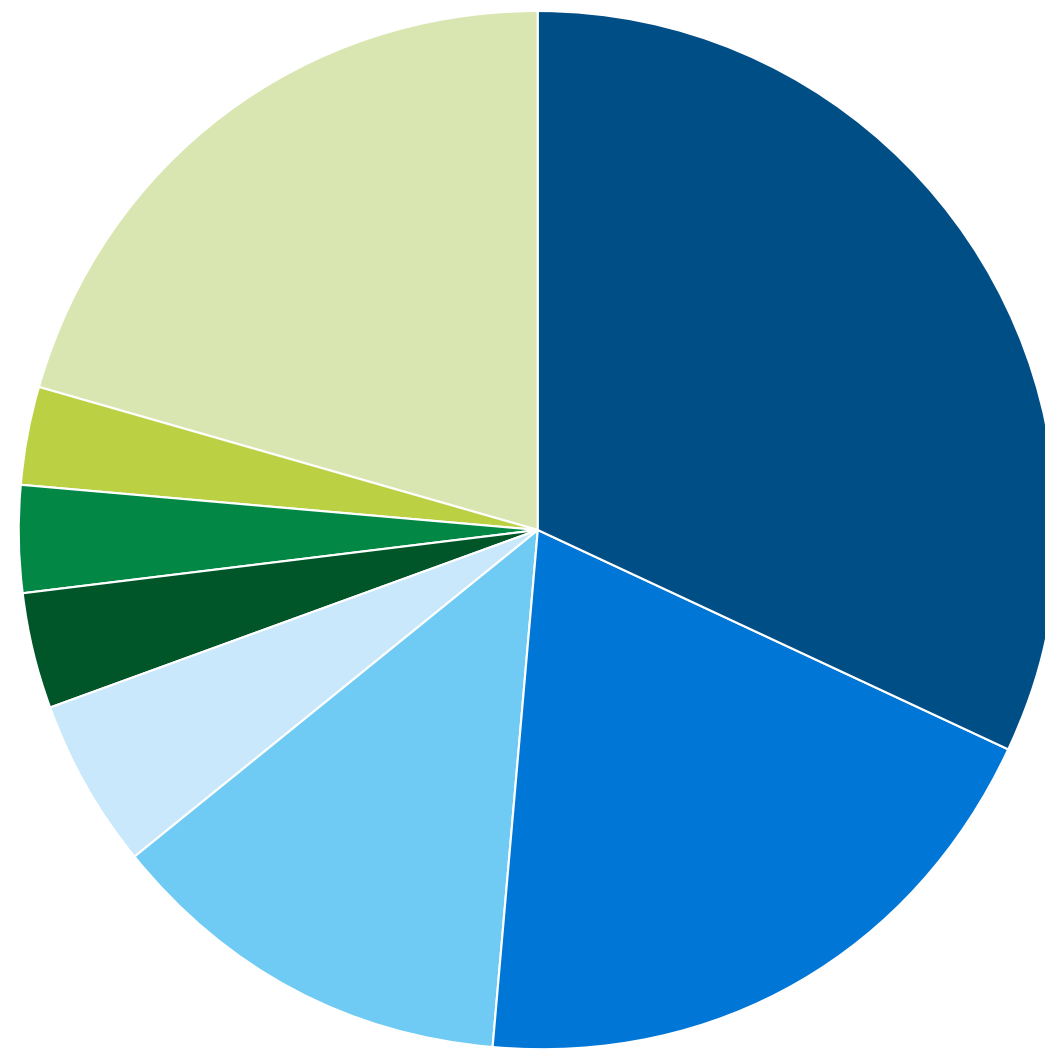


**8 years**  
average length of policy at claim



**40% female, 60% male**

## Top claim causes



## Top causes by gender

	Female	Male
<b>32.1%</b> Cancer	36.5%	29%
<b>19.6%</b> Heart related	15.2%	22.6%
<b>12.7%</b> Covid-19	11%	13.9%
<b>5.2%</b> Neurological	5.4%	5.0%
<b>3.6%</b> Pneumonia	3.6%	3.6%
<b>3.3%</b> Stroke	4.2%	2.7%
<b>3.1%</b> COPD	3.5%	2.8%
<b>20.4%</b> Other	20.6%	20.4%

- Life (combined with Over 50s)** >
- Terminal Illness Cover >
- Critical Illness Cover >
- Children's Critical Illness >
- Income Protection >

# Claims statistics by product



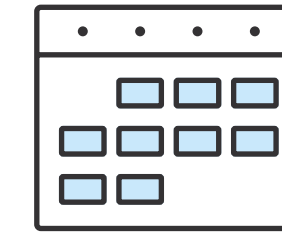
**944**  
claims accepted



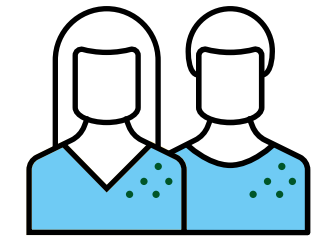
**£104,049,084**  
total paid



**£110,221**  
average payout

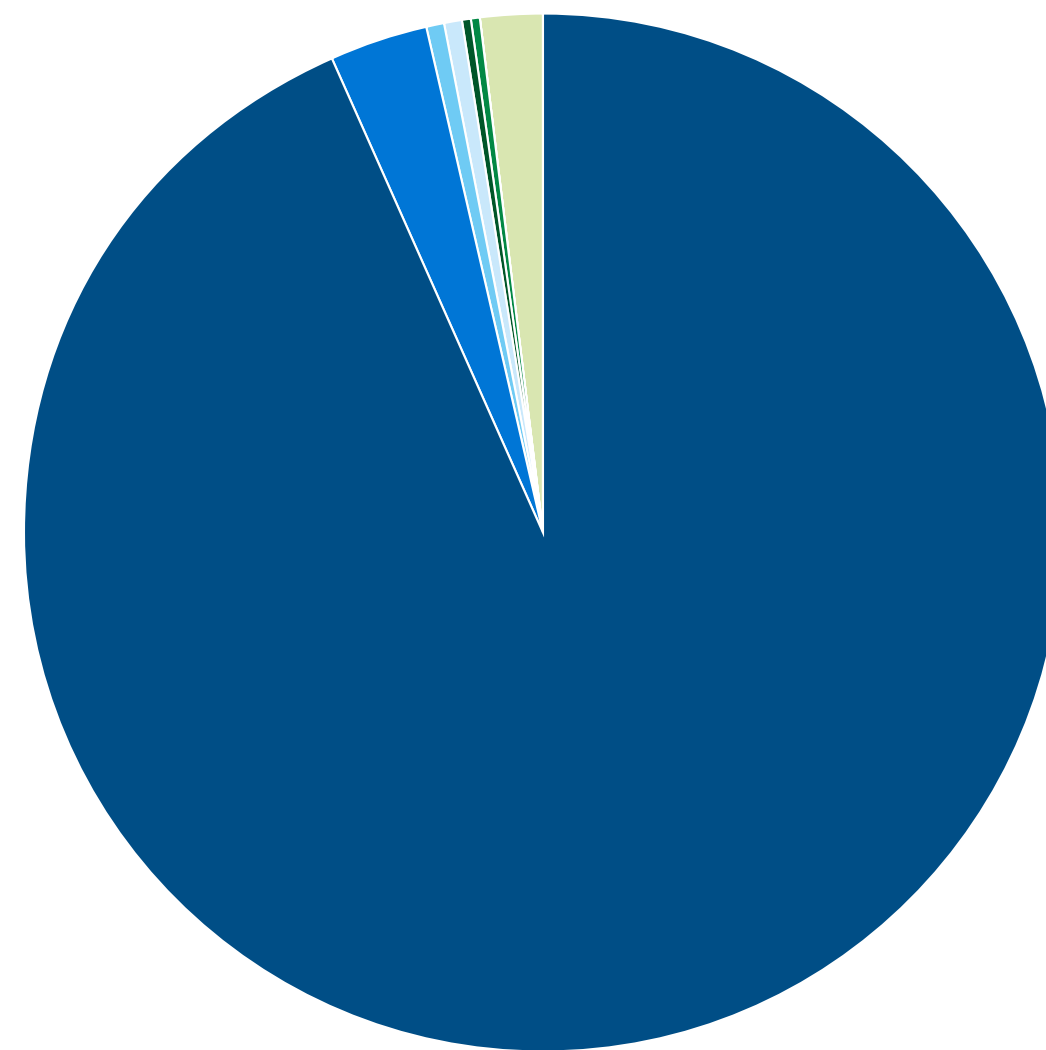


**9 years**  
average length of policy at claim



**41% female, 59% male**

## Top claim causes



## Top causes by gender

	Female	Male
<b>93.4%</b> Cancer	<b>95.4%</b>	<b>92.1%</b>
<b>3.1%</b> Neurological	1.8%	4%
<b>0.6%</b> Chronic Lung Disease	0.5%	0.7%
<b>0.6%</b> Liver Related	0.3%	0.9%
<b>0.3%</b> Respiratory	0.5%	0.2%
<b>0.1%</b> Alzheimer's Disease	0.3%	
<b>0.1%</b> Dementia		0.2%
<b>1.8%</b> Other	1.2%	1.9%

- Life >
- Terminal Illness Cover >**
- Critical Illness Cover >
- Children's Critical Illness >
- Income Protection >

# Claims statistics by product



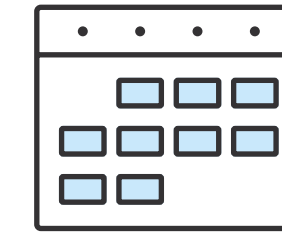
**2,890**  
claims accepted



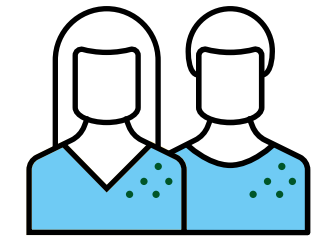
**£209,446,943**  
total paid



**£72,473**  
average payout

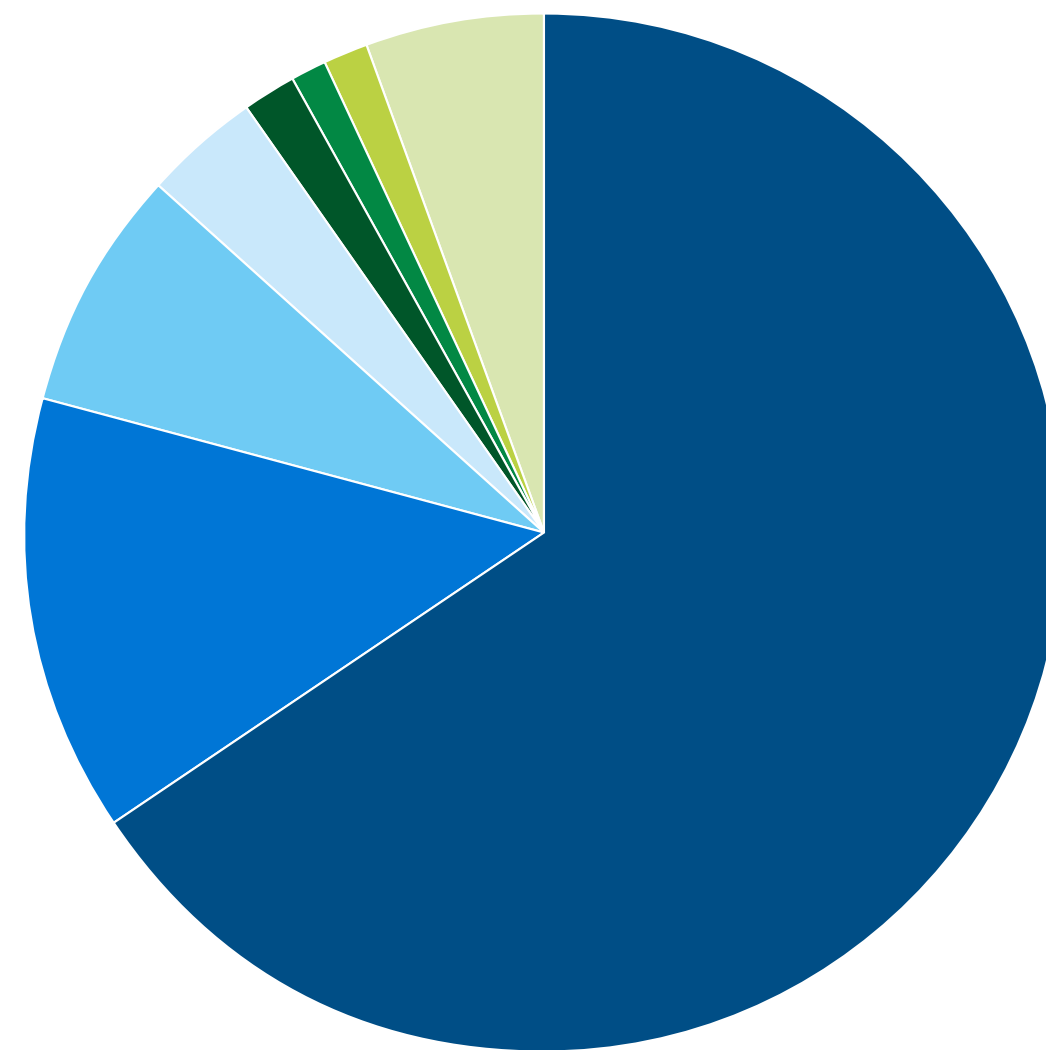


**8 years**  
average length of policy at claim



**52% female, 48% male**

## Top claim causes



## Top causes by gender

	Female	Male
<b>65.8%</b> Cancer	<b>78.7%</b>	<b>51.5%</b>
<b>13.4%</b> Heart related	<b>3.3%</b>	<b>24.4%</b>
<b>7.7%</b> Stroke	<b>4.4%</b>	<b>11.4%</b>
<b>3.6%</b> Multiple Sclerosis	<b>4.3%</b>	<b>2.8%</b>
<b>1.6%</b> Benign Tumour	<b>1.7%</b>	<b>1.4%</b>
<b>1.2%</b> Parkinson's Disease (before age 65)	<b>0.9%</b>	<b>1.5%</b>
<b>1.2%</b> Neurological	<b>0.9%</b>	<b>1.5%</b>
<b>5.5%</b> Other	<b>5.8%</b>	<b>5.5%</b>

- Life >
- Terminal Illness Cover >
- Critical Illness Cover >**
- Children's Critical Illness >
- Income Protection >

# Claims statistics by product



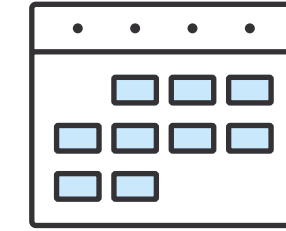
**144**  
claims accepted



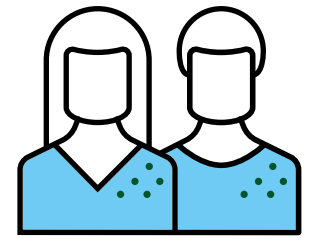
**£2,734,193**  
total paid



**£18,987**  
average payout

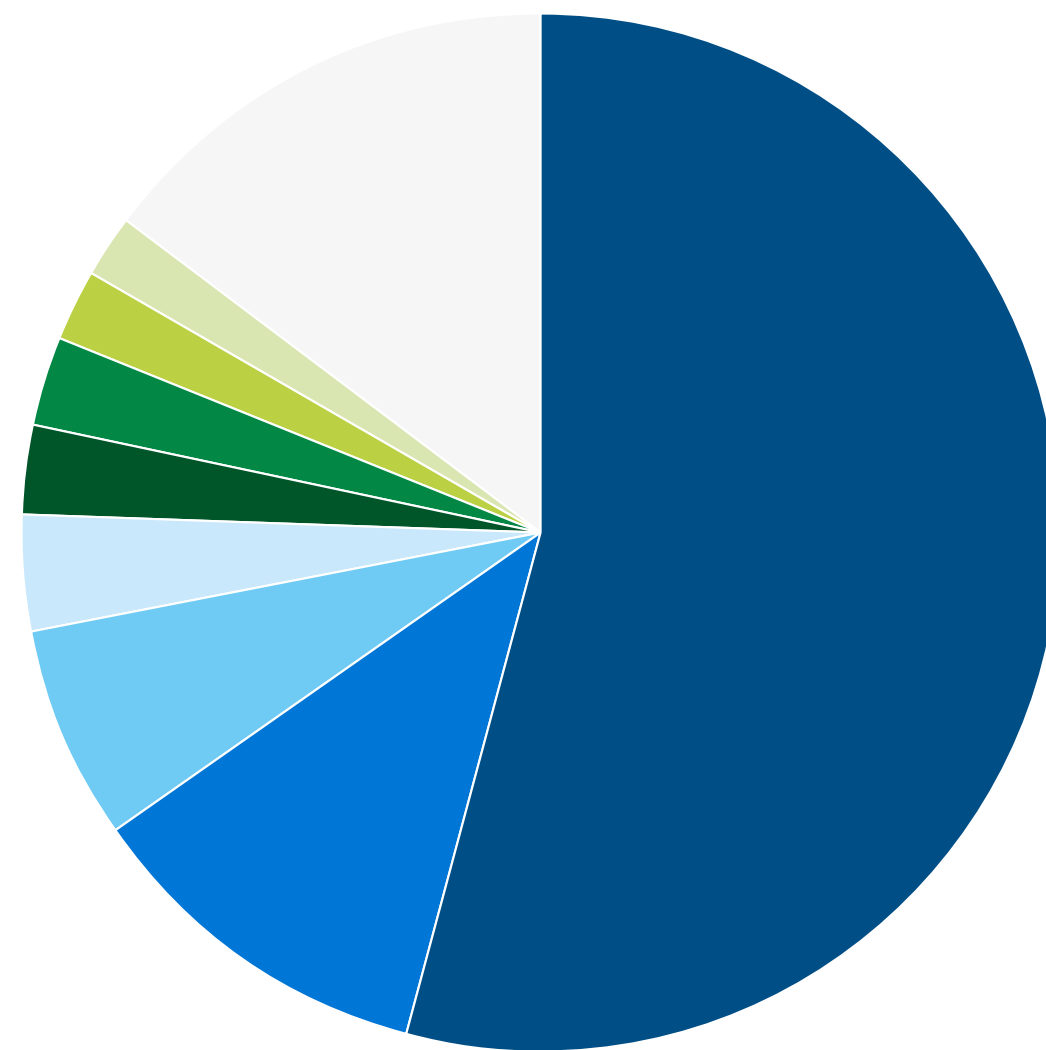


**4 years**  
average length of policy at claim



**51% female, 49% male**

## Top claim causes



## Top causes by gender

	Female	Male
<b>54.2%</b> Cancer	<b>47.3%</b>	<b>62.3%</b>
<b>11.1%</b> Benign Tumour	12.2%	10.1%
<b>6.9%</b> Stroke	9.5%	4.3%
<b>3.5%</b> Diabetes	2.7%	4.3%
<b>2.8%</b> Child Funeral Benefit	4.1%	1.4%
<b>2.8%</b> Kidney Related	4.1%	1.4%
<b>2.1%</b> Accident Hospitalisation Benefit	2.7%	1.4%
<b>2.1%</b> Aorta Graft Surgery	1.4%	2.9%
<b>14.5%</b> Other	16%	11.9%

- Life >
- Terminal Illness Cover >
- Critical Illness Cover >
- Children's Critical Illness >**
- Income Protection >

# Claims statistics by product



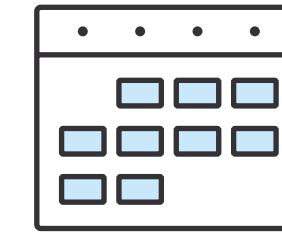
**417**  
claims accepted



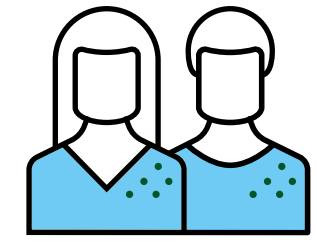
**£3,059,074**  
total paid



**£1,067**  
average monthly payout

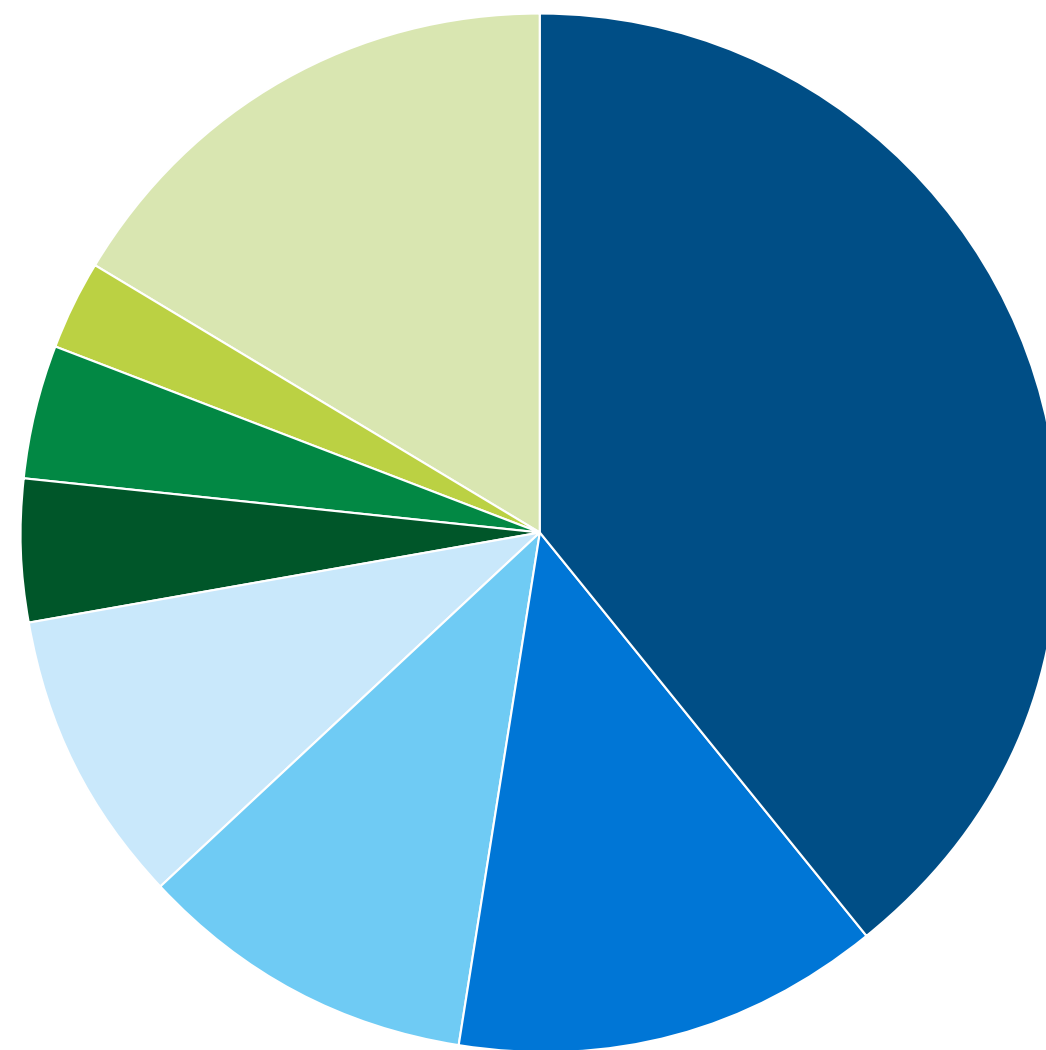


**2 years**  
average length of policy at claim



**57% female, 43% male**

## Top claim causes



## Top causes by gender

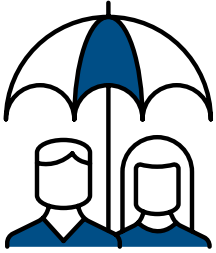

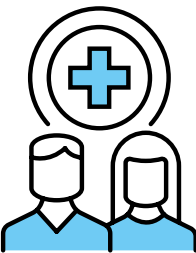
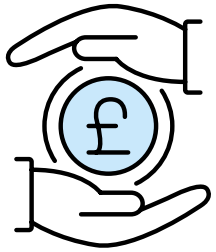
	Female	Male
<b>32.1%</b> Musculoskeletal	21.1%	48.1%
<b>12.5%</b> Cancer	19.7%	7.4%
<b>9.8%</b> Covid-19	7.9%	11.1%
<b>8.7%</b> Mental health	9.2%	8.3%
<b>4.3%</b> Operation	5.3%	3.7%
<b>3.8%</b> Gynaecological	9.2%	
<b>2.7%</b> Neurological	3.9%	1.9%
<b>21.2%</b> Other	23.7%	19.5%

- Life >
- Terminal Illness Cover >
- Critical Illness Cover >
- Children's Critical Illness >
- Income Protection >**



# Claims statistics by age group

## 20 - 29 year olds

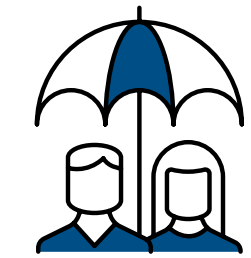
	Total claims paid	Average length of policy before claim	Average payout
 <b>Life claims</b>	34	2 years	£124,765
 <b>Terminal Illness Cover</b>	2	2 years	£219,500
 <b>Critical Illness Cover*</b>	63	2.5 years	£101,667
 <b>Income Protection**</b>	35	1 year	£1,057 per month

- 20 - 29 year olds >
- 30 - 39 year olds >
- 40 - 49 year olds >
- 50 - 59 year olds >
- 60+ year olds >

\*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

# Claims statistics by age group

## 30 - 39 year olds



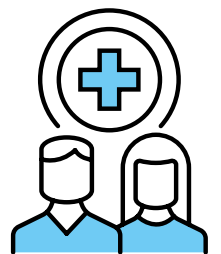
Life claims

Total claims paid	Average length of policy before claim	Average payout
179	5 years	£145,039



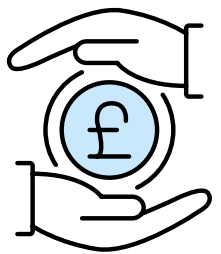
Terminal Illness Cover

26	5 years	£196,385
----	---------	----------



Critical Illness Cover

414	4 years	£96,894
-----	---------	---------



Income Protection\*\*

86	1 year	£884 per month
----	--------	----------------

20 - 29 year olds >

30 - 39 year olds >

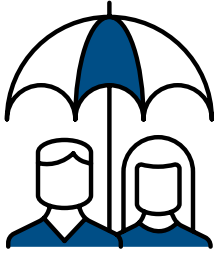

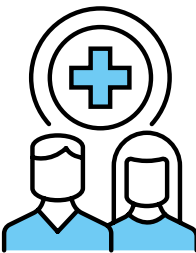
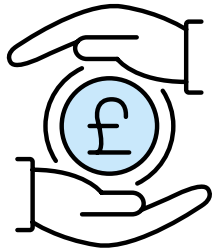
40 - 49 year olds >

50 - 59 year olds >

60+ year olds >

# Claims statistics by age group

## 40 - 49 year olds

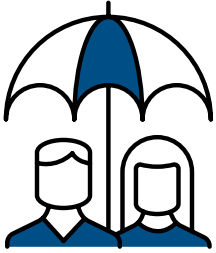

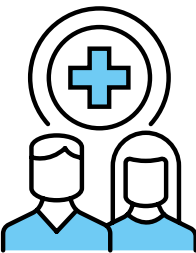
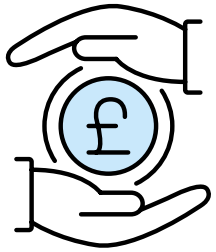
	Total claims paid	Average length of policy before claim	Average payout
 <b>Life claims</b>	746	9 years	£121,331
 <b>Terminal Illness Cover</b>	130	7 years	£157,746
 <b>Critical Illness Cover</b>	1,110	8 years	£80,121
 <b>Income Protection**</b>	63	2 years	£905 per month

- [20 - 29 year olds](#) >
- [30 - 39 year olds](#) >
- [40 - 49 year olds](#) >
- [50 - 59 year olds](#) >
- [60+ year olds](#) >

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

# Claims statistics by age group

## 50 - 59 year olds

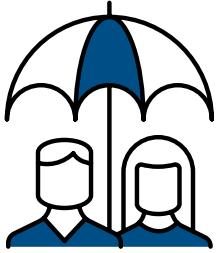

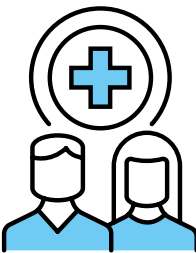
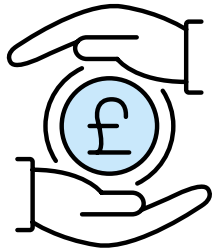
	Total claims paid	Average length of policy before claim	Average payout
 <b>Life claims<sup>***</sup></b>	<b>2,196</b>	<b>10 years</b>	<b>£90,022</b>
 <b>Terminal Illness Cover</b>	<b>452</b>	<b>10 years</b>	<b>£120,708</b>
 <b>Critical Illness Cover</b>	<b>1,115</b>	<b>10 years</b>	<b>£56,454</b>
 <b>Income Protection<sup>**</sup></b>	<b>52</b>	<b>3 years</b>	<b>£1,077 per month</b>

- [20 - 29 year olds >](#)
- [30 - 39 year olds >](#)
- [40 - 49 year olds >](#)
- [50 - 59 year olds >](#)
- [60+ year olds >](#)

<sup>\*\*</sup>New claims admitted in 2020 and those already being paid before Jan 2020 that continued to be paid  
<sup>\*\*\*</sup>Life claims (combined with Over 50s life insurance) for age ranges 50-59 and 60+

# Claims statistics by age group

## 60+ year olds

	Total claims paid	Average length of policy before claim	Average payout
 <b>Life claims<sup>***</sup></b>	<b>9,250</b>	<b>24 years</b>	<b>£17,314</b>
 <b>Terminal Illness Cover</b>	<b>334</b>	<b>8.5 years</b>	<b>£89,464</b>
 <b>Critical Illness Cover</b>	<b>196</b>	<b>10 years</b>	<b>£36,240</b>
 <b>Income Protection<sup>**</sup></b>	<b>3</b>	<b>7 years</b>	<b>£333 per month</b>

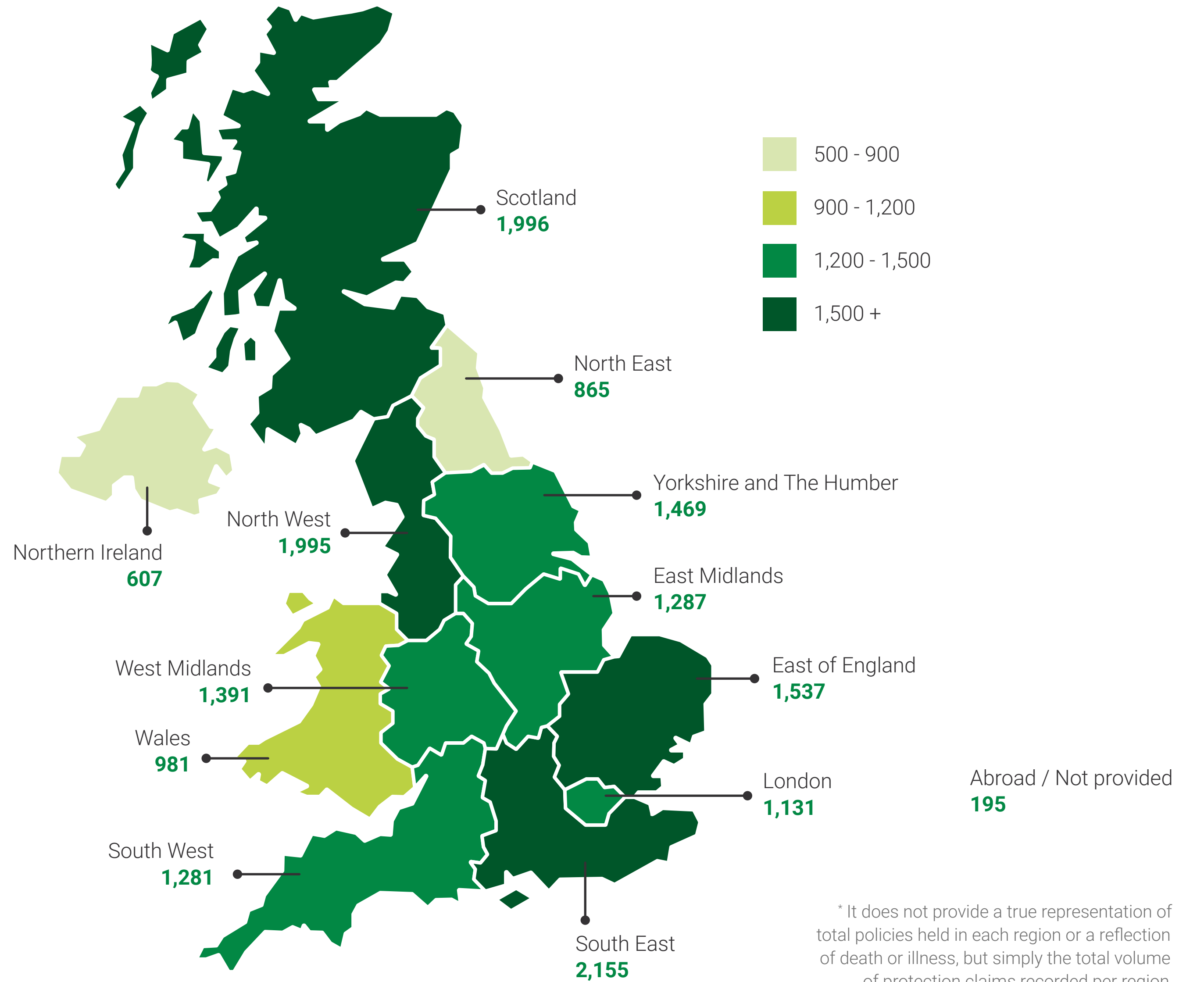
- [20 - 29 year olds >](#)
- [30 - 39 year olds >](#)
- [40 - 49 year olds >](#)
- [50 - 59 year olds >](#)
- [60+ year olds >](#)

<sup>\*\*</sup>New claims admitted in 2020 and those already being paid before Jan 2020 that continued to be paid  
<sup>\*\*\*</sup>Life claims (combined with Over 50s life insurance) for age ranges 50-59 and 60+

# Regional claims data

This map shows Legal & General's total amount of claims made within each region in the UK\* for the following products:

- Life claims (combined with Over 50s life insurance)
- Terminal Illness Cover
- Critical Illness Cover
- Children's Critical Illness Cover
- Income Protection



\* 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.

# Misrepresentation: the reasons

In 2021, we paid on average c.97% of individual protection claims. Of the small percentage not paid, over 9 in 10 were because of 'deliberate or reckless misrepresentation'. Over 30% of misrepresentations were due to lifestyle factors that should have been in the customers knowledge, with the majority of these being linked to alcohol. In addition, nearly 40% of misrepresented claims occur in the first 2 years.

To help ensure all clients stand the best possible chance of having their claim paid, we've compiled common areas where clients make mistakes on the application, or things they forget to inform us about. You can help their chance of a successful claim should they need to make one, by reminding them to take extra care to provide the correct health and lifestyle information. If their circumstances change later on, that's ok too – they just need to let you know; so that you can advise them what to do next.

## Areas to focus on to get it right first time



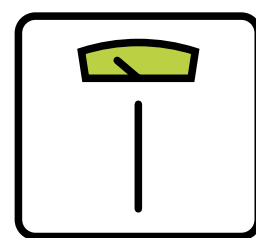
### Alcohol

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.



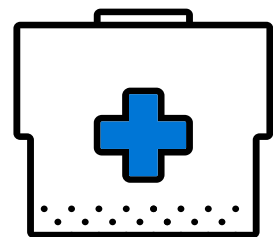
### Symptoms not yet diagnosed

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.

# Importance of Confirm Your Details (CYD)

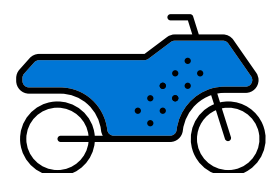
CYD can make a big difference to the success of a client's claim. That's why it's important to make sure your clients register with 'My Account' and confirm their details following their initial application. Encourage them to look out for the registration email to confirm all their information is accurate or to let us know if anything has changed. Accuracy at this stage is vital to provide you and your clients with peace of mind that the correct cover is in place.

## Most frequent CYD amends within My Account



### Medical Information

We need to know about changes to treatments, or new symptoms even if they're not yet diagnosed.



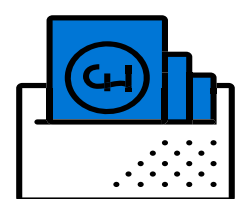
### Leisure and work activities

For instance, these could be rock climbing, gliding or motorsports



### Travel

Ask your clients to let us know past or future travel plans

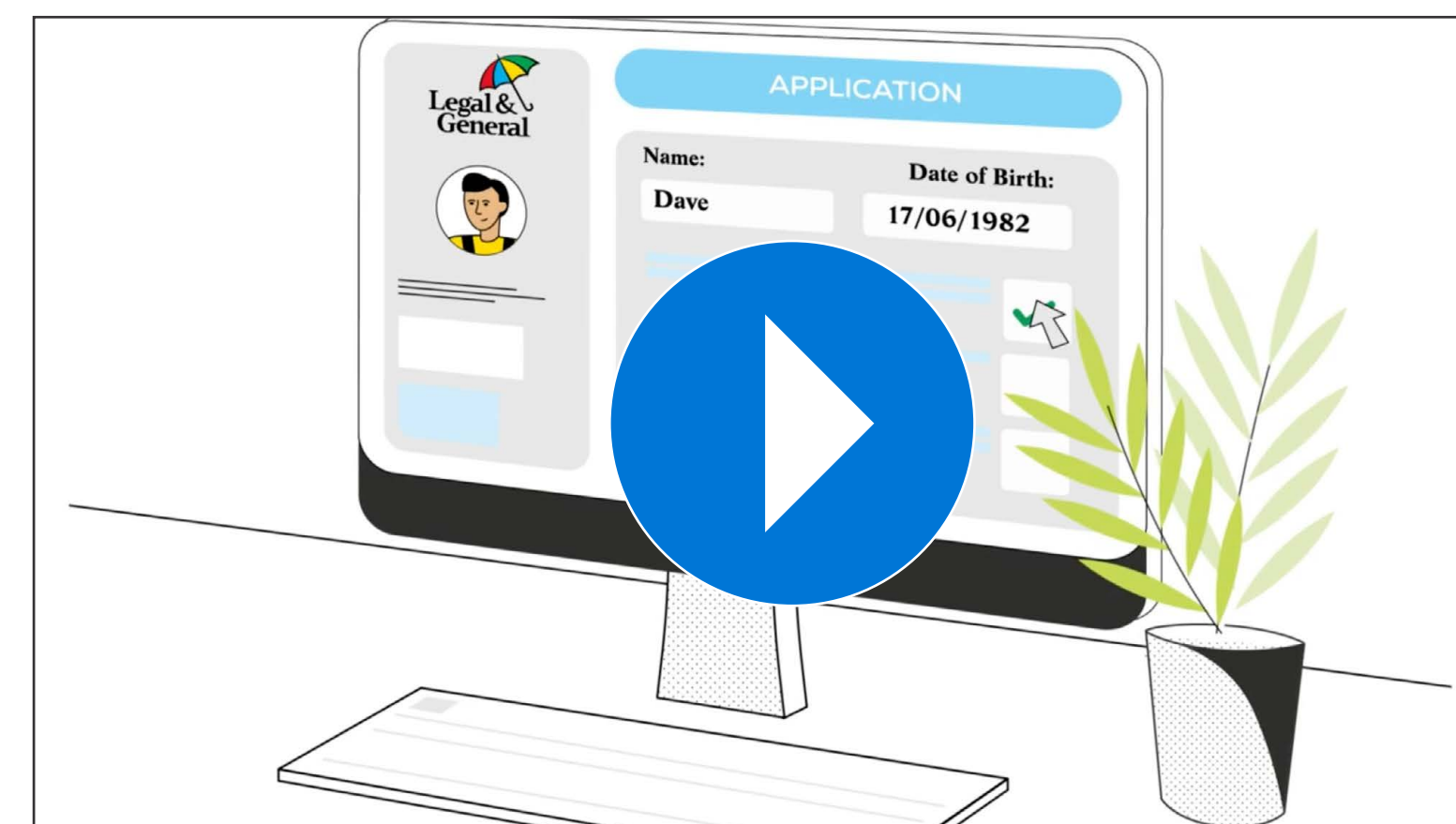


### Financial

Ask your clients to let us know about any changes to their job or mortgage amount

## CYD or no CYD: differences in outcomes

Watch our animation which shares an example of the importance of CYD, based on a real-life situation. It highlights the impact that incorrect information, or not sharing important information, can have on a client's claim.





# Our claims process

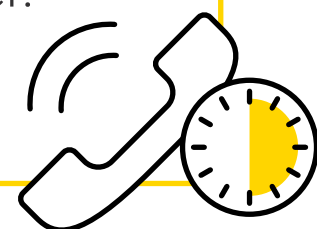
At the time when your client’s family needs us the most, our team of claim assessors are ready to step up and support them through the claims journey. We’ve outlined our claims process below to help you and your client ensure claims are paid efficiently.

## 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. Submit payment if it’s a valid claim.

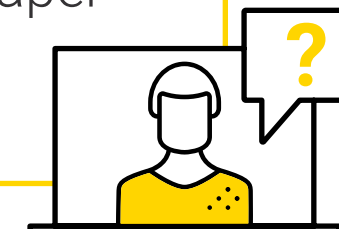


## Income Protection claims:

### 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

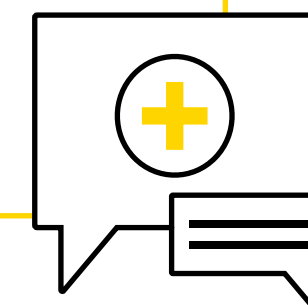
so the client can complete any missing information in their own time, and give their consent electronically. We can also send a paper copy if they prefer.



### 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.)

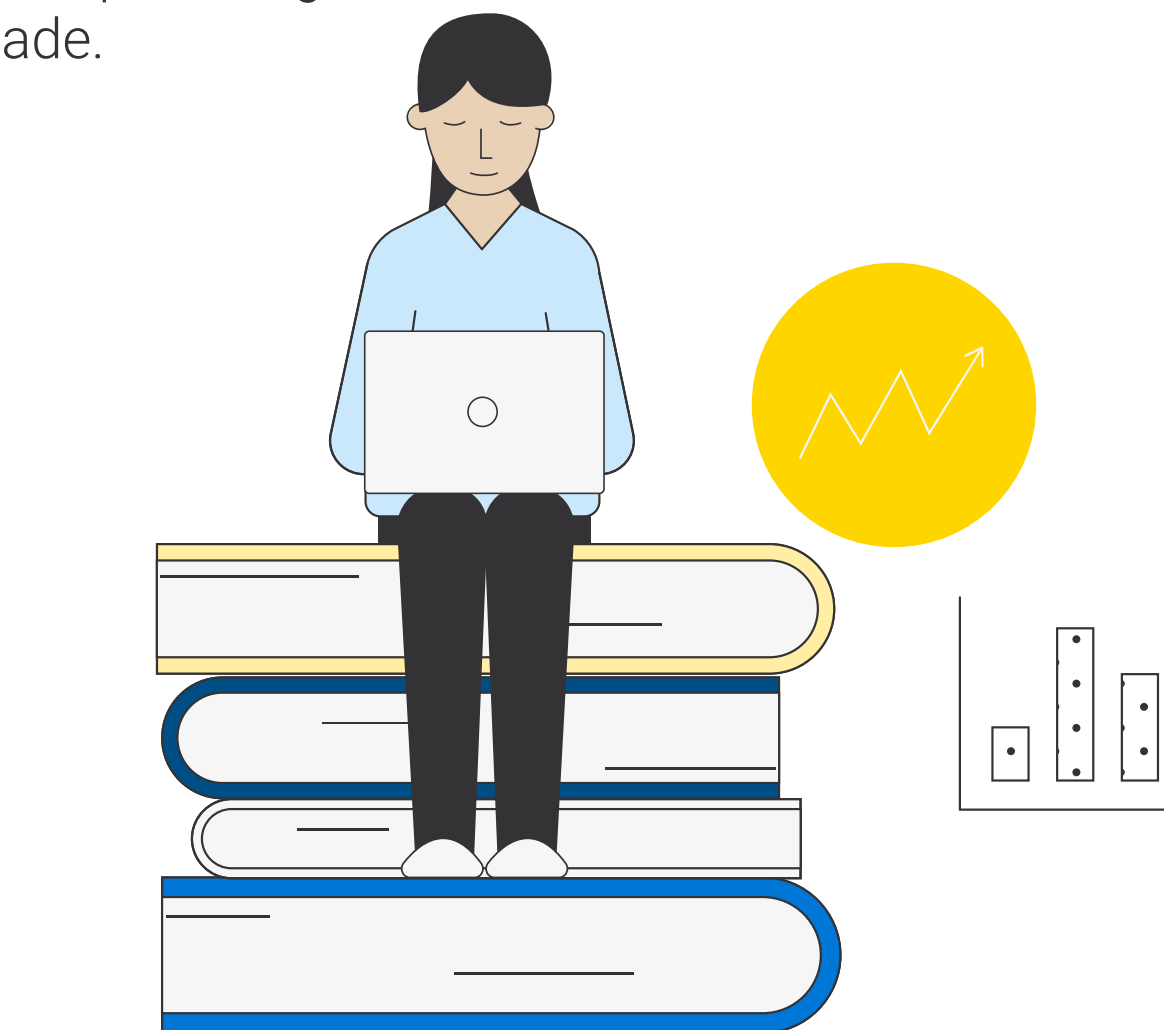
Unfortunately, we can’t progress such claims until we get this information. Our team will keep your client or their family regularly updated by phone or email if they provide us with their details. We’ll also let your client or their family know if we have accepted or declined the claim.

# Improving our claims process

You gave us feedback, and we've been listening. Because we want to ensure we're providing the best possible service, these are some of the recent improvements we've made.

## More claims, more recruitment and training

1. We've hired more claims assessors, to support with new and existing calls and reviews.
2. Experienced external assessors joined us in 2021 and we'll continue this recruitment throughout the rest of this year.
3. We're training existing colleagues to become claim assessors.
4. A number of our health team members have been providing support with life claims which is a benefit of having a multi skilled team.



## Project Smile

For every valid Children's Critical Illness Claim we pay, we would like to send a gift to show our customers we're thinking of them through this challenging time in their lives.

- There'll be a conversation with the parent/s to establish the child's preferences and appropriateness
- The child will receive a gift to their home address following the valid claim
- It will be gift wrapped with a personal message from us



## Process streamlining

The Coronavirus Act enabled us to accept copies of Wills from 5k up to 25k, alongside photocopies of Death Certificates rather than originals. Following on from this, we reduced the need for customers to get Estate Declarations signed by solicitors. And where possible, we now encourage the use of Customer Supplied Evidence to validate a claim.

# Speeding up claims

## Improvements to our communications

- We've updated the letters sent by our First Contact Team, to signpost turnaround times.
- Our new tool MyClaim provides customers with digital, tailor-made claims management.
- Automated SMS will be sent on days 5 & 10 to advise customers their claim or medical details are being processed.
- Advisers can opt in to receive a notification when a claim is initiated by their clients.
- To ensure the wellbeing of staff and that they're best equipped to support customers, we're providing assessors with 'Time to breathe' sessions, Samaritan training and 1-to-1 counselling.

## How customers can help speed up claims

### Health claims:

- Most health claims require medical reports. Customers should contact their relevant doctor and ask for these to be completed and sent to us asap. The customer can also send us copies of any hospital letters they already have that confirm their diagnosis.

### Life claims:

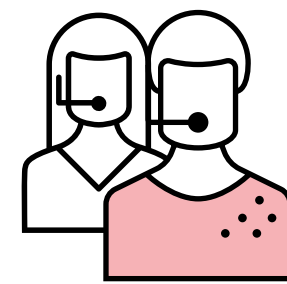
- Ask customers to have the death certificate and Will (if there is one) ready.
- Encourage customers to ask their GP to keep their medical records at the surgery for longer. Usually, they are removed 28 days after death, which can delay claims by 6 months+.

### Income protection claims:

- Customers should notify us as early as possible of their absence.
- Submitting relevant medical reports, evidence of earnings and proof of income will help speed up claims.

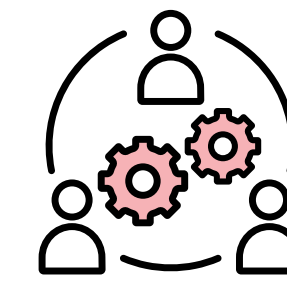
Encourage customers to use email to complete the claim pack if possible, and to provide their mobile numbers for regular SMS updates.

## 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.

# Find out how protection can make a difference to your clients lives

Pete's story



# For more information please speak to your Business Development Manager

Figures based on finalised claims 1/1/21 – 31/12/21 inclusive. Any fraudulent claims have been removed from the data.

Legal & General Assurance Society Limited. Registered in England and Wales No. 00166055.

Registered office: One Coleman Street, London EC2R 5AA. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

1896-2

