

# 2023 CLAIMS REPORT

See how we measured up.



## A WORD FROM OUR CEO

“It’s been over 5 years since Guardian entered the protection market, so I’m delighted to be able to share our first full claims report.

Since day one our aim has been to design policies that provide customers with certainty and invaluable support at the most vital time of their lives.

That’s why, for us, the claims experience is everything.

It’s the moment of need for policyholders, the moment of truth for providers, and the moment of validation for advisers.

We hope that our 2023 claim statistics will give advisers and their customers complete confidence in the quality of our policies.”

*Katya*

**Katya MacLean**  
Chief Executive Officer



### CONTENTS

TOTAL AMOUNT PAID:

**£15,333,395**

TOTAL NUMBER OF CLAIMS PAID:

**150** Plus, a further 117 Premium Waiver claims

LIFE	TERMINAL ILLNESS	CRITICAL ILLNESS	CHILDREN'S CRITICAL ILLNESS
% of claims paid: <b>100%</b>	% of claims paid: <b>100%</b>	% of claims paid: <b>92%</b>	% of claims paid: <b>92%</b>
Total amount: <b>£5,023,337</b>	Total amount: <b>£2,530,913</b>	Total amount: <b>£7,298,280</b>	Total amount: <b>£480,865</b>
Number of claims paid: <b>31</b>	Number of claims paid: <b>15</b>	Number of claims paid: <b>81</b>	Number of claims paid: <b>23</b>

**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 2023 to 31 December 2023.

**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 May 2019.



“

We've made no secret of the fact that we designed our policies to provide certainty at point of claim.

So, we're thrilled to report that we paid 100% of both life and terminal illness claims. ”

**Jacqui Gillies**

Marketing and Proposition Director

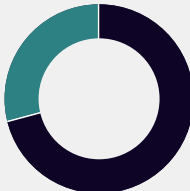
% OF LIFE PROTECTION CLAIMS

**100%\***

\*That's not a percentage you see in many claims reports, but you'll see it twice in this one.

TOTAL AMOUNT PAID:

**£5,023,337**

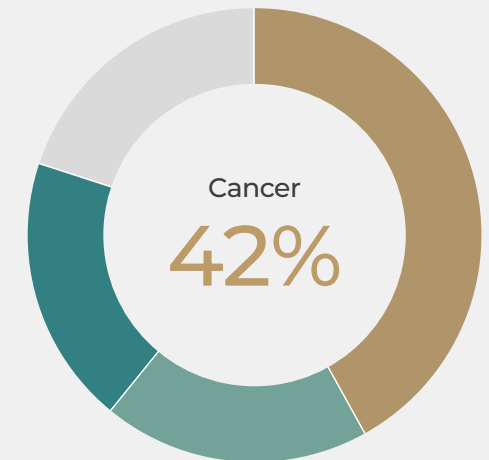
<p>Highest amount paid:</p> <p><b>£460,769</b></p>	<p>Total number of claims paid:</p> <p><b>31</b></p>	<p>Youngest age of claimant:</p> <p><b>27</b></p>	<p>% male:</p> <p><b>71%</b></p>  <p>% female:</p> <p><b>29%</b></p>
<p>Average amount paid:</p> <p><b>£162,043</b></p>	<p>Total number of claims not paid:</p> <p><b>0</b></p>	<p>Average age of claimant:</p> <p><b>47</b></p>	
<p>Lowest amount paid:</p> <p><b>£12,713</b></p>		<p>Oldest age of claimant:</p> <p><b>64</b></p>	

One of the 31 paid claims was a reduced payment made due to misrepresentation of medical history on the application.

THE CAUSES OF LIFE CLAIMS

Condition	No. of claims	% of claims
Cancer	13	42%
Accident	6	19%
Suicide	6	19%
Other natural causes	6	19%

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



## PROBATE CAN BE A RIGHT PAIN IN THE CLAIM.

# PROBATE

## PAYOUT PLANNER

## BYPASS IT WITH PAYOUT PLANNER.

Probate can take up to 11 months\*. Just imagine a grieving family having to wait that long for a life insurance payout. Or, even worse, losing the money under intestacy rules.

Payout Planner is the easy solution and it proved invaluable in 2023.

It allows clients to nominate their beneficiaries within the application. This means any payout doesn't form part of the policyholder's estate and isn't subject to inheritance tax (IHT), so payouts bypass probate and go directly to the most recently nominated beneficiaries.

**69%**

of all our life policies that went in force in 2023 used Payout Planner.

**74%**

of life claims paid in 2023 were paid using Payout Planner.

**7 months**

was saved at claim on average by using Payout Planner in 2023.

**Only 17%\*\***

of life policies are written in trust across the industry.

### Sources:

\* UK Parliament, Justice Committee launches new inquiry into probate amid concerns over delays and consumer protection, November 2023.

\*\* Swiss Re, Life claims: a beneficial direction, October 2023.

## PAYOUT PLANNER IN ACTION

When Thomas applied for his Life Protection, he nominated his partner Steph as his 100% beneficiary using Payout Planner. Thomas and Steph weren't married.

When Thomas died, we were able to pay the money directly to Steph.

Without Payout Planner in place, the money would have been subject to both probate delays and intestacy rules, which could have meant the money never reached Steph at all and instead went to an unintended family member.



This story is real, but we've changed the names and image and used stock photography for confidentiality.


% OF TERMINAL ILLNESS CLAIMS PAID

**100%\***

\*There's that percentage again. We're delighted to have been able to pay every single terminal illness claim.

TOTAL AMOUNT PAID:

**£2,530,913**

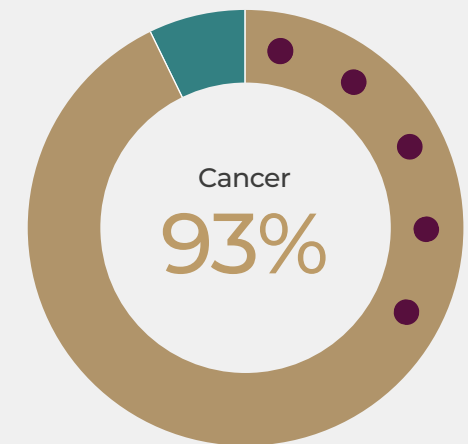
<p>Highest amount paid:</p> <p><b>£303,460</b></p>	<p>Total number of claims paid:</p> <p><b>15</b></p>	<p>Youngest age of claimant:</p> <p><b>37</b></p>	<p>% male:</p> <p><b>53%</b></p>  <p>% female:</p> <p><b>47%</b></p>
<p>Average amount paid:</p> <p><b>£168,727</b></p>	<p>Total number of claims not paid:</p> <p><b>0</b></p>	<p>Average age of claimant:</p> <p><b>50</b></p>	
<p>Lowest amount paid:</p> <p><b>£40,627</b></p>		<p>Oldest age of claimant:</p> <p><b>64</b></p>	

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.

THE CAUSES OF CLAIMS IN 2023

Condition	No. of claims	% of claims
Cancer	14	93%
Motor neurone disease	1	7%



KEY POINT

5 of the 14 cancer claims paid wouldn't have met the standard industry terminal illness definition at the time we paid them.

% OF CLAIMS PAID

**92%**

TOTAL AMOUNT PAID:

**£7,298,280**

THE VALUE OF OUR KEY DEFINITIONS

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

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

And, in many cases, confirmation from a UK Consultant is all we need to pay out.



Highest amount paid:  
**£500,000**

Average amount paid:  
**£90,102**

Lowest amount paid:  
**£4,156**

Total number of claims paid:  
**81**

Full payout: 94%  
Additional payout: 6%

Total number of claims not paid:  
**7**

Misrepresentation: 7%  
Not meeting the definition: 1%  
See page 10 for full details on the claims we couldn't pay.

Youngest age of claimant:  
**26**

Average age of claimant:  
**45**

Oldest age of claimant:  
**62**

% male:  
**50%**

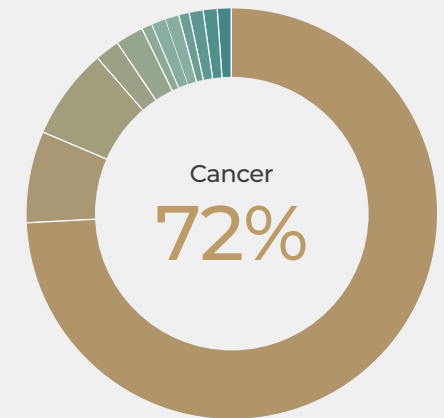


% female:  
**50%**

CRITICAL ILLNESS CLAIMS BY CONDITION

Condition	Male no.	Female no.	Total no.	Total %
● Cancer*	23	35	58	72
● Heart attack	6	0	6	7
● Stroke	5	1	6	7
● Cauda equina syndrome	-	2	2	2
● Coma	1	1	2	2
● Benign brain tumour	-	1	1	1
● Benign spinal cord tumour	1	-	1	1
● Low-grade prostate cancer	1	-	1	1
● Multiple sclerosis	1	-	1	1
● Parkinson disease	1	-	1	1
● Pituitary tumour	1	-	1	1
● Traumatic brain injury	1	-	1	1

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



KEY POINT

\*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.

% OF CLAIMS PAID

**92%**

TOTAL AMOUNT PAID:

**£480,865**

THE VALUE OF OUR CHILDREN'S CRITICAL ILLNESS PROTECTION

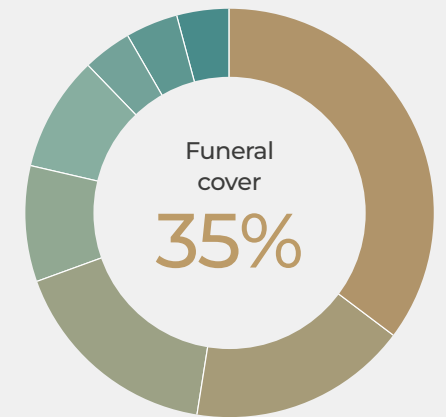
We don't automatically include a limited amount of child cover with adult critical illness cover. Instead, customers can add our Children's Critical Illness Protection to any type of adult cover at any time.

**74%** of our children's critical illness claims were attached to adult life cover.

CHILDREN'S CRITICAL ILLNESS CLAIMS BY CONDITION

Condition	No.	%
● Funeral cover	8	35
● Cancer*	4	17
● Type 1 insulin-dependent diabetes mellitus	4	17
● Coma	2	9
● Intensive care benefit	2	9
● Aorta graft surgery	1	4
● Cystic fibrosis	1	4
● Systemic lupus erythematosus	1	4

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



KEY POINT

\*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.

<p>Highest amount paid:</p> <p><b>£100,000</b></p> <p>Average amount paid:</p> <p><b>£20,907</b></p> <p>Lowest amount paid:</p> <p><b>£6,250</b></p>	<p>Total number of claims paid:</p> <p><b>23</b></p> <p>Full payout: 52% Funeral cover: 35% Additional payout: 13%</p> <p>Total number of claims not paid:</p> <p><b>2</b></p> <p>Both claims were for pre-existing conditions which aren't covered by the policy.</p>	<p>Claims for critical illness:</p> <p><b>15</b></p> <p>Claims of funeral cover:</p> <p><b>8</b></p>	<p>Youngest age of claimant:</p> <p><b>7 days</b> (Critical Illness)</p> <p><b>Stillborn</b> (Funeral cover)</p> <p>Oldest age of claimant:</p> <p><b>18 years</b></p>
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LET'S GET KIDS COVERED

Each year in the UK, around 4,000 children and young people are diagnosed with cancer.

To make matters worse, cancer diagnosis comes at a financial premium, with young cancer patients and their families facing a range of extra monthly costs of almost £700.

Source: Cancer Costs, Young Lives Vs Cancer research sponsored by Guardian, September 2023.



# THE VALUE OF OUR COVER UPGRADE PROMISE

We promise to check a claim against the definitions that the customer bought as well as any improved definitions for new customers, and to pay out if the claim is valid under either.

In 2023, we were able to pay one critical illness claim under our unique cover upgrade promise.

Cover upgrade is a key reason why John, a Financial Adviser, chose Guardian for himself.

“

Guardian's cover upgrade promise was the only reason my claim was paid. ”

**John**

Financial Adviser

## In July 2019...

John took out critical illness cover with Guardian that included the following Parkinson's disease definition:

A definite diagnosis by a UK Consultant Neurologist of idiopathic Parkinson's disease. There must be permanent clinical impairment of motor function with associated tremor and rigidity of movement.

## In October 2019...

we upgraded our Parkinson's disease definition for both new and existing customers free of charge:

A definite diagnosis by a UK Consultant Neurologist. There must be permanent clinical impairment of motor function. This impairment should include **either** an associated tremor **or** muscle rigidity.

## In 2023...

John was diagnosed with Parkinson's after an associated tremor; however, he wasn't yet experiencing muscle rigidity.

John's claim wouldn't have met the original definition in his policy. However, because of our cover upgrade promise, we also assessed his claim against the current Parkinson's definition and were able to pay the claim.

## SPECIALIST SUPPORT FROM HALO

Following John's diagnosis, our Claims Team referred him to Krysalis under our claims support service HALO, for specialist neurological occupational therapy.

Krysalis provided an assessment and 6 therapeutic sessions addressing John's specific concerns, which included fear of the condition and how to manage it.

HALO + Krysalis  
Neuro Occupational Therapy

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

THE BIGGEST REASON FOR DECLINING CLAIMS WAS...

# MISREPRESENTATION

Total number of  
adult claims declined:

7

Number of claims rejected because  
of misrepresentation:

6

Number of claims rejected because  
they didn't meet the definition:

1

## WHAT IS MISREPRESENTATION?

Misrepresentation is when someone gives inaccurate or incomplete information during the application process. When applying it's really important the person applying fully discloses their medical history, pre-existing conditions, and lifestyle habits. In 2023, misrepresentation meant we had to decline 6 claims.

## THE DECLINED MISREPRESENTATION CLAIMS IN DETAIL

Length of time policy had been in force before claimable event	Definition claimed against	Reason for decline
15 months	Heart valve replacement or repair	Customer didn't disclose history of cardiac problems which included tests and investigations before the policy started. Had this been disclosed we wouldn't have offered cover.
11 days	Cancer	Customer had visited surgery about a lump before applying for cover, and investigations were still ongoing. Had this been disclosed we wouldn't have offered cover.
3 months	Cancer	Customer didn't disclose ongoing investigations. Application would have been postponed until investigations were complete. The investigations unfortunately led to their cancer diagnosis, so we wouldn't have offered cover at all.
Tumour was diagnosed before applying.	Benign brain tumor	Customer had an existing benign brain tumour that was diagnosed before applying and this wasn't disclosed on the application. Had this been disclosed we wouldn't have offered cover.
4 months	Cancer	Customer visited surgery about a changing mole before applying, didn't disclose it on the application when asked. Had this been disclosed we would have postponed the application until the investigations were complete, by which time they'd been diagnosed with cancer.
16 months	Respiratory failure	Customer didn't disclose history of lung disease and pre-diabetes. Had this been disclosed we wouldn't have offered cover.

One claim was declined for not meeting the definition, as the client hadn't suffered a heart attack, for which they were claiming.

# 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 application 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're an ex-smoker, they must provide us with an accurate date when they stopped.



## Pre-existing health conditions

It's vital your 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're waiting to see a specialist or undergoing any medical tests.

# 117

CUSTOMERS BENEFITED FROM OUR PREMIUM WAIVER

# £53.80

WAS THE AVERAGE MONTHLY PREMIUM AMOUNT WAIVED



### Premium Waiver

Premium Waiver comes as standard regardless of age, job, or activities because we believe it's invaluable. So if we offer someone cover, they automatically get waiver. It's not underwritten, so we don't apply exclusions or loadings.

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 on what type of cover they have chosen, 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.

Reason for payments:

## 35

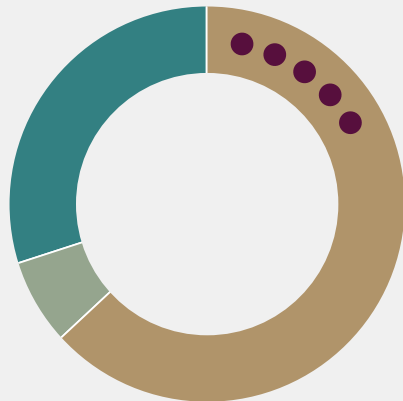
### ILLNESS / INJURY

Premiums were waived for an average of 6 months

## 8

### INVOLUNTARILY LOSING JOB / BEING MADE REDUNDANT

Premiums were waived for 6 months as standard



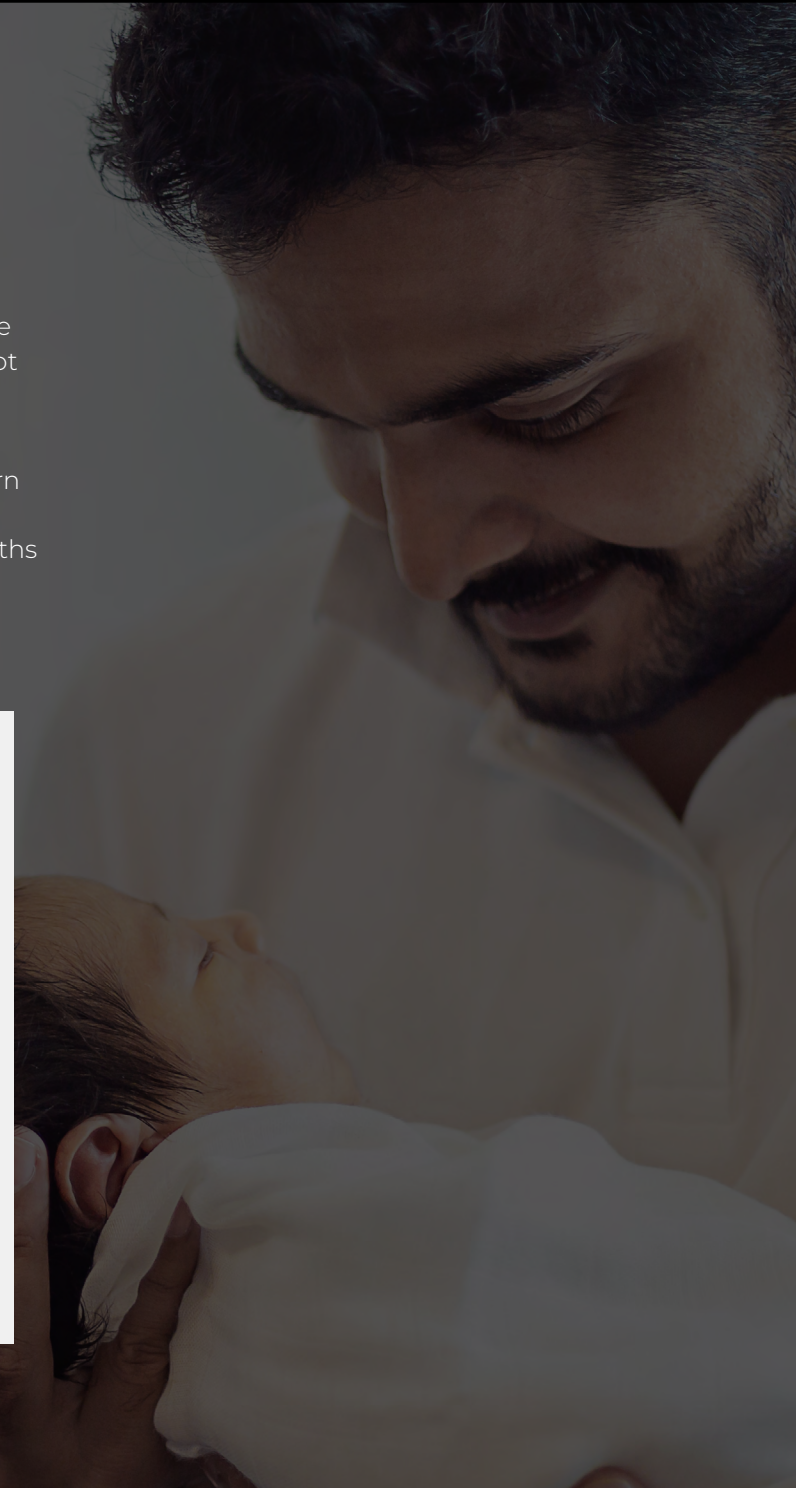
## 74

### MATERNITY / PATERNITY

Premiums were waived for 6 months as standard

### KEY POINT

- In 5 cases both parents claimed.



# 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 and legal services, and financial support.

The help provided is at the discretion of our Claims Team, who in 2023 were delighted to have been able to provide the following support:

<p>Referrals for specialist nurse support:</p> <p><b>32</b></p> <p>Services provided by:</p> 	<p>Referrals for neurological therapy:</p> <p><b>5</b></p> <p>Services provided by:</p> 	<p>Referrals for legal advice:</p> <p><b>11</b></p> <p>Services provided by:</p> 	<p>Offers of financial support:</p> <p><b>5</b></p> <p>Services provided by:</p> 
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## EXAMPLES OF ADDITIONAL FINANCIAL SUPPORT

### £200 to help with childcare costs

We paid a husband around £200 to cover childcare costs as an additional payment while we assessed his wife's terminal illness claim. Before she became ill they shared the school drop offs and pickups which she wasn't able to do anymore.

### £250 to help with childcare costs

During a critical illness claim, we became aware the policyholder was too unwell to care for a child and the husband was having to leave work early and start late to take on the responsibility. So, we paid a one-off payment of £250 to help with childcare costs.

## 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

## IT'S CLAIMS SUPPORT MADE TRULY PERSONAL.



When Rebecca, a young mother, made a critical illness claim, it became apparent during the claims process that she was struggling with post-intensive care syndrome.

In Rebecca's case, the condition resulted in her struggling to care for her young family due to persistent fatigue, an inability to concentrate, hand weakness, and reduced mobility.

Our Claims Team introduced Rebecca to Krysalis, a provider of specialist therapy and support for people suffering from neurological conditions.

Krysalis implemented a fatigue management programme and daily routine which helped Rebecca rebuild her energy levels, improve her sleep, and reduce her anxiety levels.

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



When Marilyn claimed following a breast cancer diagnosis, she confided in her claims handler that she was anxious about her treatment and taking time off work.

Our Claims Team introduced Marilyn to RedArc, a provider of medical support services.

RedArc then introduced Marilyn to Julie, a highly experienced cancer nurse, who started a programme of one-to-one calls with Marilyn that lasted throughout her treatment.

During these calls Julie advised Marilyn on post-surgery wound care, coping with the side effects of radiotherapy, haircare during treatment, and helping her prepare for conversations with her employer.

Marilyn has given her permission to share her story. Photo is of Marilyn and her partner Andrea on their wedding day.



When Jane's husband died, the cause of death was unclear, so the coroner issued an interim death certificate.

Jane was concerned the interim death certificate would impact any application for probate.

Our Claims Team introduced Jane to LegaCare, a legal support charity. They reassured Jane that a grant of probate wasn't required. They also recommended she made a will herself as she has 2 young children. They explained the roles of Trustees, Executors and Guardians so Jane could pick the right people for those roles.

Although Jane had access to a free will writing service, LegaCare had gained her trust and she asked whether they could prepare her will.

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

# 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.



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“

Simplicity is at the heart of our claims experience.

We guide claimants through the entire process to help ensure they receive a prompt payout and benefit from the full support of our claims support service, HALO. ”

**Phil Deacon**  
Head of Claims