Critical Illness

EMPLOYEE GUIDE

This guide is designed to help you understand the cover we offer.

It tells you what is covered, the circumstances in which we'll pay benefit and any exclusions that apply. It does not give the full terms and conditions of the cover – these are contained in the policy document issued to your employer as they are the policyholder.

We do not offer advice on the suitability of the product for your individual circumstances. We provide information only for you to make an informed decision on how the policy meets your individual circumstances.

The cover

Critical Illness cover pays a tax-free lump sum benefit if you or your child are:

- Diagnosed with a defined medical condition or undergo, or where applicable are placed on a waiting list for, one of the listed surgical procedures; and
- Survive for at least 14 days

Please note:

- For benefit to be payable the illness or operation must meet the definition in the policy conditions
- The policy definitions can be found in the policy document and in the Conditions Covered and Exclusions Glossary available from your employer
- The full list of illnesses and operations covered is given in the "Which illnesses are covered?" section of this guide

Who can be covered?

You can choose cover if you are eligible to join the policy under your employer's flexible benefit arrangement.

Your children are automatically covered for the same conditions as you, **and a number of children's specific critical illnesses**, from birth until their 18th birthday (or 21st birthday if they are in full time education). By children we mean natural, legally adopted and step children or a child who is financially dependent on you.



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How much is the lump sum payment?

You decide how much cover you want by choosing from the options available through your employer's flexible benefit arrangement. We call these options flex steps and details of the amounts are available from your employer.

Your cover - £500,000 is the maximum cover amount but this cannot be more than 5 times your salary.

Your children are covered for 25% of your benefit up to a maximum of £25,000 per child.

The maximum cover amount for your spouse/partner is £300,000, however their cover cannot be more than the benefit level you have chosen for yourself.

You can change your cover up to 2 times per year

- During the election window; and
- If your circumstances change (e.g. if you get married or divorced or have children). We call these lifestyle events and a full list is available from your employer.

If you decide to make a change, you can increase your cover by:

- Any number of steps of £25,000 of benefit, or reduce your benefit by any amount of steps at a time. This is subject to a maximum increase of 2 increases in any plan year.



When does the cover start?

You will normally have the opportunity to join the policy on a fixed date each year or shortly after you start to work for your employer. Your employer will be able to provide you with details.

When does cover stop?

Your cover will stop:

- When you reach the cover cease age for the policy; or
- If you no longer meet the eligibility conditions for cover set by your employer; or
- If you no longer work for your employer; or
- If you choose to de-select this cover under your employer's flexible benefit arrangement; or
- If your employer stops the policy

Cover for your spouse/partner and children will end at the same time your cover stops or earlier if:

- Your spouse/partner reaches the cover cease age or you de-select the cover
- Your child no longer meets the definition of a child

How much does the cover cost?

All contributions will be paid to us centrally by your employer.

We work out the premiums based on your age at the start of each policy year and the amount of cover you select. As you get older you will move into a different premium age band and the cost of your cover will usually increase.

We usually review the premium rates every 2 years and they may change.

When will benefit be paid?

Benefit will be paid if you, your spouse/partner or your child are:

- Diagnosed with an illness or undergo, or where applicable are placed on an official waiting list for, an operation covered under the policy; and
- Survive for at least 14 days; and
- The illness or operation meets the definition in the policy conditions

The benefit will be paid to you.

Which illnesses are covered?

Here is a complete list of all the illnesses and operations we cover:

- Aorta graft surgery
- Aplastic anaemia – of specified severity
- Bacterial meningitis – resulting in permanent symptoms
- Benign brain tumour – with permanent symptoms or specified treatments
- Benign spinal cord tumour – with permanent symptoms or specified treatments
- Blindness – permanent and irreversible
- Cancer – excluding less advanced cases
- Cancer – second and subsequent
- Cardiac arrest – with insertion of a defibrillator
- Cardiomyopathy – of specified severity
- Coma – with associated permanent symptoms
- Coronary angioplasty – to 2 or more coronary arteries
- Coronary artery bypass grafts
- Creutzfeldt-Jacob disease – resulting in permanent symptoms
- Deafness – permanent and irreversible
- Dementia including Alzheimer's disease – resulting in permanent symptoms
- Encephalitis – resulting in permanent symptoms
- Heart attack
- Heart valve replacement or repair
- HIV infection – caught within specified geographic limits from a blood transfusion, physical assault or at work
- Kidney failure – requiring permanent dialysis
- Liver failure – of specified severity
- Loss of hand or foot – permanent physical severance
- Loss of speech – total, permanent and irreversible
- Major organ transplant – from another donor
- Motor neurone disease – resulting in permanent symptoms
- Multiple sclerosis – with persisting symptoms
- Paralysis of limb – total and irreversible
- Parkinson's disease and Parkinson plus syndromes – resulting in permanent symptoms
- Primary pulmonary arterial hypertension – of specified severity
- Pulmonary artery surgery – for disease
- Respiratory failure – of specified severity
- Rheumatoid arthritis – of specified severity
- Stroke
- Structural heart surgery – with surgery to divide the breastbone
- Terminal illness – where death is expected within 12 months
- Third degree burns – covering 20% of the body or face
- Total permanent disability – of specified severity
- Traumatic brain injury – resulting in permanent symptoms

Children's cover

- Cerebral palsy
- Child's intensive care benefit – requiring mechanical ventilation for 7 days
- Cystic fibrosis
- Hydrocephalus – treated with the insertion of a shunt
- Muscular dystrophy
- Spina bifida myelomeningocele
- Total permanent disability – permanently unable to look after yourself

Please remember that:

- We only cover the illnesses and operations listed above
- The heading for each illness or operation is only a guide to what is covered
- For benefit to be payable the illness or operation must meet the policy definition which can be found in the policy document and in the Conditions Covered and Exclusions Glossary available from your employer
- In some cases we limit the cover we provide, for example:
  - We don't cover all types of cancer; and
  - For some conditions there is a requirement for symptoms to be permanent

What is not covered?

We will not pay a claim for an illness or operation which:

- Is not included in the list of illnesses covered
- Occured before your cover started

Pre-existing and related conditions exclusions apply to all cover under this policy. By all cover we mean:

- Cover for you, your children and your spouse/partner; and
- All increases in benefit

The pre-existing and related conditions exclusions mean that if, before the cover started, you or your child or your spouse/partner:

- Suffered from one of the illnesses or underwent an operation covered by the policy you will not be able to claim for a recurrence of that condition or certain other conditions
- Had been treated for, received advice or were aware of a condition that is related to a covered illness or operation you will not be able to make a claim for that illness or operation. Some related conditions are disregarded once the cover has been in place for 2 years

Children's cover:

No benefit will be paid in respect of a child if symptoms first arose or the underlying condition was first diagnosed before the member joined the policy.

No benefit will be paid for any subsequent critical illness event related to a child-specific critical illness for which benefit has been paid.

In addition:

- Once we have accepted a claim for an illness or operation, you will not be able to make any further claims for that condition or certain other conditions, with the exception of second and subsequent cancer
- We will not pay benefit for any illness or operation where, within the 2 months before cover started, you or your child or your spouse/partner were undergoing medical investigations which led to the later diagnosis of the covered condition

Please note that:

- The above information on the pre-existing and related conditions exclusions is only a guide to the exclusions
- The full pre-existing and related conditions exclusions wording can be found in the policy document and in the Conditions Covered and Exclusions Glossary available from your employer



Example of a pre-existing condition

If you had a **critical illness** before joining the policy



The critical illness **is not covered** because of the pre-existing condition

If you had a **related condition** before joining the policy



Related Condition (eg: Heart disease, Arterial disease, Blood pressure, Diabetes)

The critical illness **is not covered** because of the related condition

The critical illness **is covered** as related conditions are ignored after 2 years

How to make a claim

It is important that you tell your employer as soon as possible if you, or a member of your family covered under the policy, are diagnosed with a defined medical condition or undergo, or where applicable are placed on a waiting list for, one of the listed surgical procedures.

Your employer will give you a claim form to complete and return to us so that we can assess the claim.

Please note:

We have the right not to pay a claim if we are notified more than 90 days after the diagnosis of an insured illness or the undergoing of a covered operation.

The insurer

The cover is provided under a Group Critical Illness policy by Unum Limited.

Complaints

If you are not completely happy with our service or a claim decision you should speak to your employer (the policyholder) who will contact us. Alternatively, you can contact the Complaints Team directly.

Complaints Team:

Phone: 0345 600 6763

Email: complaints@unum.co.uk

Address: Complaints Team
Unum, Milton Court, Dorking
Surrey RH4 3LZ

We will do our best to resolve your complaint, but if your complaint has not been resolved within 8 weeks, we will explain why it remains unresolved and inform you of your right to refer the matter to the Financial Ombudsman Service (FOS).

Once we have finished investigating your complaint we will issue a Final Response Letter. If you remain dissatisfied you will have the right to refer the matter to the FOS. You must refer any complaint to the FOS within 6 months of the date of the Final Response Letter. Please note that some cases may not be eligible for referral to the FOS.

The Financial Ombudsman Service is an independent complaints resolution service that is free to customers.

Their contact details are:

The Financial Ombudsman Service
Exchange Tower, London E14 9SR

Customer helpline: 0800 023 4567

For mobiles: 0300 123 9123

Email: complaint.info@financial-ombudsman.org.uk

Web: www.financial-ombudsman.org.uk

FSCS

If we cannot meet our liabilities, you may be entitled to compensation under the Financial Services Compensation Scheme (FSCS)*

*Please note that the FSCS does not cover firms in the Channel Islands or the Isle of Man.

Tax

Under current HMRC practice:

- You will be taxed as a benefit in kind on any premiums paid by your employer, or paid by you from your gross salary or through a salary sacrifice arrangement
- Alternatively, premiums may be paid by you via your employer from your net salary, after deduction of tax
- Benefits are paid free of tax

HMRC rules regarding the taxation of benefits and premiums may change in the future.

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