

Death in Service Pension

PRODUCT SUMMARY

What are registered death in service pensions?

Death in service pensions provide a regular income to financial dependants of an employee who dies whilst covered by the scheme. The financial dependant will receive a monthly income which will be payable for life if the dependant is the spouse/civil partner or adult dependant. If income is paid to a child, payments will normally continue until they reach the age of 18 or 23 if in full time education.

The payments are usually paid directly to the dependant and are subject to income tax. There are usually no exclusions under the policy, although there is a maximum total amount that may be paid to the Trustees if multiple deaths arise from the same cause. Employees cannot be covered under this policy beyond their 75th birthday.

The following is a high level outline of our death in service pension product (a benefit within a registered group life scheme). For full information please refer to the registered group life technical guide or policy terms and conditions which can be found on our website.

What are the key features of our product?

Death in service pension (DISP) benefit	<ul style="list-style-type: none"> • Up to 80% of salary or any percentage of prospective pension. • Payable to spouse/civil partner or financial dependant. • In addition, can provide a separate pension to children (up to their 23rd birthday).
Minimum/maximum number of lives	Minimum three lives, no maximum.
Minimum premium	None.
Premium payment frequency	<ul style="list-style-type: none"> • Quarterly or monthly (Direct Debit only) for schemes with up to 200 employees. • Annually, quarterly or monthly for schemes with more than 200 employees. We accept BACS payments for annual payers only. • No premium payment frequency loading.
Data refresh frequency	<ul style="list-style-type: none"> • Quarterly or annually (online) for schemes with up to 200 employees. • Annually for schemes with more than 200 employees.
Costing basis	Single premium age related rates.

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Standard guarantee period	Two years.
Late entrants	<ul style="list-style-type: none"> Individuals who join a workplace pension scheme within 12 months of first becoming eligible will automatically be covered up to the automatic acceptance limit. Individuals re-joining a workplace pension scheme at the auto-enrolment staging date or a re-enrolment date will automatically be covered up to the automatic acceptance limit providing they have not been absent due to ill health: <ul style="list-style-type: none"> in schemes with up to 50 members, for one week or longer; in schemes with between 51 and 500 members, for four weeks or longer; or in schemes with 501 or more members, for 12 weeks or longer. <p>Otherwise, they will be considered to be late entrants and any cover provided will be subject to an individual assessment.</p>
Absentees due to ill health	<p>At application stage, we reserve the right to amend or even withdraw our terms if, in schemes of 50 or fewer members, a member has been absent due to ill health for a week or more and we have not been previously notified of their absence. If the scheme has between 51 and 500 members, we reserve the right to amend or withdraw our terms where any previously un-reported absences have lasted four weeks or more and the member's total benefit (the capitalised value of the member's DISP benefit) exceeds the annual premium quoted for covering the whole scheme.</p> <p>Following benefit increases reflecting increases in salary, members absent through ill health on the day the increase is due to take effect will be covered for the increase only once they are next actively at work.</p>
Escalation	<ul style="list-style-type: none"> 0%, 3%, 5% RPI or CPI to max of 2.5% or 5%
Age cover ceases	Linked to state pension age or any fixed age up to a maximum of 75.
Early retirement cover	Not available.
Extended cover	Cover beyond the age cover ceases is subject to individual assessment. Cover cannot continue beyond the member's 75th birthday.
Redundancy cover	Not available.
Event limits	Based on the sums assured in each postcode, up to a normal maximum of £100 million (capitalised value).
Group travel limit	<ul style="list-style-type: none"> Maximum of £40 million (capitalised value) if two or more members travel together. Covers any temporary business locations, such as conference venues, for a period of up to seven days.
Automatic acceptance limits	Based on the number of members in the scheme. Maximum of £1.25 million (capitalised value).

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No worse terms	Available, up to a maximum member benefit of £5 million (capitalised value), other than where schemes are transferring to us from Lloyd's syndicates in which case the maximum is £1 million (capitalised value).
Individual assessment	<ul style="list-style-type: none">• Those with benefits over the automatic acceptance limit are assessed in respect of their benefits above, but not below, the automatic acceptance limit;• Discretionary entrants will be individually assessed for their full benefits (no automatic acceptance limit applies).
Once and done individual assessment	Available up to a maximum of £5 million benefit (capitalised value) per member.
Claims	A claim form can be downloaded from our website or requested by calling our claims team on 0330 303 9973.
Opting out of Insurance Act 2015 – paying claims in full	The employer has a duty to make a fair presentation of the risk to us. If they do not fairly present the risk and we would have charged a higher premium (if we had known the omitted information), the Insurance Act 2015 allows us to proportionately reduce the claim amount (but not charge the higher premium). We believe it is fairer to contract out of this part of the Insurance Act 2015. By contracting out we can pay those claims in full, rather than proportionately, whilst charging the employer the correct higher premium (and apply any other different policy terms which we would have applied if we had known the information).
Questions and complaints	<p>If you have any queries, please contact your adviser in the first instance. If you wish to raise any queries with us, or make a complaint, please contact our Group complaints team at:</p> <p>AIG Life Limited The AIG Building 58 Fenchurch Street London EC3M 4AB</p> <p>by email to groupcomplaints@aiglife.co.uk</p> <p>or by calling 0330 303 9974 (calls may be recorded for training and monitoring purposes).</p> <p>If you are still dissatisfied following a formal response to your complaint, you can approach the Financial Ombudsman Service at:</p> <p>Financial Ombudsman Service Ltd Exchange Tower London E14 9SR</p> <p>Tel 0800 023 4567</p>



www.aiglife.co.uk