

Group Critical Illness

PRODUCT SUMMARY

What is group critical illness insurance?

Group critical illness provides a tax-free lump sum to members if they, their child and, if covered, their partner suffer one of the defined insured illnesses whilst covered by the scheme.

The following is a high level outline of our group critical illness product. For full information please refer to the technical guide or policy terms and conditions.

What are the key features of our product?

Core illnesses

- Alzheimer's disease
- Cancer
- Coronary artery bypass grafts
- Creutzfeldt-Jakob disease (CJD)
- Dementia
- Heart attack
- Kidney failure
- Major organ transplant
- Motor neurone disease
- Multiple sclerosis
- Parkinson's disease
- Stroke

Additional illnesses (optional)

- Aorta graft surgery
- Aplastic anaemia
- Bacterial meningitis
- Balloon valvuloplasty
- Benign brain tumour
- Benign spinal cord tumour
- Blindness
- Cardiac arrest
- Cardiomyopathy
- Coma
- Deafness
- Encephalitis
- Heart valve replacement or repair
- HIV infection
- Liver failure
- Loss of hand or foot

What are the key features of our product?

Additional illnesses (optional) - <i>continued</i>	<ul style="list-style-type: none"> • Loss of independent existence • Loss of speech • Open heart surgery • Paralysis of limbs • Primary pulmonary hypertension • Progressive supranuclear palsy • Pulmonary artery graft surgery • Respiratory failure • Rheumatoid arthritis (chronic) • Systemic lupus erythematosus • Terminal illness • Third degree burns • Traumatic brain injury
Total permanent disability (TPD) (optional)	<ul style="list-style-type: none"> • Can be added to either core or additional illnesses and based on: <ul style="list-style-type: none"> ○ Own occupation; ○ Suited occupation; or ○ Activities based assessment (always applies to partner or children). • Disability must have continued for six months.
Standard exclusions	<ul style="list-style-type: none"> • Pre-existing insured illness exclusion applies – on joining or on benefit increase. • Related medical conditions exclusion applies – on joining or on benefit increase. • In relation to children, specific additional exclusions apply which are detailed in the technical guide.
Benefit basis	<ul style="list-style-type: none"> • Any multiple of salary up to a maximum of 5 x (or £500,000 if less). • Fixed benefit amount (up to a maximum of £500,000 or 5 x member's salary, whichever is less).
Spouse / partner benefit basis	<ul style="list-style-type: none"> • Multiple of member's salary up to a maximum of 5 x (£250,000 if less). • Fixed benefit amount (up to a maximum of £250,000). • Partner benefit cannot exceed the member's benefit.
Spouse / partner definition	<ul style="list-style-type: none"> • At the date cover starts: <ol style="list-style-type: none"> a) a person to whom the member is married; b) a person with whom the member has entered into a civil partnership; or c) a person who is not a relative of a member, or married to or a civil partner of the member at the date cover starts and when the cover starts is in a relationship resembling marriage with the member and has the same main residence as the member and has done so for at least six months and is either: <ul style="list-style-type: none"> ○ financially dependent on the member; or ○ in a relationship of mutual financial dependence with the member.
Children's benefit (per child)	<ul style="list-style-type: none"> • Automatically provided at no extra cost; • ¼ of member's benefit to a maximum of £20,000; • A child is defined as a child, stepchild or legally adopted child from birth to their 18th birthday (or 23rd birthday if in full-time education); • No limit on number of children covered.

What are the key features of our product?

Minimum/maximum number of lives	Minimum two lives, no maximum.
Minimum premium	None.
Premium payment frequency	<ul style="list-style-type: none"> • Quarterly or monthly for schemes with up to 99 employees; • Annually for schemes with 100 or more employees; • No premium payment frequency loading.
Data refresh frequency	<ul style="list-style-type: none"> • Quarterly for schemes with up to 99 employees. • Annually for schemes with 100 or more employees.
Costing basis	Single premium age related rates.
Standard guarantee period	Two years.
Age cover ceases	Linked to state pension age or any fixed age up to a max of 70.
Survival period	14 days (six months for total permanent disability).
Extended cover	<ul style="list-style-type: none"> • Cover beyond the age cover ceases is subject to: <ul style="list-style-type: none"> ○ new pre-existing insured illness and related medical conditions exclusion applying to their total benefit on and from the date they reach the age cover ceases if the policy has an automatic acceptance limit of greater than £0; or ○ individual assessment and acceptance by us if the policy has an automatic acceptance limit of £0.
Automatic acceptance limit	£75,000 for policies of three or four members, £500,000 for policies of five or more members (otherwise none).
Individual assessment	Cover over the automatic acceptance limit will be subject to individual assessment and acceptance by us. Individuals affected will be asked to complete our online questionnaire.
Claims	Claim forms can be requested by calling our claims team on 0330 303 9973.
Date of diagnosis for claim purposes	This is the date the survival period begins from. Where the insured illness does not require surgery, the date of diagnosis is the date the medical professional diagnosed the individual has having the insured illness – this will normally be a date before the individual is told of the diagnosis. Where the insured illness requires surgery it is the date of surgery. For major organ transplant it is the date of inclusion on an official UK waiting list (or the date of surgery if earlier).
Maximum number of claims	There will be no maximum number of claims for a member, partner or child, as long as the causes of each claim are independent of each other.
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 had we known about it, the Insurance Act 2015 allows us proportionately reduce the claim amount rather than charge a higher premium. We believe it is fairer to contract out of this part of the Insurance Act 2015, so that we can pay those claims in full, whilst charging the employer the correct higher premium (and applying any other different policy terms which we would have applied if we had known the information).

What are the key features of our product?

Questions and complaints

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:

AIG Life Limited
The AIG Building
58 Fenchurch Street
London
EC3M 4AB

by email to groupcomplaints@aiglife.co.uk

or by calling 0330 303 9974 (Calls may be recorded for training and monitoring purposes).

If you are still dissatisfied following a formal response to your complaint, you can approach the Financial Ombudsman Service at:

Financial Ombudsman Service Ltd
Exchange Tower
London
E14 9SR

Tel 0800 023 4567



www.aiglife.co.uk

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