



Group Critical Illness

Product Summary

Our critical illness cover is designed for today, whilst giving employees confidence about what tomorrow will hold.

What's critical illness cover?

Group critical illness insurance provides a lump sum to members should they, their child or partner (if covered) suffer from any of the critical illnesses covered by the policy, such as cancer, a stroke or a heart attack. They're also protected if they undergo one of the serious medical procedures listed in the policy, like a major organ transplant.

They can use the money in any way they choose and the money is paid tax-free.

What's in this document?

This document gives you high level information about our Group Critical Illness product. If you'd like more information, please read the Technical Guide or Policy Terms and Conditions on our website aiglife.co.uk.



What's covered?

The conditions covered	<p>Here is a list of all the conditions covered. You can find the full definitions in our Technical Guide.</p> <ul style="list-style-type: none">• Angioplasty• Bacterial meningitis• Balloon valvuloplasty• Benign brain tumour• Benign spinal cord tumour• Blindness or removal of an eyeball• Brain injury• Cancer• Coma• Deafness• Degenerative neurological disorder• Encephalitis• Heart attack• Kidney failure• Liver failure• Loss of independence (for adults only)• Loss of use of a limb• Lung disease or removal• Major organ transplant• Multiple sclerosis or Neuromyelitis optica (Devic's disease)• Reduced heart function• (chronic) Rheumatoid arthritis• Stroke• Surgery to the heart, aorta or pulmonary artery• Surgery via the skull• Systemic lupus erythematosus (SLE)• Terminal illness• Third degree burns
Child specific conditions	<ul style="list-style-type: none">• Cerebral palsy• Cystic fibrosis• Down's syndrome• Edwards' syndrome• Hydrocephalus – with the insertion of a shunt• Muscular dystrophy• Osteogenesis imperfecta• Patau syndrome• Permanent dependence• Spina bifida
Survival period for critical illness conditions	14 days.
Total permanent disability	<p>This can be added on one of the following bases:</p> <ul style="list-style-type: none">• own occupation• suited occupation, or• activities based assessment (always applies to partner or children). <p>The disability must have continued for six months.</p>

What isn't covered?

Pre-existing insured illnesses exclusion	A pre-existing insured illnesses exclusion applies to this cover – on joining or on benefit increase.
Related medical conditions exclusion	A related medical conditions exclusion applies to this cover – on joining or on benefit increase.
Exclusion for children	In relation to children, specific additional exclusions apply which are detailed in the Technical Guide.

The cover basics

The member's benefit	This can be any multiple of salary or fixed benefit (up to a maximum of £500,000).
Age the cover ceases	This will be linked to State Pension age or any fixed age up to a maximum of 70.
Minimum/maximum number of members	There's a minimum of three members, but no maximum.
Minimum premium	No minimum premium.
Premium payment frequency	For schemes with up to 199 members: annually, quarterly or monthly by Direct Debit. For schemes with 200 or more members: <ul style="list-style-type: none">• annually by BACS or Direct Debit• quarterly or monthly by Direct Debit There's no premium payment frequency loading.
Data refresh frequency	This is quarterly or annually (online) for schemes with up to 199 members. It'll be annually for schemes with 200 or more members.
Costing basis	Age specific rates: typically for schemes of up to 199 members. Unit rate: typically for schemes of 200 or more members.
Reconciliation basis	Exact cost cover (join and leave dates are used): quarterly data refreshes or annual data refreshes for schemes of up to 199 members. Simplified admin (joiners and leavers are assumed to have joined/left at the midpoint of the year): annual data refreshes for schemes of 200 or more members.
Standard guarantee period	This is two years.
Extended cover	Cover beyond the age cover ceases is subject to: <ul style="list-style-type: none">• new pre-existing insured illness and related medical conditions exclusions 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. The cover can't continue beyond the member's 70th birthday.
Automatic acceptance limit	This is £500,000 for schemes with three or more members.
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.

Cover for the family

Spouse/partner benefit basis – option to include for an extra cost	<p>The benefit is a multiple of member's salary or a fixed benefit (up to a maximum of £250,000).</p> <p>The partner benefit can't exceed the member's benefit.</p>
Definition of spouse/partner	<p>A person at the date cover starts:</p> <ul style="list-style-type: none">a) to whom the member is married or is in a civil partnership with, orb) someone they've been living with for a minimum of six months as if they were married or in a civil partnership and who when the cover starts is either:<ul style="list-style-type: none">o financial dependent on the member, oro in a relationship of mutual financial dependence with the member.
Children's benefit (per child) – automatically provided for no extra cost	<p>A quarter of the member's benefit to a maximum of £25,000.</p> <p>There's no limit to the number of children covered.</p>
Definition of child	<p>A member's child, stepchild or legally adopted child from birth to their 18th birthday (or 23rd birthday if in full-time education).</p>

Health and wellbeing support

Smart Health	<p>All members insured through our group protection policies can access Smart Health at no extra cost. Smart Health gives unlimited, 24/7 access to online, telephone and video GP appointments as well as a range of health and wellbeing services. Smart Health is also available to the member's partner and any children up to the age of 21.</p> <p>And if the member needs help with a critical illness or a complex condition, they can use the Smart Health second medical opinion service.</p>
RedArc	<p>RedArc's critical illness nurses are here to help members get back to health and happiness after a critical illness diagnosis.</p> <p>If a member makes a claim, they'll have the option to be paired with their own personal nurse adviser. They'll be there to help for as long as the member needs, providing expert advice and long-term emotional support. And the RedArc service extends to family members too, so everyone can get the support they need.</p>

Smart Health and RedArc are non-contractual benefits which can be withdrawn at any time without notice.

Claims

Making a claim	<p>Call our claims team to ask for a claims form: 0330 303 9973.</p>
Date of diagnosis for claim purposes	<p>This is the date the survival period begins from.</p> <p>Where the insured illness doesn't require surgery, the date of diagnosis is the date the medical professional diagnosed the individual as having the insured illness – this will normally be a date before the individual is told of the diagnosis.</p> <p>Where the insured illness requires surgery, it's the date of surgery. For major organ transplant, it's the date of inclusion on an official UK waiting list (or the date of surgery, if earlier).</p>
Maximum number of claims	<p>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.</p>

Claims

Insurance Act 2015 – paying claims in full

The employer has a duty to make a fair presentation of the risk to us. If they don't fairly present the risk and we would've 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's 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'd known the information).

Getting in touch

Questions or complaints

If you wish to raise any queries with us, or make a complaint, please contact our Group complaints team at:

AIG Life Limited
PO Box 12010
Harlow
CM20 9LG

by email to groupcomplaints@aiglife.co.uk

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

If you're 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
Phone: 0800 023 4567



www.aiglife.co.uk