Group Protection

Critical Illness Cover

MEMBER GUIDE

What is critical illness cover?

Critical illness cover is intended to pay you a tax-free cash lump sum if you are diagnosed with one of a number of defined serious medical conditions, undergo a defined procedure or (if the policy allows) are unable to work as a result of a total permanent disability.

This guide is intended to provide high level factual information about the critical illness product provided by your employer and provides no guidance about suitability. For full information please refer to the registered group critical illness technical guide or policy terms and conditions or go to our website.

Please be aware there are different levels of cover available for this product; core conditions, additional conditions and total permanent disability. Your employer may have chosen any of the following four cover options and you should check with them which one is relevant to you.

	Option 1	Option 2	Option 3	Option 4
Core conditions	●	●	●	●
Additional conditions		●		●
Total permanent disability (unable to work)			●	●

The following is a list of the conditions covered but you should look at the product technical guide for a complete definition of each condition.

Core conditions:

- Alzheimer's disease – resulting in permanent symptoms
- Cancer – excluding less advanced cases
- Coronary artery bypass grafts – with surgery to divide the breastbone
- Creutzfeldt-Jacob disease – resulting in permanent symptoms
- Dementia – resulting in permanent symptoms
- Heart attack – of specified severity
- Kidney failure – requiring permanent dialysis
- Major organ transplant
- Motor neurone disease – resulting in permanent symptoms
- Multiple sclerosis – with persisting symptoms
- Parkinson's disease – resulting in permanent symptoms
- Stroke – resulting in permanent symptoms

Additional conditions:

- Aorta graft surgery – for disease of the aorta
- Aplastic anaemia – with permanent bone marrow failure
- Bacterial meningitis – resulting in permanent symptoms
- Balloon valvuloplasty
- Benign brain tumour – resulting in permanent symptoms
- Benign spinal cord tumour – with permanent symptoms or specified treatments
- Blindness – permanent and irreversible
- Cardiac arrest – with insertion of a defibrillator
- Cardiomyopathy – of specified severity
- Coma – with associated permanent symptoms
- Deafness – permanent and irreversible
- Encephalitis – resulting in permanent symptoms
- Heart valve replacement or repair – with surgery to divide the breastbone
- HIV infection – caught from a blood transfusion, a physical assault or at work in an eligible occupation
- Liver failure – irreversible
- Loss of a hand or a foot – permanent physical severance
- Loss of independent existence – permanent and irreversible
- Loss of speech – total permanent and irreversible
- Open heart surgery – with surgery to divide the breastbone
- Paralysis of limbs – total and irreversible
- Primary pulmonary hypertension – of specified severity
- Progressive supranuclear palsy – resulting in permanent symptoms
- Pulmonary artery graft surgery – with surgery to divide the breastbone

- Respiratory failure – of specified severity
- (Chronic) rheumatoid arthritis – resulting in the loss of ability to do specified physical activities
- Systemic lupus erythematosus
- Terminal illness – where death is expected within 12 months
- Third degree burns – covering 20% of the body's surface area
- Traumatic brain injury – resulting in permanent symptoms

The lump sum will be paid if you suffer from one of the insured illnesses defined in the policy and survive for more than 14 days from the date of diagnosis, or where applicable the date of surgery.

Total permanent disability

If your employer has chosen this level of cover you will be paid a lump sum if you satisfy the definition of total permanent disability applicable. Your employer will be able to tell you if the cover is included and, if it is, the definition of disability that applies.

Full definitions of all of the insured illnesses covered by the policy can be found in the technical guide on our website.

How much cover can I have?

The lump sum benefit payable can be a fixed amount or a multiple of salary. The maximum benefit that can be insured is the lower of five x salary and £500,000. The amount of cover available will be specified by your employer. For flexible benefit schemes, you will be able to choose from a range of fixed amounts or salary multiples offered.

You will not normally be asked to provide medical information. If your level of benefit is very high, we will ask you to complete an online questionnaire about your health and lifestyle. Based on your responses, and sometimes on additional evidence or medical tests we might require, we will decide if cover can be provided and, if so, on what terms. We call this process individual assessment.

Any children (child, step-child or legally adopted child) you have will be covered from birth until their 18th birthday (23rd birthday, if still in full- time education) for 25% of the value of your benefit, up to a maximum of £20,000. Please refer to the technical guide for details regarding the basis of the cover.

How long does the cover last?

You will have cover for as long as you remain a member of the scheme. If you are absent from work due to illness or injury you will continue to be covered until you reach the age cover ceases as stated in the policy schedule. If you are absent due to maternity, paternity or adoption leave, cover will continue while you remain eligible for membership of the scheme.

Critical illness cover provided by this policy ceases on the day you leave employment.

What is not covered?

1) Pre-existing insured illnesses exclusion

(Insured illnesses are any of the illnesses defined within the policy contract – see the list of illnesses on the first page.)

A pre-existing insured illnesses exclusion will always apply to members' or children's benefits such that no benefit will be payable for any insured illness or repeat of the same insured illness which the insured person:

- has received treatment for;
- has sought advice on;
- has experienced symptoms of; or
- was diagnosed with

before entry to the scheme.

The criteria under this pre-existing insured illnesses exclusion shall also apply to any increase in benefit. In this case, rather than 'no benefit' being payable, the exclusion means that 'no increase in benefit will be payable' and rather than applying to insured illnesses or repeat of the same insured illness suffered 'before entry to the scheme', it applies to ones suffered 'before the benefit increase'.

There are some illnesses which for the purposes of the pre-existing insured illness exclusion are considered to be the same, e.g. heart attack and stroke. In this example, if an insured person suffers from a heart attack then no benefit will be payable in respect of a subsequent claim for a stroke. A full list of the illnesses that are considered the same can be found in the technical guide which can be found on our website.

A claim will not be paid for children's critical illness cover if before the child is covered by the policy:

- either parent received counselling or medical advice in relation to the insured illness or related medical condition, or were aware of the increased risk of the illness or condition; or
- the insured illness or related medical condition is as a result of intentional injury caused by either of the child's parents.

2) Related medical conditions exclusion

A related medical condition is defined as any medical condition, which in the opinion of our chief medical officer, is either directly or indirectly associated with or is likely to have led to the occurrence of the insured illness.

A claim will not be paid for an insured illness where a related medical condition existed prior to entry to the scheme, unless the insured person had neither received any treatment, nor experienced symptoms, nor sought advice for that related medical condition for at least two consecutive years since entry to the scheme. Where an insured person has increased their level of benefit, the related medical condition exclusion will apply to the increase in benefit.

A claim will not be paid for coma, loss of independent existence, loss of speech, paralysis of limbs, terminal illness or total permanent disability where a related medical condition existed before entry to the scheme or the last increase in benefit.

Examples of how these exclusions work can be found in the technical guide which can be found on our website.

Making a claim

Your employer is responsible for making a claim against this policy. However, you will be asked to provide medical details in support of the claim. The lump sum will be paid if an individual covered under the policy suffers from one of the insured illnesses defined in the policy and survives for more than 14 days. The survival period begins from:

- the date of diagnosis in respect of an illness;
- the date of surgery where the illness requires surgery; or
- the date of inclusion on an official UK transplant waiting list (or date of surgery if earlier) where the insured illness is a major organ transplant.

Claims are normally paid to the member within five working days from the date the claim is accepted providing valid payment details have been provided.

Taxation

Benefits paid are free of tax. The amount of premium attributed to critical illness cover will be subject to tax as a benefit in kind.

Questions and complaints

If you have any queries, please contact your employer in the first instance. If you wish to raise any query 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

AIG

www.aiglife.co.uk