



Group Protection

Group Income Protection Insurance

Member Guide



What is Group Income Protection Insurance?

Our Group Income Protection insurance, is designed to provide an income for you in the event of a long-term absence from work due to illness or injury. Group Income Protection insurance is provided by us to your employer and we don't have a contractual relationship with you under the policy.

This guide is intended to provide factual information about the Group Income Protection insurance available as part of your employer's benefits provision and not the suitability of the cover for the employer or any particular employee. For full information, please refer to the Group Income Protection Insurance Technical Guide or Policy Terms and Conditions on our website.



How does it work?

Group Income Protection insurance protects a percentage of your pre-absence salary and is payable if you're unable to continue working in your usual capacity due to illness or injury. This benefit comes into effect after an initial period of sickness absence or working in a reduced capacity, known as the deferred period which is selected by your employer. Following the deferred period, payment of benefit will be subject to you satisfying the relevant Policy Terms and Conditions of your employer's cover and meeting the requirements of our claims process. Please note that simply being signed off as unable to work by your GP won't necessarily mean you qualify for benefit under this Group Income Protection insurance.

The benefit is paid to your employer who will process it through their payroll system so that the deductions for tax, National Insurance contributions etc. are made. If you receive other income as a result of your illness or injury (e.g. from an individual income protection insurance product), it may result in us paying less to your employer. The income you receive from your employer won't normally impact any sickness benefit payment you qualify for from the government, but you should get proper advice specific to your circumstances from the Government's Disability Service Centre.

As well as the financial benefit, we'll also provide you with a dedicated rehabilitation specialist who will help you with your return to work where appropriate. They'll propose treatments and therapies to assist your recovery and liaise with you and your employer throughout the process. In certain circumstances, they may also liaise with your GP. Absences will be reported to us by your employer within five weeks of the absence commencing - this is important so that we can help you as soon as possible.

When does the cover start?

Your employer will tell you whether you're eligible for cover. Once you meet the eligibility conditions, you're covered under the policy provided that you're actively at work on that day (i.e. not absent or working in a reduced capacity due to illness, or injury). If you're absent on the day cover is due to begin, you won't be covered until you return to work.

You won't normally be asked to provide medical information before cover commences. If, for example, your level of benefit is very high, we'll 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'll decide if cover can be provided and, if so, on what terms.

How long will the benefit be paid?

Your employer will have decided on the payment period covered under this policy. Your employer will tell you this and it could be for a limited period, e.g. five years, or until State Pension age. We'll make payments under the terms of the policy until you're able to return to work, no longer satisfy the definition of incapacity, or you reach the end of the payment period. Once claim payments have begun, we'll undertake regular reviews with you to check that you continue to satisfy the definition of incapacity. If you no longer meet this definition or you or your employer fail to participate in an agreed rehabilitation programme, we'll stop payments under the policy.

SmartHealth

Access to Smart Health is unlimited and comes at no extra cost to all employees.

It's available to their partner and children up to age 21 too. It includes¹:

- ✓ **24/7 access to GP consultations** over the phone or on video call
- ✓ **Mental health support**, including the myStrength app, a 24/7 helpline and sessions with qualified experts
- ✓ A **second medical opinion service**, with access to global medical specialists
- ✓ **Fitness plans**
- ✓ **Nutrition advice**
- ✓ Online **health checks**



How long will I be covered for?

You'll have cover for as long as you meet the eligibility conditions - your employer can tell you what these are. If you're absent due to maternity, paternity or adoption leave, cover will continue while you remain eligible for membership of the policy.

Group Income Protection insurance ceases on the day you leave employment.

Making a claim

Your employer is responsible for making a claim under this policy. However, you'll be asked to provide medical details in support of the claim and to participate in any assessment or rehabilitation as directed by us. A claim will be paid where you satisfy our definition of incapacity and that incapacity extends beyond the end of the deferred period. Claims will be paid to your employer and you'll receive an income via your employer's payroll. Receipt of this benefit may impact your entitlement to some state benefits.

Taxation

As the payment to you is administered through your employer's payroll, the usual tax deductions will apply.

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 Protection Complaints Team at:

Group Protection Complaints Team
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'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
Tel 0800 023 4567



aiglife.co.uk

¹Smart Health is provided to AIG Life Limited customers by Teladoc Health. We want to let you know that these services are non-contractual, which means they don't form part of the insurance contract with us. If our partnership with Teladoc Health ends, these services could be changed or withdrawn in the future.

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