

Excepted Group Life Insurance

Member guide



Group Protection

Ready for anything

Know you've planned for life's changes, with cover that protects you and your loved ones from day one.

What's excepted group life insurance?

In the event of the death of an eligible employee, a lump sum payment is made. Your employer will be able to tell you if you qualify for cover and the details of the benefit you're covered for. If you were to die, the benefits would be paid to your beneficiaries.

What's in this guide?

This guide is designed to give you high level and factual information about the group life cover that your employer's provided. It doesn't provide advice or guidance around the suitability of the life cover to your needs.

If you'd like more information, please read the Excepted Group Life Insurance Technical Guide or Policy Terms and Conditions on our website [protection.aviva.com](https://www.protection.aviva.com).

How does it work?

Your employer will tell you whether you're eligible for cover. Once you meet the eligibility conditions you're covered for life insurance and you won't normally be asked to provide medical information. 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.

The life insurance is provided through a discretionary trust set up by your employer. In the event of your death while a member of the scheme, the lump sum benefit will be paid to the trustees, who have absolute discretion as to whom benefit is paid, but who will usually pay the benefit to any beneficiaries you've nominated. You can nominate your beneficiaries by completing a nomination of beneficiary form - you should ask your employer how to do this.



How long does the cover last?

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 from work due to illness or injury you'll continue to be covered until you reach the age cover ceases as stated in the Policy Schedule.

If you're absent due to maternity, paternity or adoption leave, the cover will continue while you remain eligible for membership of the policy. If you're absent for any other reason cover can continue for a maximum period of three years providing you remain in this employment.

If you remain an employee after you reach the age cover ceases and you continue to meet the eligibility conditions, you'll be required to complete a medical assessment before cover can continue. In any event, the cover can't continue beyond your 75th birthday.

Life cover under this policy ceases on the day you leave employment.

What isn't covered?

There are no general exclusions on this cover, however if you've been medically assessed by us we'll tell you the terms on which we've accepted the cover and this may include an exclusion.

We may medically assess you, for example, if your level of benefit is very high or you're a late joiner to the scheme - your employer will tell you if you need to be medically assessed.

We may restrict the total amount we pay if we receive a number of claims from the same event. For example, a natural disaster or where employees are traveling together and die as a result of an accident.

Extra support for you and your family

Aviva Smart Health

All members insured through our group protection policies can access Aviva Smart Health* at no extra cost.

With Aviva Smart Health, you have unlimited, 24/7 access to online, telephone and video GP appointments as well as a range of health and wellbeing services. Aviva Smart Health is also available to your partner and any children up

to the age of 21. And if you need help with a critical illness or a complex condition, you can use the Aviva Smart Health second medical opinion service. You'll be put in touch with an expert who can offer you more information, or an alternative diagnosis or treatment option.

*Aviva Smart Health is provided to select Aviva Life & Pensions UK Limited customers by Teladoc Health - your policy pack will tell you if you have Aviva Smart Health. This is not part of your insurance contract and can be changed or withdrawn at any time.

Making a claim

Your employer (on behalf of the trustees of the policy) is responsible for making claims under this policy. The benefit will be paid to the trustees who will decide to whom payments are made, taking into account your wishes as set out in your nomination of beneficiaries form.

Tax

For Excepted Group Life policies, lump sum benefit will be subject to the normal tax rules applicable to excepted life trusts. The benefit payable to your beneficiaries will normally be free from inheritance tax.

Have a question or need to complain?

If you have any queries, please contact your employer in the first instance. If you'd like to ask us a question or make a complaint, please contact our Group Complaints Team:

Group Protection Complaints Team
Aviva Life & Pensions UK Limited
PO Box 12010
Harlow
CM20 9LG

@ groupcomplaints@protection.aviva.com

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

0800 023 4567