

Group Life Registered and Excepted Benefits

Policy Wording

GR01300 10/2024

This Policy is intended for schemes with
three or more members

Welcome to Group Protection from Aviva

Keep this document safe

The policy insures the benefits payable on the death of an eligible person in a scheme that is set up under trust.

This policy wording, along with the policy schedule, sets out details of the cover we have agreed to provide to you and should be read together. **It is evidence of a legal contract between you and us. Keep this document safe.**

You may need to refer to these documents in the future if you need to make a claim.

Getting it right

Some terms of the policy depend upon the information provided by you. Failing to disclose information, giving false information, or failing to tell us where any facts have

changed since they were provided where done deliberately or recklessly gives us the right to cancel the policy.



If the information was given carelessly or the failure to disclose the information was careless, then we will have the right to amend the policy to be consistent with what the terms should have been based on the correct information (or cancel the policy if we would not have offered any terms for the policy applied for).

If you fail to comply with all policy terms and conditions, we may not pay claims. We may also cease to accept further premiums, meaning cover under the policy will cease.

This insurance is provided by Aviva Life & Pensions UK Limited.

Any Questions?

If you need to contact us, please have your policy number to hand (this can be found on your policy schedule):

-  call us on **0800 051 3472**
-  email us at **groupprotection@aviva.com**
-  or write to us at
Aviva Group Protection
PO Box 3240
Norwich
Norfolk
NR1 3ZF


If you have cause for complaint

Our aim is to provide a first-class standard of service to our customers, and to do everything we can to ensure you are satisfied. However, if you ever feel we have fallen short of this standard and you have cause to make a complaint, please let us know.

-  call us on **0800 158 2714**
-  email us at **gpcomplaints@aviva.com**
-  or write to us at
Aviva Group Protection
PO Box 3240
Norwich
Norfolk
NR1 3ZF

Need to make a claim?

Please read the 'What information is needed to make a claim' section in this document first, then:

-  call us on **0800 158 2714**
-  email us at **grouplifeclaims@aviva.com**
-  or write to us at
Aviva Group Protection
PO Box 3240
Norwich
Norfolk
NR1 3ZF

We will then advise you what will happen next and what information we require.

Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

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Please note

Throughout this document certain words are shown in **bold** type. These are defined terms and have specific meanings when used in this policy wording. The meanings of these words are set out in the Definitions section in the back of this document, except for personal terms like 'we' and 'you'. We've set out the meanings of these words below:

'You' or 'your' refers to the **trustees** named in the **policy schedule**.

'We', 'our' or 'us' means Aviva Life & Pensions UK Limited.

1 What benefits are covered

For **Registered schemes**, we can cover **members** for:

- a lump sum benefit for various levels of cover under a single **policy**;
- a **spouse's** pension benefit;
- a discretionary **dependant's** pension benefit; or
- a **children's pension benefit** (can only be chosen if a **spouse's** or **dependant's** pension is also covered).

For **Excepted policies**, we can cover **members** for a lump sum benefit, however we can only provide one level of cover in accordance with the **excepted group life policy conditions**. We can write additional **policies** if more than one **member** has cover at a different level.

The **policy schedule** will show which benefits you or the **employer** have chosen to provide for **members**. Payment of benefits by you must be made in accordance with the **scheme rules**.

We will confirm the benefits provided by this **policy** at the **start date**, and at each **rate guarantee date**.

There is no limit to the level of cover we can insure, providing reinsurance can be arranged.

1.1 Lump sum benefit

The lump sum will either be for a fixed amount, or a multiple of salary and is payable when a **member** dies. This will be shown in your **policy schedule**.

We will pay a lump sum as instructed and authorised by you.

We will confirm the amount payable following the **member's** death. The **scheme rules** will tell you how to deal with this payment.

Registered schemes can also use all or part of the lump sum to provide a **dependant's** pension but you should tell us in advance to ensure that the benefit is defined as a lump sum benefit.

Where the lump sum benefit is above the **Lump Sum & Death Benefit Allowance (LSDBA)** when combined with any other tax free cash sums from **registered schemes** for the **member**, it may be subject to an Income Tax charge.

1.2 Spouse's, dependant's and children's pensions

We will pay a specific amount of pension benefit. This amount will be calculated in accordance with the **scheme rules**. The pension can either be a **spouse's** pension, **dependant's** pension or a **children's** pension. This will be shown in your **policy schedule**.

A **spouse's** pension is payable to a **spouse**, whereas a **dependant's** pension is payable to a financial **dependant** of the **member** who satisfies the definition of a **dependant**.

A **spouse's** or **dependant's** pension can be paid to an **orphan** in the event that there is no surviving **spouse** or **dependant** at the date of the **member's** death, or it can continue to an **orphan** following the **spouse's** or **dependant's** death. A **children's** pension is payable to a surviving **child(ren)** upon the death of the **member**.

Where a **spouse's** pension, **dependant's**, **children's** pension, or an **orphan's** pension is paid, it will be provided by Aviva.

Depending on the terms of the **policy**, you can decide whether to pay a pension to a **member's spouse**, **dependants**, or **children**.

Pension payments to a **spouse** or **dependant** will be made for the rest of their life.

Payments to a **spouse** or **dependant** will not stop if they re-marry or enter into a civil partnership after the **member's** death.

Payments to **orphans** and **children** will continue for as long as they meet the definition of a **child** under the **policy**.

If there is more than one **child** or **orphan** the pension can be split between them if the **scheme rules** provide for this option. **Children's** pensions can only be accommodated on **unit rate policies**.

The payments will be made to either:

- the **children, orphans**; or
- the guardian or any other person responsible for supporting the **children**.

Pension payments are paid monthly in advance and backdated to the date of the **member's** death. Under current law, any lump sum benefit below the **LSDBA** will often be free of tax, and any pension paid from the **scheme** will be subject to income tax on the Pay As You Earn (PAYE) basis.

If the **policy** allows pensions to increase after payment starts this will be shown in the **policy schedule**. Such increases will be at such levels agreed by you or the **employer** and us.

After the **member's** death you will be given details of how and when pension payments will be made, plus details of any increases that will be allowed.

2 Who is covered

Members with a contract of employment with a UK, Channel Islands or Isle of Man **employer** will be covered under this **policy**:

- on the **start date**; or
- from their **eligibility** date if they joined the **scheme** after the **start date**; or
- from when they are accepted by us as a **discretionary entrant**.

You do not need to tell us about new entrants during the **policy year** who have met the **eligibility** conditions, provided that the **member's** benefits, including the lump sum equivalent of any **dependant's** pension benefits (if covered), are not above the **free cover limit**. If applicable, this applies to the total benefits from all **linked policies**. You must advise us promptly of any new **members** who do not meet these criteria.

2.1 When medical underwriting is required

At the **start date** and each **anniversary date** we will ask for general information about **members** and their employment, such as name, date of birth, gender, salary etc so that we can assess the benefits we are providing under this **policy** and all **linked policies**.

Cover up to the free cover limit

For **policies** with three or more **members** we will usually offer a **free cover limit**. This means that **medical information** may only be required for benefits above the **free cover limit**, provided that the person:

- fulfils any **actively at work** conditions; and
- is not a **discretionary entrant**.

If normal terms apply following medical underwriting, then no further information is needed, provided that any increases do not take benefits above the amount confirmed and agreed by us.

Medical information will be required for a **discretionary entrant's** total benefit and we will tell you if cover is provided and if any additional premiums need to be paid.

The **free cover limit** will not apply if at any **anniversary date** there are fewer than three **members** covered under the **policy**. In such cases we will need **medical information** for:

- all new **members**;
- existing **members** if their benefits are increased.

We will reapply a **free cover limit** if the number of **members** returns to three or more.

Members with loadings or restrictions as a result of previous medical underwriting decisions, will not benefit from any increase in the **free cover limit**.

Cover over the free cover limit

If a **member** wants cover above the **free cover limit**, they will need to provide us with **medical information**.

Depending on the information a **member** gives us, we may need to ask for more evidence. We will pay for the cost of any medical examination and tests if we ask for more evidence. We will only consider cover for these **members**

if we can obtain satisfactory medical evidence in English. If we need a **member** who is based **overseas** to attend a medical examination or test(s) in a foreign country, we will pay an amount towards the cost of the examination or test(s) up to the amount of an equivalent test in the UK.

We will assess all the medical evidence to decide if we can offer cover and if any medical underwriting decisions will apply.

If we decide to:

- apply a medical underwriting loading
- restrict the total benefit; or
- decline/postpone cover;

these decisions made as a result of our medical underwriting will only apply to the increased total benefit that is above any applicable **free cover limit** or previously accepted benefit.

Once medical underwriting is complete, we will tell you if any additional premiums need to be paid.

If our medical underwriting requirements are not met for a **member** who needs underwriting, their benefit will be restricted to the **free cover limit** (if any), or previously accepted benefit (if any), whichever is higher.

If as a result of medical underwriting the **member's** the total benefit is restricted to the **free cover limit**, this will apply to the amount of **free cover limit** in place when the **member** was first underwritten. Any subsequent increases in the **free cover limit** applied to the **policy** will not apply in respect of the **member**.

Unless we tell you otherwise, any medical underwriting decisions will apply to the **member's** cover under this **policy** and all **linked policies**.

Members with loadings or restrictions will not benefit from any increase in the **free cover limit**.

Capitalisation Factors for Pension Benefits

To establish whether an individual **member's** benefits exceed the **policy's free cover limit** we add the total of the lump sum and the death in service pension.

To do this, we convert the annual amount of the death in service pension benefit into a lump sum amount using the capitalisation factor (applicable for the escalation rate applied to pensions in payment for this **policy**). The capitalisation factor is our assessment of the possible lump sum value of the pension. Higher levels of escalation result in higher capitalisation factors.

2.2 When medical information is required for previously medically underwritten employees

Single Premium Schemes - Forward Underwriting

For **members** who have been accepted for cover by us:

- at ordinary rates, or
 - at a medical underwriting loading of up to 150%;
- they won't normally need to give us more **medical information** until the accumulated increases in benefit exceed £300,000 from when they were last underwritten by us.

If we are unable to accept a **member** on a Forward Underwriting basis, we will write to you.

If we apply any other terms to their cover, we will need medical evidence before we will consider any further increase in their cover.

Unit Rate Schemes – Once Only

In most circumstances, **members** will only be medically underwritten once, unless their total benefit exceeds £5 million, in which case we will need further **medical information**. Our policy of only medically underwriting once can apply even if a medical underwriting loading has been applied to individual **members**. Once medical underwriting is concluded we will tell you if cover is provided and/or any additional premiums need to be paid.

If we are unable to accept a **member** on a “Once Only” basis, we will write to you.

If a **member** has been underwritten on a Once Only basis and becomes **eligible** to switch to a different category, we reserve the right to medically underwrite them.

2.3 Switching the insurance to us from another insurer

For policies switching to us from a previous insurer on the same basis, we will not normally apply worse medical underwriting terms.

We will require confirmation from the previous insurer on all previously medically underwritten **members** of the amount underwritten, the medical underwriting decision and the date of acceptance.

Members with loadings or restrictions applied to their benefit by the previous insurer will not benefit from any increase in the **free cover limit**.

If a medical underwriting loading has been applied by the previous insurer and accepted by us, we will calculate the premium based on our rates and not the previous insurer's. This means that the cover will remain the same, but the premium may change.

Single Premium Schemes – Forward Underwriting

If a **member** was accepted by the previous insurer on a Forward Underwriting basis, we will provide cover on our Forward Underwriting basis for increases in the total benefit.

This means **members** won't need to give us medical evidence for an increase in total benefit until the total of all their increases is more than our Forward Underwriting bar.

For all other **members**;

- If their existing cover with the previous insurer is more than our **free cover limit**, we will need **medical information** at the next increase in cover. This could be at the date that cover is switched to us if cover is increased at that date.
- If their existing cover with the previous insurer is less than our **free cover limit**, we will need **medical information** when their benefit exceeds our **free cover limit**.

We are unable to continue cover for any **members** on a Once Only (or equivalent) basis where there are fewer than 20 **lives** when the policy transfers to us. However, if we have the full details of any medical underwriting decisions, we may be able to accept them on our Forward Underwriting basis.

Unit Rate Schemes – Once Only

If a **member** was accepted by the previous insurer on a Once Only (or equivalent) basis and their cover does not exceed £5 million, we will provide cover on our Once Only terms for benefit increases.

2.4 Temporary Cover

When reviewing **medical information** for **members**, we will provide cover for their benefit until the earlier of:

- 180 days from the date they join the scheme or the effective date of an increase in benefit; or
- the date our medical underwriting decision is made.

This cover will exclude any claim made because of a **pre-existing condition**.

Cover will be subject to;

- a maximum of £2m of benefit insured above the greater of the free cover limit or previously underwritten benefit; except for **discretionary entrants**, where cover will be subject to;
- a maximum of £1m of benefit insured.

The cover will not apply to any **member** who has previously been:

- declined by us or another insurer;
- postponed by us or another insurer;
- restricted by us or another insurer; or
- who has not provided full **medical information** to us or another insurer.

Once medical underwriting is complete, we will tell you if any additional premiums need to be paid.

2.5 Actively at work requirements

If a new scheme or an existing scheme is on **single premium** rates our **actively at work** conditions will apply.

We will not include any **members** who are not **actively at work** on the working day prior to the start date of the **policy**. Their cover (including any **free cover limit**) will only start once they have been **actively at work** for five consecutive working days, or less if acceptable **medical information** is provided to our underwriters in accordance with our underwriting practices applicable at that time.

For **unit rate schemes** we will in most circumstances waive our '**actively at work**' conditions for **members** if immediately before the start of this **policy**, those **members'** benefits were covered by another insurer and provided there has been no break in cover or increases in benefit level.

Before we can waive our **actively at work** conditions we will need full details of any **long term absentees** and details of any **members** who have been loaded, declined, restricted or postponed.

For these **schemes** we will also, in most circumstances, waive our **actively at work** conditions for any new **employees**.

However, there may be occasions when we will apply our **actively at work** conditions.

2.6 Discretionary Entrants

You must inform us promptly of all **discretionary entrants** to be covered under the **policy**.

Discretionary entrants are not entitled to the **free cover limit** and **medical information** will be required for their total benefit.

2.7 TUPE transfers and group employment transfers

You must inform us promptly when a **TUPE** or other group employment transfer occurs.

We will require the following information in respect of the **TUPE** or other group employment transfer membership:

For **single premium schemes**:

- **actively at work** conditions will apply;
- we require details of any **member** who is located **overseas**;
- we require details of any **member** who has had their benefit loaded, declined, restricted, postponed or accepted at non-standard terms under a previous scheme.

For **unit rate schemes**, we require:

- **long term absentee** information;
- details of any **member** who is located **overseas**;
- details of any **member** who has had their benefit loaded, declined, restricted, postponed or accepted at non-standard terms under a previous scheme.

If the information provided is acceptable to us we may consider cover under the existing Aviva **scheme**, or alternatively, advise any additional requirements.

2.8 Temporary Absence Cover

Where a **member** is off work due to illness or injury we will continue cover up to the **cease age**, providing premiums continue and a contract of employment with a UK, Channel Islands or Isle of Man **employer** is maintained.

Where absence is due to any other reason (for example, maternity, paternity, shared parental leave or adoption leave) we can continue to provide cover for a maximum of 36 months, providing premiums continue and a contract of employment with a UK, Channel Islands or Isle of Man **employer** is maintained.

Any increases in benefit during this period will need to be in line with standard company pay awards and will be limited to a maximum of 7% per year.

For existing **schemes**, temporary absence cover may be limited in line with the **scheme's rules**.

2.9 Overseas Cover

You must tell us about any **members** who are working **overseas** at the **policy start date** or **rate guarantee date**. You must also tell us the countries that they will be working in.

We will maintain cover for **members** who are travelling outside of the UK, Channel Islands or Isle of Man whilst on holiday, or travelling overseas on company business for example; attending conferences, company meetings, or visiting clients.

We will cover **members** who are working outside of the UK, Channel Islands and the Isle of Man, provided that:

- they are working overseas in one of the listed **standard territories** or any additional locations detailed in your **policy schedule**; and
- they still have a UK, Channel Islands or Isle of Man contract of employment with an **employer** covered under this **policy**; and
- the premium to cover **members** based overseas is paid in sterling by you; and
- they are still **eligible** for cover under the **policy**

You must tell us immediately about any **members** who are working in a country that is not part of the UK, Channel Islands or Isle of Man, in a country not listed in our **standard territories** or any additional locations detailed in your **policy schedule**. In order to consider cover, we will require full details of these individuals including their location and the duration they expect to be located overseas before we can agree cover. There may be circumstances where we are unable to provide cover.

Non-standard terms and conditions may apply for cover to **overseas members**.

You should seek your own independent advice if you wish to continue to provide cover for any **members** who move to another territory.

2.10 Auto Enrolment

Where membership of the **policy** is linked to an automatic enrolment pension, an **employee** will be considered a **discretionary entrant** if they have elected to join the qualifying pension scheme at any time other than;

- the first 12 months of being **eligible** to join the **scheme** and they are not **actively at work**, or
- at their auto-enrolment or re-enrolment date.

3 Additional Policy Cover

3.1 Early Retirement

For all **policies**, if requested and accepted by us, we can cover all **members** or a category of **members** during early retirement for lump sum death benefits only:

- from the day of their early retirement;
- up to the **cease age** of the **policy**/category.

The benefit covered will be the total benefits covered the day prior to early retirement.

3.2 Redundancy Cover

For all **policies**, if requested and accepted by us, we can cover all **members** or a category of **members** if they are made redundant, for lump sum death benefits only:

- for up to two years after the **employee** has left the insured company; or
- until they find alternative employment; whichever is sooner.

4 When cover ceases

We will stop covering **members** when:

- they die; or
- they leave the **scheme**; or
- they leave service (including redundancy where there is no redundancy cover); or
- they reach the **cease age**; or
- they move **overseas** to a location not listed in our **standard territories** or any additional locations detailed in your **policy schedule**, unless otherwise agreed; or
- premiums have not been paid when they are due or by such time as has been agreed with us; or
- you ask us to cancel the **policy**;

whichever happens first.

When cover can be extended

We may extend cover beyond these dates if:

- the **scheme rules** allow it; and
- the **cease age** is currently either **SPA** or a fixed age lower than 75, and you or the **employer** want to include **members** beyond the current **cease age** up to a maximum age of 75, then the **cease age** has to increase for the whole **policy** or applicable category; and
- we have confirmed it in writing; and
- any further requirements we may have at the time are met, for example **medical information**. We will tell you what these requirements are.

5 Policy Limitations

5.1 Event limits (including sub event limits and travel limits)

We may apply an **event limit** to the **policy**.

The benefits payable may be reduced and/or limited, if **event claims** arise directly or indirectly out of or in connection with, an **event**. Our maximum liability in respect of all benefits under this **policy** and any **linked policy** for which an **event claim** shall not exceed the **event limit** amount specified on your **policy schedule**. In some instances, we may also apply a **sub event limit** or **travel limit** to your **policy**. Where these limits apply, they will be shown on your **policy schedule**.

We shall determine what is an **event** and we will tell you why we have reached our decision.

We shall be discharged from all liability for **event claims** in excess of the **event limit**, by payment of a total of all individual claims up to a maximum of those specified limits,

having considered all of the relevant circumstances. This may involve any form of proportionate or other reduction of any amount, which would otherwise have been made available for payment to any individual **members**, or their representatives, but for the effect of these limits. If claims considered as part of an **event** include a death in service pension element, we will use the annuity costs for the purpose of calculating if event claims exceed the specified **event limit**, **sub event limit** or **travel limit**.

In addition to these monetary limits, we may also apply an **event time limit** to the **policy**. The **event time limit** will be declared by us as soon as reasonably possible after the **event**, and we will tell you why we have reached our decision.

We will pay an **event claim** during the **event time limit** up the **event limit**. **Event claims** made within the **event time limit**, but after the **event limit** has been exceeded will not be paid.

What happens when the time limit lapses

If, for example, in the event of a pandemic, we would pay out claims that occurred before the time limit lapses, up to the total of the **event limit**. For claims in respect of that same **event** that occur before the time limit lapses but after the **scheme event limit** has been exceeded, will not be paid. Any deaths that occur as a result of the same pandemic after the time limit lapses, will not be classed as being part of the same **event** and so will be treated as a normal claim and not subject to the **event limit**.

6 Calculation of premiums

The **policy** runs on one year accounting periods. Premiums are paid by the **employer** for each **member** and must be paid in advance monthly, quarterly, half yearly or annually by direct debit, or any other method agreed with us.

The basis of how we calculate your premium depends on the number of **lives** covered by this **policy** and any **linked policies**.

The **single premium** basis is usually used for **policies** covering up to 19 **lives**.

The **unit rate** basis is usually used for **policies** covering 20 or more **lives**.

Single premium basis

We will calculate a premium adjustment to reflect the amount and duration of the cover we actually provided. Any premium adjustment for people who join, leave or have benefit changes, is charged on a daily basis and is payable at the end of the **policy year**.

Unit rate basis

We will calculate a premium adjustment to allow for changes during the **policy year**. The adjustment will take into account new **members**, leavers and any changes in benefit and will be payable at the end of the **policy year**.

6.1 What information is needed to calculate your premiums

The premium for the **policy** will be recalculated on the **anniversary date**.

Before that date, we will tell you the information we will need to recalculate the premium payable for that **policy year**.

You do not need to tell us about new entrants during the **policy year** who have met the **eligibility** conditions, provided that the **members** benefits, including the lump sum equivalent of any **dependant's** pension benefits (if covered), are not above the **policy free cover limit**.

Six weeks prior to the **anniversary date**, we will request the information needed to recalculate the premium for the **policy**. We will regularly remind you up to 90 days after the **anniversary date**. If the information needed is still not received after 90 days we will process the recalculation of premium and benefits, based on the latest information we hold. This could result in an uninsured liability.

6.2 When premium rates are reviewed

- a. We reserve the right (in line with reasonable underwriting practice) to vary or amend the premium and terms offered or cancel the **policy** at any time in respect of all **members** if:
 - there is a change in the nature of your business
 - during the period of the **rate guarantee**, the sum insured upon which the illustration is based, changes by 25% (50% for **single premium schemes**) or more
 - there is a change to the **benefit** basis of the **policy** and/or **eligibility** of the policy.
- b. We may change the terms to respond, in a proportionate manner, to changes in taxation, the law or interpretation of the law, decisions or recommendations of an Ombudsman, regulator or similar person, or any code of practice with which we intend to comply.
- c. Failing to disclose information, giving false information or failing to tell us where any facts have changed since they were provided where done carelessly or where the failure to disclose the information was careless, gives us the right to amend the **policy** to be consistent with what the terms should have been based on the correct information (or cancel the **policy** if we would not have offered any terms for the **policy** applied for).

7 Non payment of premiums

If we cancel the **policy** due to non-payment of premiums, new claims will only be considered up to the date the last premium covered.

Entitlement to any benefits that have not already been paid, will continue to be paid by us on the terms already confirmed to you.

If we cancel the **policy** we will give you at least 30 days' notice.

8 Policy changes and cancellation

8.1 What we need to know

You need to inform us immediately if:

- you want to change the cover or **eligibility** criteria for the membership;
- there are any changes to the **employer** or **trustees**,
- a **TUPE** or group employment transfer takes place (either into or out of the **policy**);

- the business location of an **employer** or group of **members** changes;
- any **member** moves overseas to a location which is not listed in our **standard territories** or any additional locations detailed in your **policy schedule**;
- there is a change in the nature of an **employer's** business;
- you want to include any additional cover;
- during the period of the **rate guarantee**, the sum insured upon which the illustration is based, changes by 25% (50% for **single premium schemes**) or more;
- there is any change to the **scheme rules** that affects future or existing membership/benefits; or
- you want to cancel the **policy**.

8.2 When you can cancel the policy

There is no cooling off period. You may cancel this **policy** at any time in accordance with the **scheme rules**.

If the **policy** is cancelled for any reason, a final account will be provided based on the cover that we have actually provided. We will either pay a refund to you, or you will need to pay any outstanding premiums to us.

All cover under this **policy** will stop on the date agreed with us. Any pensions that were already being paid (and any pension or lump sum benefit payments, to which entitlement has arisen, that has not been made), will still be paid.

We will not backdate any cancellation.

8.3 When we can cancel the policy

We can cancel the **policy** if:

- you do not provide us with membership data, other information or documentation that we need to administer the **policy**; or
- you do not pay us when premiums are due; or
- the business location of an **employer** or group of **members** changes; or;
- there is a change in the nature of an **employer's** business or;
- the number of **members** covered falls below three.

If the provision of cover would cause, or be reasonably likely to cause, us to breach any law or regulation in the given territory we reserve the right to cease cover within that territory.

If the **policy** is cancelled for any reason, a final account will be provided based on the cover that we have actually provided. We will either pay a refund to you, or you will need to pay any outstanding premiums to us.

Any pensions that were already being paid (and any pension or lump sum benefit payments, to which entitlement has arisen, that has not been made), will still be paid.

If we cancel the **policy** we will give you at least 30 days' notice.

8.4 Surrender value

There will be no surrender value under this **policy** if it is cancelled at any time.

8.5 When a change can be made by you

Requests to change the **policy** can be made at any time. We will need to be informed in writing prior to the date you wish to alter the **policy**. We will then inform you of any information we need. We will write to inform you of our agreement (or reason for declining) to the change and the date from which it is effective.

8.6 When we can make changes to the policy

We reserve the right to change the terms and conditions provided for in this **policy** at any **rate guarantee date**.

We may, at each **rate guarantee date**, or at any time if required, make reasonable changes to the terms and conditions provided for in this **policy** and any **linked policy** which, are needed to:

- respond in an appropriate manner to changes in the way we administer policies of this type;
- respond in an appropriate manner to changes in general practice in the insurance industry;
- respond in an appropriate manner to changes in taxation, the law or interpretation of the law, decisions or recommendations of a Court, Ombudsman, Regulator or similar person, or any code of practice with which we intend to comply; or
- correct errors that need correcting and it is reasonable to do so.

If we consider any change is to your advantage or is needed to meet regulatory or legal requirements, we may make the change immediately and tell you at a later date.

We will tell you in writing of any change we consider is to your disadvantage (other than any change needed to meet any legal or regulatory requirements) at least 30 days before the change becomes effective, unless it is not possible for us to do this, in which case we will give you as much notice as we can.

Sanction Checking

In order for us to help manage our exposure to the risk of financial crime, we will, from time to time, undertake a sanction check of the company, its directors, its ultimate parent company and its ultimate beneficial owners, as well as the country in which the company/ultimate parent company is based. If, as a result of our investigations we believe that providing a group protection contract would place Aviva at a high risk to exposure of financial crime, we will reserve the right to cancel or amend the **policy** as appropriate.

9 Claims

9.1 What information is needed to make a claim

If you need to make a claim you must give us written notice as soon as possible after a **member's** death. You must provide us with any documents and information that we may reasonably need to process your claim.


You can submit a claim by completing our online claim form at:

 aviva.co.uk/grouplifeclaim

Or alternatively contacting us:

 call us on **0800 158 2714**

 email us at grouplifeclaims@aviva.com

 or write to us at
Aviva Group Protection
PO Box 3240
Norwich
Norfolk
NR1 3ZF

We will then advise you what will happen next and what information we require.

Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

We may be able to validate deaths electronically in some circumstances. However, where this is not possible we will require the **member's** original death certificate or coroner's interim certificate.

We may also ask for:

- medical records of the **member**;
- any necessary employment records;
- a copy of any relevant authorisation showing who is empowered to sign for and act on behalf of the **trustees**;
- evidence of membership and earnings;
- the **member's** birth certificate.

If your claim is for a pension benefit, we will also require certified copies of:

- the marriage/civil partnership certificate and birth certificate for the **member's spouse**, if you are claiming a **spouse's** pension;
- the birth or adoption certificate for any eligible **dependant** or eligible **child**, if you are claiming a **dependant's**, **children's** or **orphan's** pension.

Please note

We will not pay any claims made more than two years after the earlier of:

- the day the **scheme administrator** first knew of the **member's** death; or
- the day on which the **scheme administrator** could reasonably have known of the **member's** death.

Lump sum and pension benefits are payable to the **trustees**. We will consider, where requested, payments elsewhere to a UK bank account. For **Excepted policies**, payments will be in line with the **excepted group life policy conditions**. All payments will be made in pounds sterling.

10 Further policy conditions

10.1 Accurate information

We rely on the information given to us.

If any of the information you give us is untrue or incomplete, and might have reasonably affected our decision to provide you with this **policy** or the terms we offered for the **policy**, then we may:

- change the terms of this **policy**; or
- restrict the benefits payable under this **policy**; or
- cancel this **policy**.

Where we do any of these, we will refund any overpayment of premium less our reasonable expenses.

10.2 Currency and jurisdiction

This **policy** is issued in England and is subject to English Law. All payments to or by us under this **policy** will be made in pounds sterling.

10.3 Contacting us

If you need to contact us, please have your **policy** number to hand:

- 📞 call us on **0800 051 3472**
- @ email us at **groupprotection@aviva.com**
- ✉ or write to us at
Aviva Group Protection
PO Box 3240
Norwich
Norfolk
NR1 3ZF

Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

10.4 Third party rights

No person other than Aviva Life & Pensions UK Ltd and you will have any rights under this **policy**. Any person who is not a party to this **policy** shall have no rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms under this **policy**. Reference to, or the consent of, any person who is not a party to the **policy** is not required for any changes to it or its termination.

10.5 Data Protection

We and you will each act as a separate and independent **Controller** in relation to the **Personal Data** (which includes **Special Category Data**) which is processed for the administration of the **policy**.

We and you will each comply with our respective obligations under **Data Protection Laws** in respect of the **processing of Personal Data**.

Where **Personal Data** is disclosed by us or you to the other party, the party disclosing the data will:

- only disclose the **Personal Data** for one or more defined purposes which are consistent with the terms of the **policy** (other than to comply with a requirement of applicable law to which a party is subject)
- take all reasonable steps appropriate to provide a fair processing notice to those **Data Subject(s)** whose **Personal Data** are to be disclosed under the **policy**, informing them that their **Personal Data** will be disclosed for the defined purposes;
- obtain where applicable, necessary consents or authorisations required to permit the disclosure of such **Personal Data**.

Where data is received by you or us, the recipient will notify the other without undue delay following any **Personal Data Breach** involving the **Personal Data** and each of us will co-operate with the other, to the extent reasonably requested, in relation to any notifications to a **Supervisory Authority** or to **Data Subjects** which are required following a **Personal Data Breach** involving the **Personal Data**.

Each party shall co-operate with the other, to the extent reasonably requested, in relation to:

- any other communication from a **Data Subject** concerning the **Processing** of their **Personal Data** including requests to exercise their rights; and
- any communication from a **Supervisory Authority** concerning the **Processing of Personal Data**, or compliance with the **Data Protection Laws**.




We will process data in accordance with our Group Protection Privacy Policy available at **[aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy)** or you can request a copy by contacting us at **Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD**.

If you have any questions about how we use personal data, please contact our Data Protection Officer by writing to them at **The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR**.

You have certain data rights in relation to your personal data, including a right to access personal data, a right to correct inaccurate personal data and a right to erase or suspend our use of your personal data. These rights may also include a right to transfer your personal data to another organisation, a right to object to our use of your personal data, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the "Data Rights" section of our Group Protection Privacy Policy or by contacting us at **dataprt@aviva.com**.




11 If you have cause for complaint

Our aim is to provide a first class standard of service to our customers, and to do everything we can to ensure you are satisfied. However, if you ever feel we have fallen short of this standard and you have cause to make a complaint, please let us know.

-  call us on **0800 158 2714**
-  email us at **gpcomplaints@aviva.com**
-  or write to us at
Aviva Group Protection Complaints
PO Box 3240
Norwich
Norfolk
NR1 3ZF

Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

We have every reason to believe that you will be totally satisfied with your Aviva policy, and with our service. It is very rare that matters cannot be resolved amicably. However, if you are still unhappy with the outcome after we have investigated it for you and you feel that there is additional information that should be considered, you should let us have that information as soon as possible so that we can review it. If you disagree with our response or if we have not replied within eight weeks, you may be able to take your case to the Financial Ombudsman Service to investigate. Their contact details are:

-  **The Financial Ombudsman Service**
Exchange Tower
London
E14 9SR
-  **0800 0234567**
-  **complaint.info@financial-ombudsman.org.uk**
-  **financial-ombudsman.org.uk**

Please note that the Financial Ombudsman Service will only consider your complaint if you have given us the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect your legal rights.

Financial services compensation scheme (FSCS)

The Financial Services Compensation Scheme (FSCS) may cover your policy. It'll cover you if Aviva becomes insolvent and we are unable to meet our obligations under the policy. For this type of policy, the FSCS will cover you for 100% of the total amount of an existing claim. The FSCS will also provide a refund of 100% of the premiums that have not been used to pay for cover whether you are making a claim under the policy or not.

For further information, see **fscs.org.uk** or telephone **0800 678 1100**.

Definitions

Throughout this document certain words are shown in **bold** type. These are defined terms and have specific meanings when used in this document.

We've set out the meanings of these words below.

Actively at work

Means a **member** is actively at work and not working against medical advice. The **member** must be:

- following their normal occupation;
- working their normal number of contracted hours; and
- working at their normal place of business or at a location where the business needs them to travel.

Anniversary date

An anniversary of the **start date**, unless you have agreed another date with us. This date is stated in the **policy schedule**.

Cease age

Midnight on the day before the age at which cover for a **member** ceases, as set out in the relevant **policy schedule** applicable to that **member**. The maximum age can't exceed midnight on the day before a **member's** 75th birthday.

Child(ren)

Any child of a **member** who is:

- under 23; or
- has reached that age and in the opinion of the **trustees** is dependent on the **member** because of physical or mental impairment at the date of the **member's** death.

It includes any natural or adopted child, including unborn children or any other child who was, in the **trustees** opinion financially dependent on the **member**.

Claim

A claim that is not an **event claim**.

Data Controller, Data Subject, Personal Data Breach, Process/Processing and Supervisory Authority

Will be the same meaning as in the **Data Protection Laws**.

Data Protection Laws

Means the General Data Protection Regulation (EU) 2016/679 (GDPR) (together with laws implementing or supplementing the GDPR in Member States, in each case as amended and superseded from time to time), and/or all applicable laws, rules, regulations, regulatory guidance, regulatory requirements from time to time.

Dependant

This means:

- 1) a person who was married to, or a Civil Partner of, the **member** at the date of the **member's** death;
- or
- 2) a child of the **member**, if the **child** is:
 - under 23; or
 - in the opinion of the **trustees**, was at the date of the **member's** death dependent on the **member** because of physical or mental impairment;
- or
- 3) a person who was not married to, or a Civil Partner of, the **member** at the date of the **member's** death and is not a **child** of the **member**, if in the opinion of the **trustees**, at the date of the **member's** death:
 - the person was financially dependent on the **member**; or
 - the person's financial relationship with the **member** was one of mutual dependence or
 - the person was dependent on the **member** because of physical or mental impairment.

Discretionary entrant

A discretionary entrant is an **employee** who needs cover, but has joined the **scheme**:

- before the date they are first **eligible** to join.
- 12 months or any time after 12 months after they are first **eligible** to join, if their benefit (including any lump sum equivalent of a **dependant's** death in service pension) is above £250,000 or they were not **actively at work** on the date they want to join the **policy**; or
- who do not fulfil the **eligibility** criteria for the **policy**.

Please note that early entrants will be treated as **eligible employees** once they have been employed for the required time.

Where membership of the **policy** is linked to an automatic enrolment pension, an **employee** will be considered a discretionary entrant if they have elected to join the qualifying pension scheme at any time other than;

- the first 12 months of being **eligible** to join the **scheme**; or
- at their auto-enrolment or re-enrolment date

Eligible/Eligibility

The factor(s) we consider when assessing whether or not a person can be automatically covered by the **policy**. This will be detailed in the **policy schedule**.

Employee

Employees, equity partners and members of the **employer**.

Employer

A company, partnership, limited liability partnership or other organisation that is participating in the **scheme**.

Event

An event declared by us, having considered all the relevant circumstances, to determine what constitutes the same originating cause.

Event Claim

A claim for payment of benefits that is made arising directly or indirectly out of or in connection with the same **event**.

Event Limit

A monetary limit that applies to the total value of claims that can be made following an **event**. Where an event limit is applied it will be shown in your **policy schedule**.

Event Time Limit

A period of time declared by us in which any claims that arise due to the same **event** will be paid subject to the overall **event limit**.

Excepted group life policy conditions

The conditions for being an excepted group life policy set out in section 480(3) of the Income Tax (Trading and Other Income) Act 2005.

Excepted Schemes/Policies

A Relevant Life policy/policies that meet the **Excepted group life policy conditions**.

Free cover limit

The level of benefit (as stated in the **policy schedule**) under which **medical information** is not needed.

Linked policies

Any Aviva registered group life, excepted group life or supplementary relevant life insurance **policy** taken out by the **employer** or parent/subsidiary of the **employer** covering different categories of **employees** and/or benefits.

Lives

Individuals for whom cover for death benefits will be provided by one or more **linked policies**.

Location(s)

Specified location(s) as detailed in your **policy schedule**.

Long term absentee

A **member** who is not **actively at work**, and has been absent from work for more than three continuous months immediately before the **start date** or **anniversary date**.

Lump Sum & Death Benefit Allowance (LSDBA)

The threshold, above which tax free cash sums under **Registered Schemes** become subject to income tax charged at the beneficiary's marginal rate.

Medical Information

Information including but not limited to medical history and lifestyle factors, required to fully assess the **member** and enable us to apply a medical underwriting decision.

Member

A member of the **scheme** for whom cover for death benefits will be provided under this **policy**.

Overseas

Any country that is not part of the United Kingdom, Channel Islands or Isle of Man.

Orphan

A **child** entitled to the **spouse's** or **dependant's** pension due to there being no surviving **spouse**, or **dependant**.

Pension benefit

The pension benefit that would be paid to a **spouse**, **dependant** or **child** in the event of a claim, as shown in your illustration and **policy schedule**. Pension benefits are only available under **registered schemes**.

Personal Data

Means any personal data, as defined in the **Data Protection Laws**, disclosed by you or us to the other in the performance of that party's rights or obligations under the **policy**.

Policy

The Aviva group life insurance policy (including the **policy schedule** together with any endorsements), which covers the policy benefits and forms the contract between you and us.

Policy schedule

The current schedule (as issued by us from time to time) stating details of the **employer**, cover provided by this **policy** and any endorsements (if applicable).

Policy year

The period between:

- the **anniversary date** and **rate guarantee date**;
- the **start date** and the first **anniversary date**; or
- two **anniversary dates**; or
- an **anniversary date** and the cease date of the **policy** (if the cease date occurs before the next **anniversary date**)

Pre-existing condition

A condition that is directly or indirectly linked to any medical and/or related condition or complication that the **member** was:

- aware of; or
- experienced symptoms of; or
- received medication, advice or treatment for;

in the previous five years immediately preceding the 180 day temporary cover period.

Rate guarantee/Rate guarantee date

The period for which rates and terms are guaranteed to apply or the date until which rates and terms are guaranteed to apply as shown on the **policy schedule**.

Registered scheme

An occupational pension scheme set up under discretionary trust (including a stand alone life assurance trust) that is registered with HM Revenue and Customs in accordance with Chapter 2 of Part 4 of the Finance Act 2004.

Scheme

The **registered scheme** or **excepted scheme** named as the scheme in the **policy schedule**.

Scheme administrator

The person(s) appointed in accordance with the **scheme rules** to be responsible for the day to day running of the **scheme** as detailed under Part 4 of Finance Act 2004.

Scheme rules

The rules of the **scheme**.

Single Premium

The premium notified by us to you for each **member**.

Spouse

The legal spouse of the **member** at date of death. Any reference to a spouse also applies to a **member's** Civil Partner registered under the Civil Partnership Act 2004.

Standard Territories

All European Union (EU) countries, Andorra, Australia, Canada, Gibraltar, Hong Kong, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Singapore, Switzerland, UAE, USA and the Vatican City.

Start date

The date the **policy** starts, as stated in the **policy schedule**.

State Pension Age (SPA)

The earliest age at which the **member** or former **employee** is entitled to receive their State pension.

The maximum age that we will provide cover to is 75, even if the State Pension Age is higher than this.

The **cease age** selected for each category will be shown in the **policy schedule**.

Sub Event Limit

A monetary limit that applies to the total value of claims that can be made following an **event**, for claims relating to **members** located at the **location(s)** including travelling to and from the **location(s)** for work purposes. The **location(s)** will be shown and detailed in your **policy schedule**. The **sub event limit** is included within the overall **event limit** and is not in addition to it. Where a **sub event limit** is applied it will be detailed in your **policy schedule**.

Travel Limit

A monetary limit that applies to the total value of claims that can be made following an **event**, which applies when **members** are travelling together for work purposes. The **travel limit** is included within the overall **event limit** and is not in addition to it. Where a **travel limit** is applied it will be detailed in your **policy schedule**.

Trustees

The current trustees of the **scheme** as stated in the **policy schedule**.

TUPE


Transfer of undertakings (Protection of Employment) Regulations 2006.


Unit Rate


The rate of premium specified in the **policy schedule** as the unit rate as changed from time to time being the amount payable for every £1000 of lump sum benefit and per £100 pension per annum covered under the **policy**.

Need this in a different format?

Please get in touch if you'd prefer this document (**GR01300 10/2024**) in large print, braille or as audio.

 0800 051 3472

 groupprotection@aviva.co.uk

 [Aviva.co.uk](https://www.aviva.co.uk)

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Aviva Life & Pensions UK Limited.

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