

What it is and how it works

Employer guide

to Group Life and Group Income Protection cover
under the Aviva Pension Trust for Independent Schools (APTIS)



Contents

Introduction to Group Life	3
What is Group Life Insurance	4
What are the benefits of Group Life	4
How does a Group Life Policy Work	4
Setting up a Group Life Policy	9
<i>What else is included</i>	10
Frequently Asked Questions	12
Introduction to Group Income Protection	14
What is Group Income Protection	15
What are the benefits of Group Income Protection	15
How does a Group Income Protection Policy Work	16
Setting up a Group Income Protection Policy	20
Rehabilitation and Claims Service	21
Claims: What you need to know	22
<i>What else is included</i>	26
Frequently Asked Questions	28
Further information	29

Introduction to Group Life

Please note, throughout the document, the use of 'we' and 'our' refers to Aviva.

Part of Aviva's Group Protection Portfolio, Group Life Insurance can be a valuable asset for employers looking to provide a competitive benefits package. Our Group Life cover helps employers and employees deal with one of the most difficult situations that can happen in the workplace.

Within this brochure, we have provided information to help you understand the benefits of Group Life and how it works. It doesn't contain the full terms and conditions of the group life policy. These can be found in the appropriate Policy Wording.

We are unable to give any advice but can take you through your options to enable you to make an informed decision. You are responsible for deciding what is best for your specific needs. We recommend you speak to a Financial Adviser if you feel you require advice.



What is Group Life Insurance?

With a Group Life policy in place, Aviva will pay out a lump sum to the employee's spouse/partner and/or their dependants in the event of the employee's death.

What are the benefits of Group Life?

To the employer

- Helps to enhance the overall benefits package which will assist in attracting and retaining valued staff
- Premiums will normally qualify as an allowable business expense

It is important that you review and update your Group Life cover regularly to ensure that it remains appropriate for your needs.

To the employee

- Gives peace of mind knowing that their loved ones will be supported financially in the event of their death
- As lump sums usually do not form part of a member's estate, these can be paid quickly and are not usually subject to Inheritance Tax
- The insurance is not usually classed as a 'benefit in kind' for tax purposes

How does a Group Life policy work?

In brief, it works as follows:

- You can choose whether to insure all of your employees or teachers only. The employee age at which cover will cease is 75.
- You decide the multiple of salary (from 3x to 8x salary) you want to provide the employee.
- The policy is placed under Aviva's Group Life Master Trust and operates under a set of Scheme Rules. Further details can be found on page 10 under 'What are the Trust & Rules'.
- Employers normally pay all of the premiums and the cost is usually treated for tax purposes as an allowable business expense. Premiums are not normally taxed as a benefit in kind for employees.
- You provide us with the member information we require each year to calculate accurate premiums and to assess any claims.
- We will pay lump sum benefits to the Trustees of Aviva's Group Life Master Trust (Zedra Governance Ltd). They will then conduct their own investigation, to determine the correct beneficiaries to whom the benefit will be paid. The lump sum is normally paid tax-free.

If you need a little more detail on how it all works

We appreciate you may have questions concerning how the policy operates and there are probably things you may not even have considered, so we hope to have addressed many of these below:

Who can be covered under a Group Life policy?

You can elect to provide cover for all teachers or all employees (including teachers) employed by you with a current UK contract of employment, provided they meet the eligibility criteria. The eligibility criteria will include minimum and maximum entry ages.

What types of cover are available?

Lump Sum – You can choose a multiple of an employee's salary (choose a multiple from 3x to 8x) to be paid to the employee's dependant/s in the event of their death. Only one multiple can be selected and this will apply to all employees under the policy.

For employees on zero hours contracts, you can choose to cover them for a multiple of their P60 earnings or for a fixed lump sum of £10,000.

Registered Group Life & Excepted Group Life – What's the difference?

You can decide to take out one or both of these options, though you will need to consider your employees' circumstances before doing so. We have therefore detailed below the differences between the two (that relate to the APTIS scheme) and what might need to be considered:

Registered

- The scheme is registered with HM Revenue & Customs (HMRC) and is effectively treated like an Occupational Pension Scheme
- Lump sum benefits count towards a member's Lump Sum & Death Benefit Allowance (LSDBA). See the FAQs on page 12 for more information concerning the LSDBA

Excepted

- The scheme is not registered with HMRC and is not treated like an Occupational Pension Scheme
- As it is not treated like a pension scheme this means that the Trust could potentially be subject to Periodic and Exit charges. There would only be a small chance of this applying but more details concerning these charges can be found in the FAQs on page 12.
- Lump sums do not count toward a member's LSDBA

There are tax advantages to taking out Excepted and Registered policies, as detailed under the section titled 'Are there any tax advantages when taking out Group Life Insurance' on page 7.

All references to taxation are based on our understanding of current tax law and practices. Tax law and practices could change in the future. We always recommend that you seek professional independent taxation advice.

For example

To help illustrate how the choice of Registered or Excepted policies might affect a person's benefit, we have set out the following high earning example:

Member – Mr A N Other

Salary – £200,000

Benefit – 6 x salary = £1,200,000

Enhanced, Fixed or Individual Protection – No
(so the member is subject to the current LSDBA)

If he enters a Registered policy:

Would the employer get tax relief on the premium paid? – **Yes**

Would the premium be classed as a benefit in kind? – **No**

In the event of a claim would the benefit form part of the member's estate?

– **Usually no, so Inheritance Tax will not be due on the benefit paid.**

Does the benefit count toward the current LSDBA?

– **Yes, meaning any lump sum paid in excess of the LSDBA will be subject to a tax charge payable at the beneficiary's marginal rate.**

If he enters an Excepted policy:

Would the employer get tax relief on the premium paid? – **Yes**

Would the premium be classed as a benefit in kind? – **No**

In the event of a claim would the benefit form part of the member's estate?

– **Usually no, so Inheritance Tax will not be due on the benefit paid.**

Does the benefit count toward the current LSDBA?

– **No, meaning all the lump sum payment will be paid tax free**

What levels of cover can Aviva provide?

There is no upper limit in terms of the sum insured that we can cover for an individual. However, for Registered Pension and Group Life schemes, HM Revenue & Customs (HMRC) do have a limit in place for tax purposes, called the LSDBA. See the FAQs on page 13 for more information concerning the LSDBA.

Will evidence of health need to be provided by employees?

One of the benefits of a Group Life policy under the APTIS scheme is that we offer a free cover limit (FCL) of £1.8 million. The FCL is the limit under which medical information is not normally needed. This means that as long as an eligible employee's total benefit remains below the FCL, we will not ask for any medical information.

However, should the employee's benefit be above the FCL, we will request medical information so our underwriters can determine whether we can cover the benefit above the FCL (the benefit below the FCL will normally continue to be covered regardless of the underwriter's decision).

It should be noted that if, at the start of the policy, an eligible employee is:

- unable to work due to illness or injury (is not Actively at Work. See page 13 for a description of this term); or

- has been absent for three months or longer (a Long Term Absentee. See page 13 for a full description of this term); and
- that employee has a benefit of £500,000 or more, then we will require an outline of the cause of absence. That employee will not be insured, unless and until we confirm that the employee can be included. This clause only applies at the start of the policy.

What happens if there is a claim?

If you need to make a claim, we must be given written notice as soon as possible after a member's death. This can be done by completing a paper claim form. Once all the requested information is received, our claims team will usually pay the claim to the trustees within 2-5 days.

Our Claims team can be contacted at
Aviva Group Life Claims
PO Box 3240
Norwich
Norfolk
NR1 3ZF

You can call on **0800 1582714**
or email **grouplifeclaims@aviva.com**

We recognise that the effect of an employee's death can be devastating to their families and colleagues, which is why guidance and support will be available through the Bereavement Helpline (provided by Care first) for as long as necessary to help them cope. This helpline is a non-contractual benefit to which Aviva may change or withdraw at any time.

How are premiums calculated?

The annual premium rate is affected by whether the cover you select is for 'teachers only' or 'all employees'. An illustration of the annual premium for each insured person is set out below. For this illustration, we have calculated the premium based upon a Teacher earning £30,000.

	Teachers only included	All employees (including teachers)
Cover (multiple of salary)	Annual premium (the rate used to calculate the premium is £1.353 per £1,000 of cover)	Annual premium (the rate used to calculate the premium is £1.606 per £1,000 of cover)
3	£121.77	£144.54
4	£162.36	£192.72
5	£202.95	£240.90
6	£243.54	£289.08
7	£284.13	£337.26
8	£324.72	£385.44

The premium rate set out in the table above will be applied to the total salary roll for the teachers/employees covered as at 1st September each year. We will not normally make premium adjustments for changes in salary roll or staff changes during the year.

We will guarantee the rates shown in the table for 3 years from the 1st September 2023.

The minimum premium we charge for life insurance is £600 each year per policy.

How and when are premiums collected?

The premiums are always paid in advance by you and can either be paid by an electronic funds transfer or Direct Debit.

Are there any tax advantages when taking out Group Life insurance?

Yes, there are advantages for both the employer and employee and we have detailed these below:

Employer – Premiums are normally allowable as a business expense. This means you can normally claim tax relief on the premiums paid.

Employee – Premiums are not usually classed as a 'benefit in kind', so no tax will normally be paid by the member in respect of the premium paid for their benefit covered. As the policy is also set up under a 'discretionary trust', this means that in the event of the member's death, the benefit paid to the dependant will

If you require further information concerning our Bereavement Helpline please contact Melanie Jarred at melanie.jarred@aviva.com or groupprotectionquotes@aviva.com who will be pleased to email our flyer to you (which can be shared with your employees).

not form part of the member's estate so normally no Inheritance Tax or Income Tax will be due on it.

Is there a penalty for cancelling the policy?

There is no cooling off period, however there is no penalty for cancelling the policy early. It can be cancelled by you at any time in accordance with the scheme rules (although we will only cancel from the date we are advised) and we will only charge a premium for the time we are 'on-risk'. For example, if a full 12 months premium was paid on the 1st September and we received notification that the policy is no longer required from the 1st October, then we will calculate the premium due from 1st September to 1st October and refund the remainder (in this case, 11 months of premium). If a claim was received during the period 1st September to 1st October, then this would have no impact on the refund due. However, in this particular instance we would not pay out any claims for members' deaths after the 1st October, as cover would no longer be in place.

When can Aviva cancel the policy?

We can cancel the policy if you do not pay the premium within 30 days of the due date.

We also reserve the right to cancel the policy if you do not give us the information and documentation we need to administer the policy, or the membership drops below our minimum of three lives.

Aviva's Group Life Master Trust - What is it and why is the APTIS scheme using it?

The Aviva Group Life Insurance Scheme (GLIS) Master Trust is an overarching trust, administered by an Independent Trustee Company, under which multiple GLIS policies can be written. This removes the need for you to set up a separate standalone trust for your GLIS policy. With no additional cost to you, it provides a simple and affordable solution, especially for smaller employers who wish to save time and cost when setting up a scheme. This process requires less time and resource to set up and manage, whilst meeting all of the rules set out by the regulator. Essentially, you agree to join the Group Life Insurance Scheme Master Trust and your employees are then covered by the scheme. In general the terms and conditions for our Master Trust policies are very similar to our standard schemes.

What policies are set up under the Master Trust?

We provide two separate Master Trust arrangements for our customers:

- **Registered Group Life Master Trust**
- **Excepted Group Life Master Trust**

On pages 5 and 6 we described the differences between Registered and Excepted policies, and the information contained within that section applies equally to our Master Trusts.

Our specialist trustee company

Aviva has appointed ZEDRA, an independent specialist trustee company, as the Trustees. The Trustees carry out the principal administrative functions including registering the scheme with HM Revenue & Customs (HMRC) where applicable, obtaining the PSTR number, scheme set up, reporting requirements and payment of claims. Also, part of ZEDRA's responsibilities are to ensure that the trust and rules are kept up to date in the event of any legislation changes.

What does it cost?

There is no additional cost to join the Master Trust arrangement.

What happens in the event of a claim?

We should be notified of a claim as soon as possible by completing the appropriate Master Trust Claim Form. Once the claim is accepted, we will forward the benefit payment and all the relevant details to ZEDRA who will determine the beneficiary to whom they will make the benefit payable. The Expression of Wish (EOW) forms are to be completed by the employees (these will let the Trustees know the member's preference of beneficiary) but are held by you for safe keeping. In the event of a claim, the deceased member's EOW should be forwarded to Aviva so we can forward it to ZEDRA.

On average, it takes about 30 days for ZEDRA to thoroughly conduct their investigation to determine the correct beneficiary. This may sound a long time, but a member's personal circumstances can be complex and it is ZEDRA's responsibility as Trustee to ensure the right person/people receive payment. Should the payment of the benefit be contested by a party who believes they have a right to the payment, then any legal action brought by the third party will be against ZEDRA as trustees, not the employer.

Also, as payment of claims are made directly to the beneficiary by ZEDRA in their capacity as trustee, this means there is no requirement on you to set up a separate bank account (as the trustees would for a standard group life scheme).

What happens if I cancel the policy?

An employer can cancel their policy under the Master Trust arrangement. However, they cannot remain in the Master Trust if they decide to transfer their cover to another provider.

Setting up a Group Life Policy

If you are happy with the premium and wish to proceed with the insurance, we have detailed below each step required to going on-risk and fully setting up the policy:

Step 1 – Email APTIS@aviva.com and confirm that you are happy with the premium and wish to proceed. In your email please include the following information:

- the multiple of salary you wish to insure
- whether you wish to cover all teachers only or all employees (inc. teachers)
- school name and address
- whether you require the Registered or Excepted policies or both

Step 2 – We will email an application form (including a Direct Debit) for you to complete.

Step 3 – These should be returned to melanie.jarred@aviva.com or groupprotectionquotes@aviva.com together with a spreadsheet detailing the employees to be covered and their basic salaries. The spreadsheet will need to highlight those eligible employees who are:

- Absent for 3 months or longer at the scheme start date and have a benefit of £500,000 or more (we will require an outline of their cause of absence)

Step 4 – Upon receipt of the information in Step 3, we will issue an email confirming that the scheme is on-risk. Attached to our email will be an initial set of accounts, a policy schedule and a Policy Wording for your safekeeping. This will complete the set up of your policy.

Any members requiring medical underwriting for being over the Free Cover Limit will be requested and processed as part of our general scheme administration. If there are no medical underwriting requirements, then usually the next time we require information will be six weeks prior to the anniversary date of your policy, when we issue a reminder for details of the current membership to calculate an accurate premium for the next policy year.



What else is included?

Our Group Life cover gives access to a range of added value services, designed to help provide emotional and practical support for your employees. Details can be found on the next page.



Group Life

Aviva DigiCare+ Workplace

Provided by Square Health, the Aviva DigiCare+ Workplace app puts the guidance and care your insured employees need to help detect, manage and prevent physical and mental health problems at their fingertips.

[Watch this video](#)[Read more here](#)

Terms apply

Bereavement support

For insured employees and their immediate family members who lose a loved one.

[Read more here](#)

Provided by Care first

Stress Helpline

Offers insured employees 16 or over the chance to talk to trained counsellors about issues they feel are causing them stress.

[Read more here](#)

Provided by Care first

Free and discounted legal services

Offers employees peace of mind knowing they've got life's essentials in order and to help them plan ahead.

[Read more here](#)

Provided by Red Apple Law
Terms apply

Aviva Mental Health Videos

Helps employees better understand and take control of their mental health. We offer a suite of bite-sized videos covering a range of topics.

[Read more here](#)

The Aviva Line Manager Toolkit: Mental Health

Provides bite-sized video modules to empower line managers to spot the warning signs of poor mental health.

[Read more here](#)

Terms apply

Online Library

Helpful content on all kinds of situations, from family and relationships, money or work, to mental or physical health conditions.

[Read more here](#)

Get Active

Insured employees can get discounts at over 3,000 health and fitness clubs, plus great at-home fitness offers and a range of savings on other products and services. Cancer Care with Get Active offers discounted products and services that can help support the daily living adjustments a cancer diagnosis and treatment can bring.

[Read more here](#)

Terms apply

Grief Encounter

A charity supporting young people struggling with the loss of a parent or someone close.

[Read more here](#)

Wellbeing services are non-contractual benefits Aviva can change or withdraw at any time. This does not apply to Grief Encounter who are a charity available to the general public. Residency restrictions may apply.

Frequently Asked Questions

What are the Trust and Rules?

The Aviva Group Life Master Trust is the instrument into which the Policy and any claims monies are placed and is looked after by the appointed Trustees on behalf of the people that benefit from the policy (beneficiaries). It's the Trustees responsibility to forward any claims monies to the correct beneficiaries. The rules detail how the scheme should be run and the trustees use this to guide their decisions and general scheme administration.

What is the Lump Sum and Death Benefit Allowance?

This is effectively the limit that the government has put in place (administered by HMRC), that restricts the amount of lump sums that an individual can receive from their Pension Schemes (including Registered Group Life lump sums). Lump sum death benefits above the LSDBA can be taxed as income and charged at the beneficiary's marginal rate. You can find further details of the LSDBA on the Government website here:

www.gov.uk/guidance/find-out-the-rules-around-individual-lump-sum-allowances

What are Periodic & Exit charges?

For Group Life, this can affect Excepted Policies as there is an exemption on Occupational Pension Schemes (including Registered Group Life schemes) written under a Discretionary Trust. A periodic or exit charge is an Inheritance Tax charge that applies to most Discretionary Trusts and is not limited to Excepted Policies. Usually, a periodic charge would only potentially apply at the 10 year anniversary of the trust if there is a value in the trust at that time.

An exit charge is only likely to apply if a periodic charge is actually due. If you need more details concerning this, please contact Melanie Jarred at melanie.jarred@aviva.com or **groupprotectionquotes@aviva.com** or seek your own independent financial advice.

What happens when someone needs medical underwriting?

We prefer to use specialist staff trained and equipped with medical knowledge to capture essential information in telephone interviews. This does away with the need for the employee to complete any forms, although if they would prefer not to have a telephone interview, they can complete our Medical Declaration form instead.

We adopt a 'once only' approach to underwriting. This means that in the majority of cases future increases in benefit won't be subject to further underwriting. Whilst medical underwriting is taking place, we will provide up to 180 days temporary cover (to a maximum of £2 million above the scheme free cover limit or the member's previously underwritten benefit, if higher), excluding pre-existing conditions.

If, after we medically underwrite someone, we think they represent an increased risk, we may charge an additional premium. This would be added on to the annual premium that is calculated for the scheme.

When should Aviva know about members leaving and joining?

Ordinarily, we only need to know updated member information at each policy anniversary, so any premium adjustment can be calculated and charged at this point too. However, there are some exceptions to this. For example, we need to know as soon as possible if any member's benefit exceeds the free cover limit. Full details of what information we need to know, and when, is contained in our Technical Guides.

Will cover continue if a member is absent?

If an eligible member of the scheme is injured or falls ill resulting in an extended period of absence, cover can continue until the policy cease age, provided premiums continue to be paid and a UK contract of employment is maintained. If the absence is due to any other reason, then the maximum period we can provide cover for them is 36 months.

What does 'actively at work' actually mean?

To qualify as 'actively at work' the member must be:

- following their normal occupation;
- not working against medical advice;
- working their normal number of contracted hours; and
- working at their normal place of business or at a location where business needs them to travel.

How long is a 'long term absentee'?

At least three continuous months immediately before the policy start date or anniversary date.

Can members seconded overseas be covered?

Before we can consider whether we would be willing to offer cover, we require confirmation of the following:

- that they have a UK contract of employment;
- the country in which they are working; and
- the duration of the secondment

Introduction to Group Income Protection

Whenever we use ‘we’ or ‘our’ in this document, we are referring to Aviva.

Part of Aviva’s Group Protection Portfolio, Group Income Protection can be a valuable asset for employers looking to provide a competitive benefits package.

In a nutshell, our Group Income Protection policy provides cover for a proportion of regular income promised in a contract of employment. The cover applies when an employee is unable to work due to illness or injury and suffers a loss of earnings. This financial support can take away some of the added pressure they may be feeling, allowing them to focus on getting well.

Unfortunately, when people are off work for long periods, due to illness or injury, the effects can be far-reaching for their workplace as well as themselves. Group Income Protection can help with this, too. In addition to providing financial support for your employees, it can provide practical rehabilitation services or sign-posting support, should they be absent or struggling in the workplace.

How Group Income Protection cover makes a difference

A period of absence from work can be highly charged with emotion, often with unexpected considerations for everyone involved. With Group Income Protection cover from Aviva, those affected can receive financial and emotional support at a time when it’s needed most. After all, your employees are your most valuable assets.

Within this brochure, we’ve provided information to help you understand the benefits of Group Income Protection and how it works. This document does not contain the full terms and conditions of the policy. These can be found in the appropriate Policy Wording.

We’re unable to give you any advice, but can take you through your options to help you make an informed decision. You are responsible for deciding what may be best for your specific needs. We recommend you speak to a Financial Adviser if you feel you need advice.

It’s important to review and update your Group Income Protection cover regularly, to ensure that it remains appropriate for your needs.



What is Group Income Protection?

Employees don't want to worry about their finances when recovering from an illness or injury. Yet there remains a need to make sure an employer's business is running smoothly and costs aren't increasing through the need to pay an absentee as well as their replacement. Fortunately, Group Income Protection can help overcome both of these problems.

As an employer, you can insure 50% of an employee's monthly taxable earnings plus a further 15% to cover pension fund contributions and life insurance too. There's also an option to cover your employees for a lump sum payment which can, for example, be used to help fund their early retirement. The process is straightforward: in the event of a valid claim, and after a waiting period of 39 weeks, these benefits are paid directly to you, to be passed on through your normal pay-roll.

With a Group Income Protection policy in place, you and your employees are also able to reach out to us for rehabilitation support. We, like you, want to help them get back to work help where we can. Of course, it may not always be possible to help, and no two claims are exactly the same, but rest assured that our dedicated case managers will always be on hand to take your call and guide you and your employees through the process of any claim.

What are the benefits of Group Income Protection?

To the employer

- Helps to enhance the overall benefits package which will assist in attracting and retaining the right people
- Provides your valued members with a proportion of their income while they recover
- Premiums will normally qualify as an allowable business expense and therefore qualify for corporation tax relief

To the employee

- Gives peace of mind knowing that they may be entitled to a proportion of their taxable earnings during a period of absence
- Access to a range of added-value services, designed to help provide emotional and practical support
- Provides access to experienced case managers who can support members during their absence

All references to taxation are based on our understanding of current tax law and practices. Tax law and practices could change in the future. We always recommend that you seek professional independent taxation advice.

How does a Group Income Protection policy work?

- You can choose whether to insure all employees directly employed by the school or just the teachers (all teachers will need to be included). It's down to you to choose the level of income replacement benefits from the three available options
- Whichever option is chosen, an additional income replacement benefit of 15% will be provided to cover pension contributions and life insurance
- You can choose the length of the waiting period (known as the deferred period) before any claim payments are made. This can be either 26 or 39 weeks.
- Depending on the option chosen, the total period for which payments are made in the event of a claim, is either 3 or 5 years (or until State Pension Age, if earlier)
- You provide us with the member information we require each year to calculate accurate premiums and to assess any claims
- Employers normally pay all of the premium, with the cost usually treated as an allowable business expense for tax purposes
- We pay all valid claims payments directly to you, to be passed on to affected employees through your normal pay-roll processes
- Employees can access expert rehabilitation support, if required, as well as take advantage of any additional added-value services



If you need more detail on how it all works...

We appreciate you're likely to have questions concerning how the policy operates, and there may also be details which you might not even have considered. With this in mind, we hope to have addressed some of these points below:

Who can be covered under a Group Income Protection policy?

Employees – you can elect to provide cover for all teachers or all employees (including teachers) employed by you with a current UK contract of employment, provided they meet the eligibility criteria. Some examples of these criteria would be factors such as minimum and maximum entry ages. We're also able to insure fixed term contractors and zero-hours contract employees upon request.

We will require that each employee meets our 'Actively at Work' criteria when coverage starts. If the employee is already incapacitated prior to that date, they will not be covered until they return to work and meet our Actively at Work criteria.

Whilst the employee would need to meet our specific Actively at Work requirement, this broadly means that the employee is able to work in their full capacity and normal place of work and is not working against medical advice.

Can cover be provided for members who are not in the UK?

Before we can consider whether we would be willing to offer cover, we require confirmation of the following:

that they have a UK contract of employment;

- the country in which they are working; and
- the duration of the secondment

Must all employees have the same level of benefit?

Of the three options available, you are only allowed to select one, which will be the benefit to cover all employees under the policy.

What levels of cover can Aviva provide?

You can select from one of three standard options for cover (all three will come into effect when an employee has been absent for the deferred period chosen). They are:

Option A – 50% of basic salary payable for up to 3 years. An additional 15% of basic salary will be paid to cover pension contributions and life insurance.

Option B – As Option A, except that benefits will be paid for up to 5 years.

Option C – As Option B but with the addition of a lump sum after 5 years' benefit payments. The lump sum is 2x the annual benefit at the end of 5 years. In most cases this will be broadly 2 x 50% of salary.

Cover can be arranged to provide a maximum income benefit of up to £425,000 per year.

What is included in the definition of earnings?

The salary is defined as the 'actual basic salary'.

What is a Deferred Period?

A deferred period is a waiting time of consecutive weeks before any claim payments are made. You can choose a deferred period of either 26 or 39 weeks. The one you choose will apply to all members. The deferred period starts on the first day of absence from work, with no payments being made until it is completed.

When will cover stop?

Cover will cease for an employee when they reach State Pension Age.

What is a Limited Payment Term?

All of the options provide a limit that caps the amount of time that a valid claim is paid. This is known as a Limited Payment Term. The options provide for benefit payments to be limited to either 3 or 5 years.

What is a definition of incapacity?

Part of the claims process is to determine an employee's incapacity and the level of task (if any) the employee can undertake before a decision on claim payment is made. The definition of incapacity for this scheme is:

Generic Occupation: the member's inability to perform, on a full or part-time basis, the generic occupation duties of their job role as a result of their illness or injury.

Job role is defined as the generic duties of the position that the member was actively following when incapacity started. The generic occupation is a trade, profession or type of work undertaken. It is not a specific job with the policyholder or any particular employer and is independent of location.

A more detailed explanation of how we assess this definition of incapacity at claim stage can be found in the 'Claims: What you need to know' section of this brochure.

How are premiums calculated?

The annual premium rate is affected by whether the cover you select is for 'teachers only' or 'all employees'. An illustration of the annual premium as a percentage of insured teachers/employees salary roll for each level of cover is set out below:

Benefit design	Teachers only included Annual premium rate (as % basic salary)		All employees (including teachers) Annual premium rate (as % basic salary)	
	39 week deferred period	26 week deferred period	39 week deferred period	26 week deferred period
A	0.564%	0.616%	0.711%	0.774%
B	0.750%	0.802%	0.933%	0.995%
C	0.938%	1.030%	1.094%	1.200%

The premium rate set out in the table above will be applied to the total salary roll for the teachers/employees covered as at 1st September each year. We will not normally make premium adjustments for changes in salary roll or staff changes during the year.

We will guarantee the rates shown in the table for 3 years from the 1st September 2023.

The minimum premium we charge for Group Income Protection is £600 each year per policy.

How and when are premiums collected?

The premiums are always paid in advance by the employer and can be paid yearly, by direct debit or by electronic funds transfer.

Will evidence of health need to be provided by members?

One of the benefits of a Group Income Protection policy is that we normally offer what we call a free cover limit (FCL). The FCL is the limit under which medical information is not needed. This means that:

- if an eligible member's total benefit remains below the policy FCL of £150,000 benefit each year, we won't need to ask for any medical information
- if the member's total benefit is above the FCL, we'll need to request medical information, so our underwriters can determine whether we can cover the amount which exceeds the FCL. The proportion of benefit which falls below the FCL will normally continue to be covered regardless of the underwriter's decision

Is there a penalty for cancelling the policy?

There is no cooling off period, however there is no penalty for cancelling the policy early. It can be cancelled by you at any time in accordance with the policy terms (although we will only cancel from the date we are advised) and we will only charge a premium for the time we are 'on-risk'. For example, if a full 12 months premium was paid on 1 September and we received notification that the policy is no longer required from 1 October, then we will calculate the premium due from 1 September to 1 October and refund the remainder (in this case, 11 months' premium). If a claim was received during the period 1 September to 1 October, then this would have no impact on the refund due. However, in this instance we wouldn't pay claims for members whose absence commences after 1 October, as cover would no longer be in place.

When can Aviva cancel the policy?

We can cancel the policy if you do not pay the premium within 30 days of the due date. We also reserve the right to cancel the policy if you don't give us the information and documentation we need to administer the policy.

What happens if there is a claim or I need rehabilitation support?

Our aim is to make the process as easy and straightforward as possible. You will have dedicated contacts throughout any rehabilitation or claims journey. This assistance is provided to help you and support your members at what would inevitably be a difficult time for them. Each case will, of course, be different and we can talk through the best and most appropriate course of action.

The following sections explain in detail what you need to do, and how we will handle rehabilitation support or claim assessment. You should also read our separate claims brochure, which explains the claims and rehabilitation process, together with the related services we offer you. Please contact Melanie Jarred at melanie.jarred@aviva.com or groupprotectionquotes@aviva.com, to receive a copy.



Setting up a Group Income Protection Policy

If you're happy with the premium and wish to proceed with the insurance, follow the four straightforward steps detailed below to activate your cover:

Step 1:

Email APTIS@aviva.com and confirm that you are happy with the premium and wish to proceed. In your email please include the following information:

- the selected option (A, B or C)
- whether you wish to cover all teachers only or all employees (inc. teachers)
- your chosen deferred period (26 or 39 weeks)
- school name and address

Step 2:

We will email an application form (including a Direct Debit) for you to complete.

Step 3:

You will need to complete the application form and, if necessary, the Direct Debit. This should be returned to melanie.jarred@aviva.com or groupprotectionquotes@aviva.com together with a spreadsheet detailing the employees to be covered and their basic salaries.

Step 4:

Upon receipt of the information in Step 3, we will issue an email confirming that the scheme is on-risk. Attached to our email will be an initial set of accounts, a policy schedule and a Policy Wording for your safekeeping. This will complete the set up of your policy.

The process is slightly different for members whose insurance needs to be medically underwritten because they are over the Free Cover Limit. Cover for these members will be requested and processed as part of our general scheme administration. If there are no medical underwriting requirements, then we won't usually need any more information until six weeks before the anniversary date of your policy (information required for any mid-year changes is detailed in the FAQ). When this time arrives, we'll issue a reminder for you to supply details of the current membership, so we can calculate an accurate premium for the next policy year.

Rehabilitation and claims service built around your needs

Our aim is to start actively working with you and your employees after four weeks' absence. Our experience has shown that working at an early stage of absence is more likely to result in a successful return to work.

Early intervention

Once an employee has been absent from work for four weeks or more, we would encourage you to contact us as soon as possible. You can call the claims team on 0800 142 2377 or email at groupipclaims@aviva.com

When you contact us at this point, we'll assign a dedicated Case Manager to assist with the individual employee's case and consult with you to decide whether we need to provide support to them. Alternatively, we may agree a future date to review the potential claim. This discussion won't have any bearing on the deferred period applicable to the policy, but we often find that providing support at this point can prevent a significant claim.

Rehabilitation support and early intervention are non-contractual benefits that Aviva can change or withdraw at any time.

How the process works

- If we feel rehabilitation support is appropriate, we'll ask for consent to speak to your employee to gain further information
- We will liaise with our clinical team for their input on any support we can give and seek approval from their General Practitioner (GP) of any treatment plan, where appropriate
- The Case Manager will work together with the appropriate rehabilitation partners, clinical experts and your employee and will remain in contact with them while any treatment is taking place
- When the employee is fit to return to work, the Case Manager will work with all parties to put together a return-to-work plan. This could include a gradual phasing of duties, changes to hours or responsibilities, or even retraining. Should this plan include any of these activities, the Case Manager will be in regular contact throughout the process

If it appears that the employee won't be ready to return to work by the end of the deferred period, we'll work seamlessly through the claim process with all parties and calculate the benefit payments due. Further information can be found in the following section 'Claims: what you need to know'



Claims: what you need to know

When do I need to tell you someone is absent from work?

You must tell us about a potential claim as soon as you can, preferably no later than when they have been absent for two months.

If, due to a delay in telling us, we can't confirm incapacity – or if our ability to intervene has been compromised – payment of benefit may be affected.

How do I notify you that I have an employee absent from work?

We encourage you to contact us by phone, so we can talk to you about the situation and then, if appropriate, allocate the best person to help. If it's not possible to call us, you can get in touch by email. We try to avoid issuing paperwork wherever possible, although there will be certain circumstances where we need you or your employee to complete a form (for example, when medical consents are needed).

You can call the claims team on **0800 142 2377** or email them at **groupipclaims@aviva.com**

What happens when someone makes a claim?

Our aim is to make the claims process as easy and straightforward as possible. You will have dedicated contacts throughout the claims journey to help you and support your employees at what will inevitably be a difficult time for them.

Each case will be different and we'll always be on hand to talk through the best and most appropriate course of action. You should also read our separate claims brochure which explains the claims and rehabilitation process in more detail and also describes the related services we offer. Please contact Melanie Jarred at melanie.jarred@aviva.com or groupprotectionquotes@aviva.com to receive a copy.

What information will be needed to assess a claim?

Every person is unique, and no two absences are exactly alike. We treat all cases individually and judge them on their own merit.

We will need information from you about the employee, their job role and income. We are also very likely to need medical information, which will be expertly assessed by your designated Case Manager in liaison with our clinical team. They'll gain a clear understanding of any rehabilitation in place, ensuring that the claims decision supports any return-to-work plan.

If additional evidence is required to support the claim, such as medical reports or independent assessments, these will be requested. We'll keep everyone informed of progress throughout and will meet the costs of gathering any required medical reports.

How will a claim be medically assessed?

You'll appreciate that we can't be specific as to when a claim will and will not be paid, as each individual and their circumstances can be very different. As part of the assessment process, we'll take care to understand the job they performed before they became absent and the generic tasks and duties within that role. If applicable, we'll also gather information on the employee's past work experience, skills and training.

As well as consulting with you and the member to find out this information, we'll also ask for relevant medical details from the employee's own clinicians, possibly also asking for an independent assessment to be carried out. The medical information required will include details of the severity of the condition, how long it has existed and how it affects them. We also need to know that they are continuing to receive medical advice and treatment where appropriate.

All the medical information that we gather is expertly assessed by the Case Manager and our clinical experts to form a claim decision.

Assessing capacity to work

Generic Occupation

This definition allows us to consider the tasks and duties of the 'occupation' rather than the specific job being performed prior to incapacity.

The generic occupation is a trade, profession or type of work undertaken. It is not a specific job with the policyholder or any particular employer and is independent of location. The occupation does not need to be available, it is the ability to perform the role that is relevant.

Absence caused by workplace matters, such as a relationship breakdown, workplace demands or failure to make reasonable adjustments is not covered.

Absence caused by a lifestyle choice or family requirement, such as the need to care for a dependant, is also not covered.

Duties do not include the journey, as part of a regular commute, to and from a normal place of work.

How will you communicate with my employees?

If we haven't already been in contact with them to offer our rehabilitation services, we will – with your consent – contact them by phone to start the claims process. We won't do this until you have informed them that we will be in touch.

If, however, you feel they may be too ill to talk to us on the phone, we can send paperwork directly to them.

How will I know what stage the claim is at?

We'll ensure that you are kept informed at all times, including notification once a decision is made and a future review plan, where appropriate, has been completed. If you have any queries about a claim, please give us a call.



When do benefit payments start?

Benefit payments will start after the completion of the deferred period should a member continue to satisfy the definition of incapacity and other factors as defined in our terms and conditions.

Payments are made in pounds sterling, at monthly intervals in arrears. We can make payments by either cheque or BACS, and where appropriate we can bulk payments together on your preferred day of the month.

How will you pay the benefit?

We pay the benefit to you. You then pass this money to the employee in the same way as salary, subject to the normal deductions for Income Tax and National Insurance contributions.

How long do benefit payments last?

This will depend on whether you have selected to cover your members for a limited payment term of three or five years.

Benefit payments will stop at the end of the 3 or 5 year Limited Payment Term or may stop if the member:

- recovers and returns to work
- is, in our opinion, medically fit to return to work and no longer eligible
- reaches State Pension Age
- voluntarily resigns
- is remanded in custody or receives a custodial sentence

Payments may also stop if:

- we are unable to obtain medical evidence required to support a continued claim
- the end of a fixed term contract is reached
- the member dies.



What happens if an employee receives income from other sources?

If the employee is in receipt of any other regular income, we may need to consider this when calculating the amount of benefit we pay. Examples that may affect the benefit are continuing salary or regular payments from other insurance policies. If the payment period of the other insurance policies is less than two years, we will ignore it.

You should also be aware that payments from Group Income Protection may also affect an employee's entitlement to means-tested state benefits.

What if an employee can only return to work part-time, or in an alternative lower paid job role?

We may still be able to pay some benefit under what we call 'Proportionate Benefit'. This is a benefit that is paid in proportion to the reduction in their earnings, with an allowance for inflation. For example, if an employee returns to work and the revised earnings you pay them are half of their original earnings, we will pay half of their benefit to top up. If there is no reduction in earnings, then the claim will simply cease.

What happens if an employee's incapacity returns and they are unable to work again?

If, within 12 months of the last monthly benefit payment, incapacity occurs once again for the same reason, we'll consider the further claim without imposing the deferred period again. This is known as a linked claim. We'll also link claims for different causes, provided that the new reason for absence has lasted 30 days or more.

What happens if an employee makes more than one claim?

An employee can make more than one claim as long as they have not exhausted any limited payment term period or, if insured, received a lump sum payment. No further payments will be made until a further deferred period has been satisfied, unless it is a linked claim as above.

Any limited payment term applies to incapacity from one illness or injury. So, where incapacity is from the same cause, we will combine the periods and the total will be limited to the payment term insured.

What happens to employees who have fixed term contracts?

Any employee who is receiving benefit and has a fixed term contract will only be eligible for benefit for the remainder of the contract in place as at the date of first absence, whether this is extended or not.

What happens if an employee receiving benefit is dismissed?

If you remove an employee from your payroll, any benefit they are receiving from us will normally cease at the same time, ending the claim. This is why you must tell us immediately if this happens.

We will consider, at our reasonable discretion, continuing paying benefit to an employee in this position if:

- you have requested us to do so; and
- you have been eligible to receive benefit for that person under this policy for a continuous period of more than six months.

The pension benefits will stop.

If insured, we will not pay a lump sum at the end of the limited payment term where we have been paying the benefit directly to an employee.

What else is included?

Our Group Income Protection cover gives access to a range of added value services, designed to help provide emotional and practical support for your employees. Details can be found on the next page.



Group Income Protection

Aviva DigiCare+ Workplace

Provided by Square Health, the Aviva DigiCare+ Workplace app puts the guidance and care your insured employees need to help detect, manage and prevent physical and mental health problems at their fingertips.

[Watch this video](#)[Read more here](#)

Terms apply

24/7 Employee Assistance Programme (EAP)

Support available in the moment from qualified counsellors.

[Read more here](#)

Provided by Care first

Thrive Mental Wellbeing app

The app uses clinically effective techniques and cognitive behavioural therapy methods to screen for and help insured members manage specific stress triggers and retrain unhelpful thoughts.

[Read more here](#)

Terms apply

The Aviva Line Manager Toolkit: Mental Health

Provides bite-sized video modules to empower line managers to spot the warning signs of poor mental health.

[Read more here](#)

Terms apply

Online Library

Helpful content on all kinds of situations, from family and relationships, money or work, to mental or physical health conditions.

[Read more here](#)

Get Active

Insured employees can get discounts at over 3,000 health and fitness clubs, plus great at-home fitness offers and a range of savings on other products and services. Cancer Care with Get Active offers discounted products and services that can help support the daily living adjustments a cancer diagnosis and treatment can bring.

[Read more here](#)

Terms apply

Aviva Mental Health Videos

Helps employees better understand and take control of their mental health. We offer a suite of bite-sized videos covering a range of topics.

[Read more here](#)

Wellbeing services are a non-contractual benefit Aviva can change or withdraw at any time. Residency restrictions may apply.

Frequently Asked Questions

What does actively at work mean?

Employees you wish to insure must be at work doing their full normal job role and working their normal hours when the policy starts. In addition, they must not be working against medical advice. Anyone who isn't meeting these conditions can't be insured until they make a full return with their GP's approval.

What medical evidence will be needed for underwriting?

We prefer to use specialist staff, trained and equipped with medical knowledge, to capture essential information in telephone interviews. Given this, there's no need for the member to complete any forms – although they can choose to complete our Medical Declaration form, instead of a telephone interview, if they wish.

We adopt a 'once only' approach to underwriting. This means that in the majority of cases future increases in benefit won't be subject to further underwriting.

While medical underwriting is taking place, we'll provide full cover for up to 180 days, excluding pre-existing conditions. If, after we medically underwrite an employee, we think they represent an increased risk, we may charge an additional premium. This would be added on to the annual premium that is calculated for the scheme.

Rest assured that our expert medical underwriting team will support you and your employees through the underwriting process if required.

What isn't covered?

There are no exclusions under this policy. However, exclusions may be applied to employees' benefits that are above the Free Cover Limit.

What happens when someone leaves or someone new joins?

You will normally only need to tell us about any new joiners or leavers at the policy anniversary date.

We also require immediate details of any members whose benefits are above your Free Cover Limit, or if you have any members who do not meet the defined eligibility conditions.

Please see our Technical Guides for a detailed account of what information we need to know and when. To obtain a copy of these documents, please contact Melanie Jarred at melanie.jarred@aviva.com or groupprotectionquotes@aviva.com, who will be pleased to forward these on to you.

Will there be any unexpected extra premiums?

You will normally only need to tell us about any We usually guarantee the rate(s) for three years after the start date of the policy. A new rate may apply at the rate guarantee date.

Additional premiums may be payable for employees who have been medically underwritten because of their health or any hazardous pastimes. Any additional premiums will apply immediately but will become payable at the next anniversary date.

What happens to claims if the policy is cancelled?

You may cancel the policy whenever you wish. All claims in payment at that time will continue in line with the terms and conditions of the policy. Also, new claims will still be considered if the absence started before the date the policy was cancelled, with all due premiums paid up to that date.

If we cancel the policy due to non-payment of premiums, new claims will only be considered up to the end of the period covered by the last premium paid. Claims in payment at that time will continue in line with the terms and conditions of the policy.

One final point

We recognise that making the decision to provide this benefit should be considered carefully and that there's a lot of information to take in. We've tried to address many of the questions that have arisen in our experience of dealing with Group Income Protection, but you may still have queries of your own. For help with these, including full details of our terms and conditions, please contact Melanie Jarred at melanie.jarred@aviva.com or groupprotectionquotes@aviva.com

It's important to understand that a decision to take out cover is your choice and responsibility. There is nothing in this document that can be considered as giving advice. If you feel that you need specific advice, we recommend that you speak to an independent financial adviser. If you don't have a financial adviser, you can find one at www.unbiased.co.uk.

Further information

Applies to Group Life and Group Income Protection

Third Party Rights

Only we, the trustees and the employer will have any rights under these policies. Any person or persons who are not a party to these policies 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 rescission.

Compensation

The Financial Services Compensation Scheme (FSCS) may cover your policy. It will 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 www.fscs.org.uk or telephone **0800 678 1100**.

Currency and jurisdiction

These policies are issued in England and subject to English Law. All payments made to or by us under this policy will be made in pounds sterling.

Insurer

The Group Income Protection and Group Life policies are underwritten by Aviva Life & Pensions UK Limited. Aviva Life & Pensions UK Limited is a company in the United Kingdom.

The Head Office of Aviva Life & Pensions UK Limited is Aviva, Wellington Row, York, YO90 1WR, United Kingdom. Aviva Life & Pensions UK Limited is a wholly owned subsidiary of Aviva plc.

If you have any 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.

Our contact details are:

Group Protection Complaints
Aviva Life & Pensions UK Ltd
PO Box 3240
Norwich
NR1 3ZF

E-mail: gpcomplaints@aviva.com

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, please provide the 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

Telephone: 0800 023 4567

Opening hours are 8am to 5pm Monday to Friday

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

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.

Data Protection

Aviva Life and Pensions UK Limited is the data controller responsible for processing any personal information you provide us.

As the policyholder you will need to ensure that you comply with data protection law and regulation and ensure that the appropriate information has been provided to data subjects to explain how their personal information will be processed and shared.

Our full Privacy Policy is available at

www.aviva.co.uk/Privacypolicy or you can request a copy by contacting us at Aviva, The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR.

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

Details of our full Privacy Policy are available at 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 information, please contact our Data Protection Officer by writing to them at Data Protection Officer, Aviva, Level 4, Pitheavlis, Perth PH2 0NH.


Solvency and Financial Condition Report

Every year we publish a Solvency and Financial Condition report which provides information about our performance, governance, risk profile, solvency and capital management. This report is available to read at **www.aviva.com/investors/regulatory-returns/**

Need this in a different format?

Please get in touch if you would prefer this document (**GR06200**) in large print, braille or as audio.

How to contact us

 0800 051 3472

@ groupprotection@aviva.com

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

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.

Aviva Life & Pensions UK Limited.

Registered in England Number 3253947.

Registered Office, Aviva, Wellington Row, York, YO90 1WR.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Firm Reference Number 185896.

Wellbeing services, Wellbeing Training, Rehabilitation and Early Intervention support are not insurance products and are not authorised or regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

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

GR06200 01/2025