

Group Life Spouse and Partner Benefits

Technical Guide GR01011 08/2023

This policy is intended to be part of an employer's Flexible Benefit scheme.



Aviva

By choosing Aviva, part of the UK's largest insurance group, you benefit from our financial strength. Together with millions of customers worldwide you can feel certain of your choice whether you invest for the future, provide against the unexpected, or protect the things that are important to you.

Our size and efficiency give us the strength to deliver an extensive range of value for money, quality products – investments, retirement, protection and healthcare – designed to meet your needs, both now and in the future.

This Technical Guide has been produced based on the standard format recommended by the Group Risk Development group (GRiD) and The Association of British Insurers (ABI).

This Technical Guide will tell you the main features and benefits about our Group Life Insurance for Spouse and Partner Benefits. It should be read alongside the illustration with which it was issued. **It does not form part of the policy contract**. Full details of the contract terms can be found in the Policy Wording.

You are responsible for deciding if the cover meets your needs, and periodically reviewing the cover to make sure it continues to meet your needs.

If you have any existing cover, we recommend you seek financial advice before deciding whether to cancel your existing arrangements. We also recommend you seek financial advice if you are unsure whether this cover is right for you. If you haven't got a financial adviser and you would like to speak to one, you can find one in your area by using unbiased.co.uk. An adviser may charge a fee for this service.

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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 technical guide. The meanings of these words are set out in the Definitions section in the back of this guide.

Policy aims

This is a non-complex **policy**. The aim of the **policy** is to meet the demands and needs of an **employer** who, subject to the requirements for being an **excepted group life policy** being satisfied, wishes to:

- provide insurance to cover a lump sum benefit in the event of a death of an employee's spouse, civil partner or nominated partner, payable via a discretionary trust, as part of an employee's flexible benefits package.
- remove, where requested, the need for you to set up and manage a standalone trust and instead utilise an overarching trust administered by an appointed independent trustee.

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

 choose the level of benefits to meet yours and the employees' needs, in units of £10,000 or £25,000 up to a maximum of £250,000.

The **policy** is suited to UK, Channel Islands or Isle of Man registered **employers** with 100 insured members under a **linked Group Life flexible benefits policy**.

The **employee** chooses the amount of cover they wish to insure within the levels chosen. A short health declaration must be completed for the **eligible person** before full cover is provided. We may need to obtain medical information and if this is needed, we will advise accordingly.

An **employer** will need to have a suitable flexible benefits platform in place to administer the benefits provided by the **policy**.

The **policy** is not designed to support the following:

- employers who do not have an existing Spouse/Partner excepted group life scheme set up under a discretionary trust
- employers or trustees who are not registered in the UK, Channel Islands or Isle of Man
- employers with eligible persons who are not in the UK,
 Channel Islands or Isle of Man or one of our standard territories,
 unless otherwise agreed
- spouse, civil partners or nominated partners who are not financially dependent on an **employee**
- **employers** who wish to provide cover beyond the age of 75.

The **policy** will not have or accrue a surrender value.

Your commitment

You agree to inform us straight away:

- when a TUPE or group employment transfer takes place;
- if you want to change the cover; or
- when any member or eligible person moves overseas to a location which is not listed in our standard territories or any additional locations detailed in your policy schedule;
- about any changes to the employer; and
- about any claims.

You agree to:

- pay premiums when requested and when applicable
- comply with the **scheme rules** and the terms and conditions of the **policy**.

You also agree to provide **us** with all of the information **we** need:

- when you apply for the policy;
- at each anniversary date/rate guarantee date and, if applicable, every month;
- when **you** make a claim;

and tell us if these details change.

Risk factors

- Cover will stop if you don't comply with the terms and conditions of the policy, or if you stop paying premiums.
- Payment of claims may be delayed if you do not provide the information we ask for
- We recommend that a lawyer considers the content of the employees contracts for you in the light of this scheme, and any requirements you may have for offering the benefits to the employees
- **We** usually guarantee the rate(s) for two years after the start of the **policy**.

The guarantee may not apply if:

- there is a change to the (or any new) legislation, regulation or taxation affecting the **scheme**; or
- there is a change to the:
 - benefit basis;
 - eligibility;
 - nature of business; or
 - companies included within the **scheme**.

1 How does the policy work?

The policyholder will be;

- For Aviva Master Trust policies the employer; or
- For non-Aviva Master Trust policies the appointed trustees
- Cover under the **policy** is voluntary and premiums are normally collected by the **employer** through a salary sacrifice arrangement. **You** are responsible for paying the premiums to **us** each month
- The cost is usually treated for tax purposes as an allowable business expense and the lump sum benefit is normally tax-free
- The benefit covered is provided in units of £10,000 or £25,000 up to a maximum benefit level of £250,000. You decide the maximum benefit level for the scheme
- **You** will need to have a suitable flexible benefits platform in place, in order to administer each **members**' benefit
- You provide us with the information we require to assess any claims.

2 What factors should be considered in deciding what benefits to provide?

2.1 Who can be covered?

An **employee** with a current UK, Channel Islands or Isle of Man contract of employment with an **employer** covered by the policy and who meets the **eligibility** conditions can choose to provide cover for an **eligible person** subject to satisfactory completion of a health declaration.

Where a health declaration cannot be completed to **our** satisfaction **medical information** may be required.

2.2 Can cover be provided for members/eligible persons who are not in the UK, Channel Islands or Isle of Man?

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

We will cover an **eligible person** who is working or residing outside of the UK, Channel Islands and the Isle of Man, provided that;

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

You can ask **us** to cover individuals who are working or residing in a country outside of the **standard territories**. 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. Any additional locations will be detailed in **your** illustration or **policy schedule**

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

Special terms and conditions may apply for cover to an **overseas eligible person**.

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

2.3 What are the eligibility conditions?

The **eligibility** conditions will need to be agreed and should include:

- minimum and maximum entry ages for eligible persons
- the categories of members who can choose cover

2.4 When can members make changes to their flexible benefits?

Members can change the benefit level of the eligible persons cover through flex benefits at a qualifying period. For schemes where members increase by one unit, If a health declaration has been completed to our satisfaction no further medical information will be required for increases in benefit. For schemes where increases of more than one unit are allowed, further medical information may be required.

Important Note

It is recommended that **employers** consult their own advisers to ensure that their proposed **policy** arrangement and **scheme** set up does not breach equality and discrimination laws.

2.5 When will cover stop for an eligible person?

Cover will stop when the **policy** is cancelled, premiums are not paid within 30 days of the due date, or;

- When the **member** is no longer employed by the **employer**;
- When the member or eligible person is no longer eligible for the scheme;
- When the eligible person reaches the cease age; or
- When a member or eligible person moves overseas to a location not listed in our standard territories or any additional locations detailed in your policy schedule, unless otherwise agreed; or
- When the **member** or **eligible person** dies.

2.6 What types of cover are available?

Lump sum benefit

Cover will be fixed units of £10,000 or £25,000 up to a maximum benefit level of £250,000 and is payable when an **eligible person** dies.

2.7 What happens if someone is temporarily absent?

Where a **member** is off work due to illness or injury, the **eligible person** can continue to be covered up to the **cease age** providing premiums continue to be paid and a UK, Channel Islands or Isle of Man contract of employment is maintained.

Where absence is due to any other reason (for example, maternity, paternity, shared parental leave and adoption leave or Armed Forces Reserves call up), then cover may continue to be provided for a maximum of 36 months providing premiums continue to be paid and a UK, Channel Islands or Isle of Man contract of employment is maintained.

3 How is the policy set up?

The **policy** is set up under a Discretionary Trust. **You** can choose one of the following options:

- use your own existing standalone Excepted Group Life Trust & Rules
- create your own trust using Aviva's Standalone Excepted Trust & Rules document
- elect to join the Aviva Master Trust

We recommend that **you** seek independent legal advice before deciding which option best suits **your** needs.

3.1 What do we need in order to set up the policy?

To ensure the premium and illustration details can be confirmed before the **policy** starts, **we** need full details of the **member** and **eligible person's**:

- name;
- gender; and
- date of birth;
- member occupations;
- workplace postcode;
- countries of residence (if outside the UK, Channel Islands or Isle of Man);

We will also need full details of any:

- previous scheme history; and
- previous claims history; and
- the eligible person's benefit level.

If any of these details or assumptions **we** have made differs from those on the illustration, the illustration may be revised or withdrawn.

To complete the set up of the **policy**, **we** need:

- a fully completed Application Form;
- a deposit premium or direct debit mandate;
- the first months membership data
- For non-Aviva Master Trust policies: signed and dated scheme rules (incorporating the trust provisions). Existing schemes that transfer cover to Aviva may continue to use their existing trust and rules. It is the responsibility of the trustees to ensure that the rules are updated to reflect future changes. We will require a copy of the existing rules and trust for our file.

We agree to start cover whilst this information is being provided. If **you** do not send **us** everything **we** need within 30 days of the start of cover, **we** reserve the right to cancel cover and **we** may not pay any claims that are made whilst cover was being agreed.

3.2 Does any evidence of health have to be provided before eligible persons are covered?

A health declaration must be completed to **our** satisfaction for an **eligible person** before full cover is provided.

Where a health declaration cannot be completed to **our** satisfaction **medical information** may be required.

3.3 What happens if a claim arises prior to Aviva receiving the completed health declaration?

We will provide temporary cover for full benefits excluding any **pre-existing conditions**, for a period of up to 90 days from the date cover has been selected, prior to **us** receiving the completed health declaration.

Temporary cover will not apply if any **eligible person** or any **member** in respect of an **eligible person** has previously:

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

4 What premiums will be charged for the cover?

The premium calculated depends on several factors which include, but are not limited to, the:

- level of benefits insured;
- eligibility and entry conditions as shown in the policy schedule;
- age of the eligible persons
- gender split of the eligible persons
- locations of the workforce; and
- claims history if the scheme has been insured before

You are responsible for calculating and collecting any premiums from the **employer**.

The minimum premium **we** will charge for the **scheme** is £600. All premium payments are to be made in pounds sterling.

4.1 How will premiums be calculated?

Unless otherwise agreed by **us**, premiums for **members** and **eligible persons** will be calculated on age banded rates.

4.2 Will there be any unexpected extra premiums?

We usually guarantee the rate(s) for two years after the start date of the **policy**. A new unit rate may apply at the **rate guarantee date**.

Additional premiums may be payable for **eligible persons** who have been medically underwritten because of their health or any hazardous pastimes. These loadings will apply immediately but become payable at the next **anniversary date**.

Terms and conditions

We can change the rates, and any other term or condition of the **policy**, if:

- there is a change to the (or any new) legislation, regulation or taxation affecting the **policy**; or
- there is a change to the:
 - benefit basis;
 - eligibility;
 - nature of business; or
 - companies included within the policy.

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

4.3 What commission is included in the premium?

In addition to any commission, the premium could also reflect the fact that our staff are salaried and may receive an annual bonus based upon the overall performance of the Aviva Group. Some members of staff may also receive an additional bonus a proportion of which relates to their sales performance.

4.4 Is there a discount for good claims experience?

Claims experience is a factor in assessing the rate and premium for the **policy**, so a good claims history will usually be reflected in the rates and premiums charged.

5 How does the policy accounting work?

The **policy** runs on one year accounting periods. The premium must be paid in advance monthly or annually by direct debit, or any other method agreed with **us**.

Where premiums are paid annually, **we** will charge a deposit premium based on the membership at the **start date** or **anniversary date**.

We will then record the accurate premiums based on the monthly data supplied, and produce a final account at the end of the **policy** year (unless otherwise agreed). **We** will then issue an invoice for any premiums due, or issue a refund for any over payment that has been made.

Alternatively, **we** can collect a variable premium based on accurate data provided to **us** on a monthly basis.

Where premiums are paid monthly by direct debit, **we** will collect a level premium based on the membership at the **start date** or **anniversary date**.

We will then record the accurate premiums based on the monthly data supplied, and produce a final account at the end of the **policy** year (unless otherwise agreed). **We** will then advise **you** of any additional premiums due before they are collected, or issue a refund for any over payment that has been made.

We may also offer to offset against the following year.

5.1 What information is needed for accounting purposes?

Unless otherwise agreed with **us**, **we** will require full and accurate membership data to be sent to **us** in an electronic spreadsheet format every month and at each **anniversary date**. This should include:

- name of member and eligible person
- eligible person's gender;
- eligible person's date of birth;
- eligible person's level of cover and details of any increase or decrease in benefit
- dates of cover commencing for a new eligible person
- dates of cover ceasing for an eligible person
- details of any members seconded overseas or eligible persons located overseas.

Cover for **eligible persons** who join part-way through the month will start immediately with premiums becoming payable at the beginning of the following month. Premiums for cover that ceases part way through the month will not be refunded.

6 How are Claims made?

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

6.1 How are claims submitted?

For **Aviva Master Trust** policies: **We** will need a fully completed claim form to be sent to **us**. These are available by contacting **our** claims team by email at grouplifeclaims@aviva.co.uk or by calling 0800 1582714.

For non-Aviva Master Trust: there are two ways **you** can submit a claim;

- by fully completing an on-line claim form at aviva.co.uk/ grouplifeclaim; or
- by fully completing a paper claim form.

Please note

We will not pay any claims made more than 2 years after the earlier of:

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

6.2 What might be needed to assess a claim?

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

We may also ask for:

• medical records of the eligible person

- a copy of any relevant authorisation showing who is empowered to sign for and act on behalf of the **employer** or, for non-Aviva Master Trust policies, the **trustees**.
- evidence of membership of the scheme
- the eligible person's birth certificate
- evidence of marriage, civil partnership or being a dependent partner
- evidence relating to a lifestyle event, where applicable.

6.3 To whom can payments be made?

Lump sum benefits can be paid to the **trustees** or a third party account. This includes bank accounts belonging to the beneficiary(s), company account, solicitors and client holding accounts. The account must be a UK bank account.

If **you** have any questions about making a claim email **us** at grouplifeclaims@aviva.com, or call **us** on 0800 1582714.

Calls may be monitored and/or recorded.

You can also write to us at:

Aviva Group Protection PO Box 3240 Norwich Norfolk NR1 37F

7 When will the policy be cancelled?

The **policy** will be cancelled if **you** do not pay a premium within 30 days of when it is due.

We will also reserve the right to cancel the **policy** if **you** do not give **us** the information and documentation that **we** reasonably need to administer the **policy**.

Subject to **our** reasonable requirements, **we** may reinstate cover if the premium is subsequently paid within a reasonable period, where there has been;

- no change to the **policy** which would have altered **our** decision to provide cover; and subject to;
- satisfactory completion of a new health declaration.

There is no cooling off period. **You** may cancel the **policy** at any time in accordance with the **scheme rules**. Cover for all benefits under the **policy** will stop on the agreed date, and a premium will be due for the time on cover.

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.

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** reasonably believe that providing a group protection contract would place Aviva at a high risk to exposure of financial crime, **we** reserve the right to cancel or amend the **policy** as appropriate.

7.1 Does the policy have a surrender value?

There is no surrender value if the **policy** is cancelled and **we** will not backdate cancellations.

7.2 If the policy is cancelled during the policy year (not at the anniversary date) will you refund any premiums paid in advance?

Yes. **We** will produce a final account based on the cover **we** provided up to the date when **you** cancelled the **policy** and the appropriate refund will be paid.

7.3 What happens if the policy is cancelled before a claim is paid?

All valid claims for **eligible persons** who died whilst the **policy** was in force with **us** (and premiums paid up to the cancellation date) will continue to be assessed subject to the criteria detailed in Sections 6.1 and 6.2.

8 What is not covered?

All causes of death are covered under this policy.

We may apply an **event limit, sub event limit,** and/or **travel limit** if there is an event that affects the **policy**.

We may also apply an **event limit, sub event limit,** and/or **travel limit** to **eligible persons** travelling together in connection with the **employer's** business.

An **event limit** will apply to the total benefits from all **linked policies**.

9 What are the tax considerations?

All references to taxation are based on **our** understanding of current tax law and practices. Tax law and practices could change in the future. **You** should get professional advice from **your** own tax advisers.

9.1 What are the tax considerations for payment of premiums?

The whole premium is normally collected through the **employer** and paid by **you**.

Premiums paid through salary sacrifice are normally treated as a benefit in kind for **members.**

9.2 What are the tax considerations for payment of benefits?

Lump sum benefits under Excepted Group Life Insurance Schemes are usually paid tax-free by the **trustees**.

However, under inheritance tax rules applicable to discretionary trusts, exit and periodic charges may apply.

10 Is there a Continuation Option?

This option is not available under this product.

Further Information

Third Party Rights

Only we and the policyholder 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 fscs.org.uk or telephone 0800 678 1100.

Currency and jurisdiction

The 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 Life Insurance Policies are underwritten by Aviva Life & Pensions UK Limited.

Aviva Life & Pensions UK Limited is a company incorporated in the United Kingdom.

The Registered 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 37F

Phone: 0800 1582714

Email: 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, 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

Phone: 0800 0234567

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

Website: 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.

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 for you to read on our website at aviva.com/investors/regulatory-returns/

Paper, braille, large font and audio material

Our literature is available free of charge on paper or in Braille, large font and audio format. Just call 0800 051 3472 or email groupprotection@aviva.com and tell us:

- the format you want
- your name and address
- the name or code of the document.

The document code is in the bottom left hand corner of the back page of this document.

Calls may be recorded/monitored for our joint protection.

Data Protection

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

As the policyholder our understanding is that you are not required to obtain individual consent from employees before providing us with any personal data we require to set up, administer and assess any claims under the policy. However 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 the information will be processed and shared. If we need to obtain personal data from anyone covered under the policy, we will contact them and if necessary obtain their consent before collecting and using their information.

We will record and store any information provided to us accurately and securely.

Details of our full Privacy Policy is available at 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.

Definitions

Some of the terms and expressions that **we** use in this Technical Guide have a specific meaning for this type of **policy**. Here are some of the terms explained:

Anniversary date

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

Aviva Master Trust

The Aviva Excepted Benefits Group Life Insurance Trust, is an over-arching trust administered by an independent trustee company, ZEDRA Governance Ltd. The **employer** can elect to choose this option if they do not wish to set up a separate standalone trust.

Cease age

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

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**.

Eligible Person(s)

The spouse, civil partner or nominated partner for whom the **member** has elected to provide cover for under this **policy.** They must be financially dependent or interdependent with the **member.**

Employee

A person employed by the **employer.**

Employer

A company or other business that is participating in the **scheme**.

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 and detailed in **your policy schedule**.

Flex benefits

Benefits selected by the **member** at a **qualifying period**.

A **member** may increase or decrease the **eligible persons** level of cover subject to not exceeding the lower of the maximum benefit level allowed under the **policy** or selected maximum benefit level chosen by **you**.

Benefit level increases are limited to two per **policy year**;

- one at the anniversary date.
- one within 2 months of a lifestyle event.

HMRC

Her Majesty's Revenue and Customs.

Lifestyle event

A qualifying event allowing a **member** to increase their income benefit level or benefit term. The lifestyle events are detailed in the **policy schedule**.

Linked policies

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

Lump sum benefit

The total lump sum benefit that would be paid for an **eligible person** in the event of a claim, as shown in **your** illustration and **policy schedule**.

Medical Information

Information including but not limited to medical history and lifestyle factors, required to fully assess the **eligible person** and enable **us** to apply an underwriting decision

Member

An **employee** and eligible member of the **scheme**.

Overseas

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

Policy

The Aviva spouse and partner 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 from time to time) stating details of the cover provided by the **policy** and any special terms (if applicable).

Policy year

The period between:

- the start date and the first anniversary date;
- the anniversary date and rate guarantee date; or
- an anniversary date and the date of termination of the policy (if termination 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 **eligible person** was:

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

in the previous five years before any cover is provided for under the **policy**.

Qualifying Period

- The start date or scheme eligibility date or
- The policy anniversary date or;
- within two months following a lifestyle event.

Rate guarantee date

The date until which rates and terms are guaranteed to apply, as shown in the **policy schedule**.

Scheme

The 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**.

Scheme eligibility date

The earliest date an eligible person is eligible to join the scheme.

Scheme rules

The rules of the **scheme**.

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, and stated as the start date in the **policy** schedule

State Pension Age (SPA)

The earliest age at which the **eligible person** can start to receive the UK State pension. The maximum state pension age we will cover is 68.

Sub Event Limit

A monetary limit that applies to the total value of claims that can be made following an **event**, which impacts **members** traveling to and from or located at a specified location. The sub event limit is included within the overall **event limit** and is not in addition to it.

Travel Limit

A monetary limit that applies to the total value of claims that can be made following an **event**, which impacts **members** traveling together for work purposes.

Trustees

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

TUPE

Transfer of Undertakings (Protection of Employment) Regulations 2006.

You/Your

The Principal Employer/Participating Employer who has a **policy** in the **scheme** as stated in the **policy schedule**.

We/our/us

Aviva Life & Pensions UK Limited.



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