

Flexible Benefits for Group Income Protection

Policy Wording

Reference: GR05001 – 12/2023

This policy is intended for schemes with
more than 100 members.



Welcome to Group Protection from Aviva

What the policy wording explains

This policy wording tells you:

- what to do if you need to claim
- what is covered
- explanations of some of the terms used in this document.

We've tried to make this document as easy to understand as possible, but if you have any questions or queries about the policy please contact us and we will be pleased to help you.

How the policy works

If you provide us with the information we ask for, when we ask for it and pay the premiums when they are due, we will cover the members for their insured benefits, and pay these benefits should a member be unable to work due to illness or injury.

Outline of the Policy

The policy insures the benefits payable if a member is unable to work and is suffering loss of earnings due to illness or injury.

This policy wording, along with the policy schedule and any endorsements, sets out details of the cover we have agreed to provide to you. It is evidence of a legal contract between you and us.

Some terms of the policy depend upon the information provided by you. Failing to disclose information, giving false information or failing to tell us where any facts have changed since they were provided where done deliberately or recklessly gives us the right to cancel the policy. If the information was given carelessly or the failure to disclose the information was careless then we will have the right to amend the policy to be consistent with what the terms should have been based on the correct information (or cancel the policy if we would not have offered any terms for the policy applied for).

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

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

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Please note

Throughout this document certain words are shown in **bold** type. These are defined terms and have specific meanings when used in this policy wording. The meanings of these words are set out in the Definitions section in the back of this document.

1 What benefits are covered

1.1 Total benefit

We will pay **total benefit** if immediately before the start of **incapacity** the **member** was **actively at work** and following their **job role** and, after the start of **incapacity** they are not following any **other occupation**, and the **deferred period** has finished.

The **benefit** payable will be shown in the **policy schedule**.

1.2 Proportionate benefit

We will pay a **proportionate benefit** after the **deferred period**:

- if before **incapacity** the **member** was **actively at work** and following their **job role** and;
- if **incapacity** has lasted for at least five consecutive working days; and as a result of illness or injury the **member** is either;
- following their **job role** on a part-time basis; or
- following any **other occupation**

in either case with a reduction in **earnings**.

For example: If a **member's earnings** are reduced by 70%, **we** will pay 70% of the **total benefit**. When paying proportionate benefit, **we** will not reduce your benefit due to increases in **earnings**, as long as those increases are not higher than the increase in the **retail price index**.

To calculate proportionate benefit when it is first paid, **we** will use the **member's earnings** at the start of **incapacity**, adjusted in line with the movement in the **retail price index**.

If the **income benefit** amount stated in the **policy schedule** includes an automatic deduction, **we** will ignore that deduction as long as the amount payable as **proportionate benefit** is not more than would be paid under **total benefit**.

1.3 Lump sum benefit

(if applicable – see **policy schedule**)

Lump sum benefit can only be covered on **core benefit**.

An **employee** will be eligible for a **lump sum** if at the end of the **limited payment term**, they continue to meet the definition of **incapacity**.

An **employee** receiving **proportionate benefit** will be eligible for a reduced **lump sum** if at the end of the **limited payment term**, as a result of their illness or injury they are still following their **job role** on a part-time basis or are following any **other occupation**, in either case with a reduction in **earnings**.

Where a **lump sum** is payable for an **employee** receiving **proportionate benefit**, the **lump sum** will be reduced in line with the percentage reduction of the last regular monthly **core benefit** payment. For example, if the **employee's last proportionate benefit** payment was 70% of the **core benefit**, **we** will pay 70% of the **lump sum**.

All **lump sum** payments will be capped at a maximum amount of 9 times the annual **income benefit**, 5 times salary or £1,600,000 whichever is lower.

The **lump sum** will not be more than the regular basic **core benefit** in payment at the point the **lump sum** is payable, multiplied by the number of complete months to the **cease age**.

We will not pay a **lump sum** if an **employee** reaches the **cease age** before reaching the end of the **limited payment term**.

Once **we** have paid a **lump sum** for an **employee**, they will be:

- immediately removed from the membership
- ineligible for future inclusion under this **policy**; and
- unable to make any further claims for **benefit**.

We will not cover **employees** on a fixed term contract for a **lump sum** benefit.

1.4 Recipient of benefit

We will normally pay all **benefit** (including any **lump sum**) under this **policy** to the **policyholder** (Benefit term 1.18 a – c gives details of when **benefit** may be paid to the **member** instead of to the **policyholder**).

1.5 Entitlement to benefit

A **member** will become eligible to claim **benefit** for **incapacity** when the **deferred period** has finished.

1.6 Time limits on payment of benefit

- a. **We** will pay **benefit** for **incapacity** at the end of each full month, or at the end of **incapacity** if earlier. A proportionate amount will be paid for any periods of **incapacity** which last less than one month.
- b. **We** will pay **benefit** for **incapacity** until:
 - the end of **incapacity**; or
 - the **limited payment term** is completed; or
 - the **member** reaches the **cease age**; or
 - the **member** leaves service; or
 - the **member** is remanded in custody (the **benefit** will be retrospectively paid if the **member** is not convicted of the offence) or receives a custodial sentence; or
 - **we** are unable to obtain the **medical information** of continued **incapacity** which **we** need; or
 - the **member** is no longer eligible for **benefit** or ceases to be a **member**; or
 - the **member** reaches the end of the fixed term contract that was in place as at the first date of **incapacity**; or
 - the **member** dies,

whichever is sooner.

- c. Any **member** 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 **incapacity**, whether this is extended or not.

1.7 Maximum benefit

- a. The maximum amount of **benefit we** will pay is the lesser of the **income benefit**; or:
- 80% of **gross taxable earnings** less other benefits.

Other benefits include:

- continuing income from an employer
- regular payments from other insurance policies (unless the maximum benefit period of those policies is 2 years or less) including:
 - income protection/permanent health insurance
 - mortgage payment protection
 - loan protection

Benefit is subject to an overall maximum of £425,000.

Benefit received by a **member** from this **policy** may affect their entitlement to certain means tested state benefits.

- b. Employer pension contributions can also be covered for **core benefit**. This can be for fixed amounts, or based on a percentage of **pensionable salary**, up to a maximum annual amount of £75,000.

Cash in lieu of employer pension contributions can be covered but will be treated as employer pension contributions and subject to the maximum annual amount of £75,000.

Other supplementary benefits that **you** continue to pay to an incapacitated **member**, such as company car allowances and insurance premiums, can also be covered for **core benefit** and will be included within the employer pension contributions overall maximum annual amount of £75,000.

Employee pension contributions can also be covered based for **core benefit** based on a percentage of **pensionable salary** as shown on the **policy schedule**. The pension contributions **we** will pay when combined with **income benefit** and other benefits described in 1.7a will be reduced so that the combined total does not exceed the lesser of £425,000 or:

- for **employees**, 80% of **gross taxable earning**.

Where **employee** pension contributions are covered and the maximum **benefit** of £425,000 is exceeded, these will be reduced to adjust the **total benefit** to the maximum amount.

If pension contributions (including cash in lieu of pension) or other supplementary benefits are covered it will be stated in the **policy schedule**.

- c. The employers' National Insurance contributions or employers' Social Security contributions can also be insured, and will be based on the **member's income benefit**. They cannot be used for **flex benefit** but will be calculated on the **member's income benefit**, regardless of whether the **member's income benefit** is equal to or above the **core benefit**.

Where **employers'** National Insurance contributions or **employers'** Social Security contributions are covered, in the event of a claim **we** will provide cover for the insured benefits as at the **member's** first date of **incapacity**. As a result, there will not be any change to the **benefit** payable for claims in payment.

If **employers'** National Insurance contributions or **employers'** Social Security contributions are covered it will be stated in the **policy schedule**.

- d. **We** will not refund any premiums if **we** have to reduce **benefits** that are above the maximums as stated in 1.7a and 1.7b.

1.8 Who is covered

Employees with a current UK, Channel Islands or Isle of Man contract of employment with an **employer** will be covered up to the **free cover limit** provided that they have:

- satisfied the **actively at work** definition; and
- joined the **policy** within 12 months of the date on which they were first **eligible** to join; and
- not been previously declined cover by **us** or another insurer where **you** have been informed of the decision; and
- not been previously loaded, restricted or had cover postponed or exclusions applied by **us** or another insurer.

If a **member** is not **actively at work** on;

- the working day prior to the **start date** of the **policy**; or
- for new joiners after the **start date**, the date when **eligible** to be admitted to the **policy**;

they will be deemed **actively at work** once they meet the **actively at work** definition for one whole day except; for

Where an existing **member** requests **flex benefit** during a **qualifying period**, they must satisfy the **actively at work** definition on the date the increase is effective from.

If a **member** is not **actively at work** on the effective date of a benefit increase through **flex benefits**, then the increase in benefit will not be covered until the **member** is next **actively at work**.

If the **member's total benefit** is above the **free cover limit we** will require **medical information** for that **member**.

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

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

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

Extended cover

If **you** have chosen to provide extended cover for all **employees** who work beyond the **policy cease age**, up to a maximum age of 70, **you** will need to confirm at the **rate guarantee date** that the extended cover is compulsory for all **eligible employees**.

A separate category for the **eligible employee(s)** being provided with extended cover will be shown in **your policy schedule**.

An **eligible employee** who meets the **policy eligibility** criteria will transfer to the separate extended cover category when they:

- reach their current category **cease age**, and
- are **actively at work**, and
- have not been absent from **work** due to illness or injury for five or more consecutive working days in the previous three months.

If an **employee** is not **actively at work** when they reach their current category **cease age**, unless agreed and confirmed in writing by **us**, they will be deemed **actively at work** once they meet the **actively at work** definition for an uninterrupted period of 20 working days. Only then will they transfer to the separate extended cover category.

1.9 Temporary Absence Cover

We will maintain cover for a **member** during a period of agreed temporary absence from work for maternity, paternity, shared parental leave, adoption leave or a sabbatical, if:

- the **member** has requested and **you** have approved the absence from work;
- the length of the absence is no longer than 12 months;
- the **member** is an **employee** and a contract of employment with a UK, Channel Islands or Isle of Man company is maintained;
- the **employee** returns to work as an **eligible member**;
- the **member** and the **benefits** you wish to cover for the **member** are included on the membership data whenever it is provided; and
- **you** continue to pay premiums in respect of such **members**.

If **you** need to make a claim for any such **member**, the **deferred period** will start from the date of incapacity, and **benefit** payments will start from either the end of the **deferred period** or the agreed return to work date, whichever is later.

In the case of a sabbatical we will calculate the **benefit** based on the **member's earnings** at the start of the agreed temporary absence.

1.10 When medical underwriting is required

At the **start date** and once every month **we** will ask for general information about **members** and their employment, such as name, date of birth, gender, salary etc so that **we** can assess the benefits **we** are providing under this **policy** and all **linked policies**. This information will be the information **we** require to administer the **policy** and will be as agreed between **you** and **us** prior to the start date of the **policy**.

Cover up to the free cover limit

We will usually offer a **free cover limit**. This means that **medical information** may only be required for **benefits** above the **free cover limit**, provided that the person:

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

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

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

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

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

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

Cover over the free cover limit

If a **member's core benefits**, or **core benefits** and **flex benefits** are over the **free cover limit**, they will need to provide us with **medical information**.

Depending on the information a **member** gives **us**, **we** may need to ask for more evidence. **We** will pay for the cost of the medical examination and tests if **we** ask for more evidence. **We** will only consider cover for these **members** if **we** can obtain satisfactory **medical information** in English. If **we** need a **member** who is based **overseas** to attend a medical examination or test(s) in a foreign country, **we** will pay an amount towards the cost of the examination or test(s) up to the amount of an equivalent test in the UK.

We will assess all the **medical information** to decide if **we** can offer cover and if any special terms are appropriate. If **we** do apply special terms, these will apply straight away.

We will write to **you** to explain any special terms.

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

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

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

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

1.11 When medical information is required for a previously medically underwritten member

“Once Only”

In most circumstances, **members** will only be medically underwritten once. **Our** policy of only medically underwriting once can apply even if special terms have been applied to individual **members**. Once medical underwriting is concluded **we** will tell **you** if cover is provided and/or any additional premiums need to be paid.

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

Once only underwriting will only apply to increases in a **member’s** salary and not where they have selected to increase their cover through **flex benefits**.

1.12 Switching the insurance to us from another insurer

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

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

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

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

“Once Only”

If a **member** meeting **our** switch terms was accepted by the previous insurer on a Once Only (or equivalent) basis, **we** will provide cover on our Once Only terms for **benefit** increases.

1.13 Temporary Cover

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

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

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

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

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

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

1.14 Waiver of premium

We will not charge **you** a premium for a particular **member** from the next **anniversary date** (or **rate guarantee date** if sooner) whilst **you** are receiving **benefit** for that **member**.

1.15 Escalation

(if applicable – see **policy schedule**)

The **benefit** payable under this **policy** will increase at the rate stated in the **policy schedule** starting after the **benefit** has been paid for a total of one whole year. **We** will not restrict **benefit** where escalation is the only reason that it has increased above the maximum benefit.

At the end of any claim period, **benefit** will go back to the level at which it would have been had escalation not been applied.

We will not reduce the income benefit if the escalation calculation indicates a reduction. The income benefit will remain unchanged.

1.16 Linked claims

(not applicable where a lump sum has been paid)

We will not restart the **deferred period** where you have received **benefit** for a member; and that **member** suffers from:

- the same cause of **incapacity**; or
- a different cause of **incapacity**

(lasting at least 30 consecutive days)

in either case, within 12 months of the last monthly **benefit** payment.

This also applies for **members** where the **policy** has been cancelled, unless the former **member** is eligible for, and is receiving **benefit** for **incapacity** (other than state benefit) from another source.

The maximum **benefit** we will pay from the date of further **incapacity** will be calculated using the same earnings used to calculate **benefit**, that applied to the previous claim period. **Benefit** will be adjusted in line with any escalation(s) due from the date of the original claim.

The Terms and Conditions that applied at the date of **incapacity** for the original claim will apply for any linked claims.

For policies with a **limited payment term**, we will only link the claim if the member suffers from the same cause of **incapacity**.

1.17 Linked periods of absence

Separate periods of **incapacity** (from the same cause) may be linked provided that:

- each period of **incapacity** lasts at least five consecutive working days; and
- the **deferred period** is completed within a period of time twice its length (deferred period x 2).

Periods of **incapacity** which last for less than five consecutive working days cannot be combined for the purposes of completing the **deferred period**.

For the purposes of calculating the maximum **benefit**, the earnings that applied at the date of the first period of **incapacity** included in the calculation of the **deferred period** will be used to calculate **benefit**.

1.18 Overseas cover

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

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

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

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

You must tell **us** immediately about any **members** who are working in a country that is not part of the UK, Channel Islands or Isle of Man, in a country not listed in our **standard territories** or any additional locations detailed in **your policy schedule**.

In order to consider cover, **we** will require full details of these individuals including their location and the duration they expect to be located overseas before **we** can agree cover. There may be circumstances where **we** are unable to provide cover.

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

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

If **you** make a claim for a **member** who is based **overseas**, or if a **member** who was based in the UK, Channel Islands or Isle of Man at the start of incapacity or when benefit payment started subsequently moves **overseas**, **we** will pay all benefit to **you** in pounds sterling.

Where **we** have agreed to pay benefit directly to a **member**, **we** will pay the benefit to the **member** in pounds sterling, and only into a UK, Channel Islands or Isle of Man bank account that is registered in the **member's** name.

We will only consider paying benefit for these **members** if **we** can obtain satisfactory medical evidence in English. **We** will not be responsible for any costs incurred in translation.

The tax treatment of any benefit paid out for an **overseas member** will depend on whether or not they have been treated as non-resident for tax purposes at any time when covered under the **policy**.

1.19 TUPE

If **you** are receiving **benefit** for an **employee** and they transfer to a different employer under **TUPE**, **we** will:

- pay the **benefit** to the new employer under the same terms and conditions, and
- treat the claim as if there had been no break in employment, subject to agreements signed by all relevant parties to allow the contractual transfer of obligations of the **policy** and claim.

1.20 Policyholder stops trading or a member is removed from payroll or partnership

- a. If the **policyholder** stops trading (due to insolvency or otherwise) **we** will consider at **our** reasonable discretion making continued **income benefit** payments direct to **employees** who are in claim, subject to:
 - agreement between the **policyholder**, **employee** and **us** at that time
 - obtaining consents and further documentation as **we** may reasonably require; and
 - taxation rules at the time of payment.
 - b. Where the **policyholder** removes an **employee** from its payroll, **we** will at our reasonable discretion consider paying **income benefit** to the former **employee** where:
 - the **policyholder** has requested us to do so, and
 - the **policyholder** has been eligible to receive **benefit** for that **employee** under this **policy** for a continuous period of more than six months before that **employee** was removed from the payroll.
- Where **we** do pay **income benefit** directly to an **employee**, any pension (including cash in lieu of pension), supplementary and National Insurance **benefits** or Social Security **benefits** will stop.
- c. Where **we** pay the **income benefit** to an **employee** directly, and the definition of **incapacity** is 'own' occupation, this will change to the 'suited' occupation definition (please see '**incapacity**' in the definitions section).
 - d. **We** will not pay a **lump sum** at the end of the **limited payment term** where **we** have been paying the **income benefit** directly to an **employee**.

2. Conditions

2.1 Changes on premium review date

Your policy has reviewable premiums. This means that the table of rates on which **your** premium has been calculated may be changed to reflect updated views on the expected cost of providing cover.

For **unit rated** policies, **we** guarantee to maintain the **unit rate** upon which the first premium has been calculated until at least the second **anniversary date**, after which **we** may review the rate at each **rate guarantee date**.

For **single premium flex benefit** top ups, **we** guarantee that **we** will use the underlying table of rates upon which the first premium has been calculated until at least the second **anniversary date**, after which **we** may change the underlying table of rates at each **rate guarantee date**.

Your premium, or rate, may go up, down, or may remain unchanged as a result of the review.

When reviewing the premiums **we** will take a fair and reasonable view on the likely cost of providing cover by considering:

- **our** claims and operating costs, including any **policy** fee
- **our** experience to date on **our** group income protection product, and all other Aviva income protection policies of a similar nature
- information available to **us** on the actual and expected experience of insurers of similar income protection plans
- widely available economic information such as interest rates and tax rates.

For each **rate guarantee date**, **we** need **you** to complete and send **us** the documents that **we** reasonably request so that **we** can review the terms and/or calculate the rates for this **policy**.

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

2.2 Changes at any time

- You** must tell **us** as soon as reasonably possible if any **member's** occupation changes to an occupation not already covered under this **policy** or if a **member** moves **overseas** to a location which is not listed in **our standard territories** or any additional locations detailed in **your policy schedule**.
- We** reserve the right (in line with reasonable underwriting practice) to change the **policy** terms and premium relating to a particular **member** or cancel cover for a **member** at any time if
 - their profession or occupation changes to one not already insured under this **policy**;
 - they move **overseas** to a location which is not listed in **our standard territories** or any additional locations detailed in **your policy schedule**, and **we** are unable to provide cover.
- We** reserve the right (in line with reasonable underwriting practice) to vary or amend the premium and terms offered or cancel the **policy** at any time in respect of all **members** if:
 - there is a material change in the nature of **your** business or constitution;

- during the period of the **rate guarantee**, the total salary roll or **total benefit** roll, upon which the illustration is based changes by 25% (50% of the total benefit roll for **policies** with 19 or fewer members) or more;
 - there is a change to the **benefit** basis of the **policy** and/or **eligibility** of the **policy**;
 - a new employer joins (or an existing employer leaves) the **policy**; or
 - the number of **members** falls below 50.
- We** may change the terms to respond, in a proportionate manner, to changes in taxation, the law or interpretation of the law, decisions or recommendations of an Ombudsman, regulator or similar person, or any code of practice with which **we** intend to comply.
 - Failing to disclose information, giving false information or failing to tell **us** where any facts have changed since they were provided where done carelessly or where the failure to disclose the information was careless, gives **us** the right to amend the **policy** to be consistent with what the terms should have been based on the correct information (or cancel the **policy** if **we** would not have offered any terms for the **policy** applied for).

2.3 Policy accounting

Premiums are paid by **you**. **Flex benefit** premiums are normally paid by **you** via a salary sacrifice arrangement.

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.

Each month **we** require a membership listing (in electronic format) detailing the required information agreed between **you** and **us** prior to the **start date** of the **policy**.

If the information is not received within 30 days of this date, **we** will calculate the benefit and premiums paid on the latest information **we** hold. This could result in an uninsured liability.

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.

Single premium flex benefit basis

The single premium basis is normally used to calculate the **flex benefit**.

We calculate these premiums by multiplying the **member's** benefits received monthly in the membership listing, by a table of rates as shown in the **policy schedule**. The rates will take into account the **member's** age.

For **members** who join, leave or have changes in the level of benefit during the **policy year**, **we** will make a premium adjustment at the **anniversary date**.

Unit rated policies

The unit rate basis is normally used to calculate the **core benefit**.

We calculate these premiums by multiplying;

- the monthly **member's** salary received, if unit rate of salary is selected; or
- the monthly **member's** benefit, if unit rate of benefit is selected;

as detailed in the membership listing, by the unit rate that applies at that date.

For **members** who join, leave or have changes in the level of benefit during the **policy year**, **we** will make a premium adjustment, either on a monthly basis or at the **anniversary date**.

The premium adjustment will be calculated based on the sum assured and length of cover for all **members** over the **policy year**.

For those **policies** where a unit rate basis is used, the same unit rate will apply to all **linked policies** if applicable.

Where an additional premium for special terms applies, this will be calculated on a single premium basis irrespective of the number of **lives** covered by this **policy** and any **linked policies**.

2.4 Increases in benefit

You must tell us as soon as reasonably possible when a **member's** benefit is to be increased.

A **member** must be **actively at work** to be **eligible** for an increase in benefit and **medical information** will be required for **members**; if

- the increased **benefits** are above the **free cover limit**; or
- **benefit** increases for **members** who are not entitled to a **free cover limit**;

unless **you** have been advised in writing that once only medical underwriting has already been applied for that **member**.

Once only underwriting will not apply to **benefit** increases above the **free cover limit** made through a **flex benefit**

If a **member** is not **actively at work** they will be deemed **actively at work** once they meet the **actively at work** definition for one whole day.

When reviewing **medical information** for **members**, **we** will provide temporary cover for their increased **benefit** for up to 180 days from the date **you** tell **us** that a **member's benefit** should be increased (or until **we** complete **our** medical underwriting for that person if sooner). This temporary cover will exclude:

- any claim made as a result of a **pre-existing condition**.

If **we** decide to:

- apply a medical loading
- restrict benefits
- decline/postpone cover,

these decisions will only apply to increased **benefit** that is above any applicable **free cover limit** or previously accepted benefit.

If a **member** has previously been declined/postponed cover or had **benefit** restricted they will not be eligible for future increases in flex **benefit** for;

- **Benefits** in excess of the **free cover limit** where cover was declined/postponed or **benefit** restricted to the **member's free cover limit** or Previously Accepted Benefit
- Total **benefit** where the **member** was a **discretionary entrant**.

2.5 Compliance with Policy Terms

Our liability under this **policy** will be subject to **you** complying with its terms and conditions.

2.6 When you can cancel the policy

There is no cooling off period and **you** may cancel the **policy** at any time for any reason by giving **us** written notification.

We will not backdate cancellations.

2.7 When we can cancel the policy

a. **We** can cancel the **policy** if:

- **you** do not provide **us** with membership data, other information or documentation that **we** need to administer the **policy**; or
- **you** do not pay **us** when premiums are due; or
- the number of **members** covered falls below 50; or
- there is a material change in the nature of **your** business or **your** constitution;
- during the period of the **rate guarantee**, the total salary roll or **total benefit** roll, upon which the illustration is based changes by 25% (50% of the total benefit roll for **policies** with 19 or fewer members) or more;
- there is a change to the **benefit** basis of the **policy** and/or **eligibility** of the **policy**;
- a new employer joins (or an existing employer leaves) the **policy**

b. **We** may at any time (and retrospectively where appropriate) cancel the **policy** or cover in respect of a **member**, reclaim **benefits** paid in respect of a **member's** claim, or apply different terms in line with reasonable underwriting and insurance practice if a **member** or **you** have at any time:

- deliberately or recklessly failed to disclose information to **us**, given false information to **us** or failed to tell **us** where any facts have changed since they were provided
- defrauded/attempted to defraud **us**;

- agreed to any attempt by someone else to defraud **us**;
 - failed to observe the terms and conditions of this **policy**.
- c. 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.

2.8 What happens when the policy is cancelled by you

When the **policy** is cancelled by **you**:

- all claims in payment at that time will continue in line with the terms and conditions of the **policy**,
- new claims will be considered, as long as **incapacity** started before the date the **policy** was cancelled and that all premiums due were paid up to that date,
- cover for all **benefits** under the **policy** will stop on the date **you** cancelled the **policy**,
- **we** will produce a final account based on the cover **we** provided up to the date you cancelled the **policy**. **We** will pay you a refund if **you** have made any overpayments or request payment for any premiums due.

If **you** move the **policy** to another insurer without any break in cover, with the same **benefit** and **eligibility** conditions that were insured by **us**, **we** will apply the following to linked claims:

- If the **member** meets the new insurer's 'actively at work' requirement (and so becomes covered under the new policy) **we** will pay **benefit** for a linked claim until the end of the deferred period under the new insurer's policy. From then on, the new insurer will be responsible for the claim under the terms of its own policy.
- If **we** consider that the **member** meets the new insurer's 'actively at work' requirement, but the new insurer does not agree to provide cover under the new policy **we** will not be responsible for the claim and benefit will no longer be payable by **us**.
- If **we** consider that the member does not meet the new insurer's 'actively at work' requirement (so would not be covered under the new policy), then **we** will continue to be responsible for the claim until such time as benefit is no longer payable under the terms and conditions of **our policy**, or the **member** is included in the new insurer's **policy**.

2.9 What happens when the policy is cancelled by us

If the **policy** is cancelled by **us** for any reason as detailed in section 2.7a:

- **we** will give you at least 30 days' notice.
- all claims in payment at that time will continue in line with the terms and conditions of the **policy**,
- new claims will be considered, as long a **incapacity** started before the date the **policy** was cancelled and that all premiums due were paid up to that date,
- cover for all **benefits** under the **policy** will stop on the date **we** cancelled the **policy**,
- **we** will produce a final account based on the cover **we** provided up to the date **we** cancelled the **policy**. **We** will pay you a refund if you have made any overpayments or request payment for any premiums due.

If the **policy** is cancelled by us for any reason as detailed in section 2.7b or 2.7c:

- cover for all **benefits** under the **policy** will stop on the date **we** cancelled the **policy**,
- **we** will produce a final account based on the cover **we** provided up to the date the **policy** was cancelled, and
- **we** may reclaim **benefits** paid in respect of a **member's claim**, or apply different terms in line with reasonable underwriting and insurance practice.

2.10 Surrender value

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

3. Claims Conditions

3.1 Claims procedure

You can only claim if premium payments are up to the date.

You must tell **us** about any claim as soon as possible, either:

- before the period of **incapacity** has lasted two months; or
- for **deferred periods** of 13 weeks, before **incapacity** has lasted one month.

If **you** do not tell **us** within these time limits and, due to the delay in notification **we** are unable to confirm **incapacity**, payment of **benefit** may be affected and **benefits** that were due before **we** were told will not be backdated.

3.2 How to submit a claim

If **you** need to submit a claim, please contact **us**:



0800 142 2377



groupipclaims@aviva.com



Completing our **online claim form**.

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

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

3.3 Our requirements

Claim forms and any other documentation issued by **us** in relation to the claim, must be completed and returned to **us** as soon as reasonably possible.

Apart from **medical information** requested by **us**, **you** or the **member** (or their personal legal representative) will pay for all certificates, information and evidence that **we** reasonably require (including proof of age).

We will not be able to process any claim unless the **member** signs the consent forms provided by **us**, to allow **us** access to their relevant medical records held by a **medical practitioner**.

We may need reasonable additional evidence of income and **we** will let **you** know if **we** do. In these circumstances these are **our** minimum requirements and **we** reserve the right to request more evidence:

- a copy of the four payslips prior to **incapacity** (including the payslip for the month in which **incapacity** starts) and the last P60 certificate together with a PAYE Coding Notice (or replacement) in respect of benefits in kind.
- evidence relating to a **lifestyle event**, where applicable.

The **member** needs to provide all of the information that **we** reasonably request, and:

- undergo medical examinations or tests (on **our** behalf and at **our** expense) by a medical examiner appointed by **us** in respect of any incapacity being claimed for and

- sign any consent forms **we** require to allow **us** access to the results of any relevant medical examinations and/or tests.

The **member** must take whatever reasonable steps are necessary to assist their recovery, which includes:

- meeting and working with disability counsellors and/or advisers appointed by **us**; and
- signing any consent forms requested by **us**.

You must make whatever reasonable adjustments are necessary to the **member's** working conditions in order to comply with **your** obligations under discrimination and equality laws. If **you** don't, and if **your** failure to comply with **your** obligations prevents the relevant **member** from working then **we** may not pay some or all of the **benefit**.

For **you** to be eligible to receive any **benefit** from **us** for the purposes of assessing the claim; relevant **member** must participate in any treatment or rehabilitation programme proposed by a **medical practitioner**, unless **medical information** proves that they are unable to do so. Failure to participate in any treatment or rehabilitation programme may mean that **we** will not pay any **benefit**.

3.4 Medical supervision

The **member** must be under the regular supervision and treatment of a **medical practitioner** to be eligible for **benefit**.

3.5 Payments

All payments will be made in pounds sterling.

4. Further policy conditions

Currency and jurisdiction

This **policy** is issued in England and is subject to English Law.

All payments to or by **us** under this **policy** will be made in pounds sterling.

Accurate information

We rely on the information given to **us**.

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

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

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

Contacting us

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



0800 051 3472 or



groupprotection@aviva.com



Aviva Group Protection
PO Box 3240
Norwich
NR1 3ZF

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

Third party rights

Only **we** and the **employer** taking out this policy will have any rights under this **policy**. 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.

The exception to this is in the event of a disputed claim where the **member** may, either in conjunction with **you** or instead of **you** enforce such claim to the extent that **you** may enforce it (including the pursuit of a complaint to the Financial Ombudsman Service (FOS) if within FOS jurisdiction).

It is **your** legal responsibility, to inform **members** of their rights in regards to the FOS in the event of any dispute, for example that any notification must be received within appropriate timescales. Aviva Life & Pensions UK Ltd will not be liable for any failure by **you** to inform **members**.

Data Protection

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

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

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

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

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

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

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

5. 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:



0800 158 2714



gpcomplaints@aviva.com



Group Protection Complaints
Aviva Group Protection,
PO Box 3240
Norwich
NR1 3ZF.

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

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

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR
Telephone: 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.

Financial services compensation scheme (FSCS)

The FSCS covers **your policy**. It'll cover you if Aviva becomes insolvent and **we** are unable to meet **our** obligations under the **policy**.

For this type of **policy**, the FSCS will cover **you** for 100% of the total amount of an existing claim. The FSCS will also provide a refund of 100% of the premiums that have not been used to pay for cover whether **you** are making a claim under the **policy** or not.

Where the **employee** is paid **benefit** directly, the FSCS will cover them for 100% of the total amount of an existing claim.

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

6. Definitions

Actively at work

Means that the **member**:

- is actively following their normal full **duties** and hours required by their contract of employment, and
- is working at their normal place of employment, at a location agreed with their **employer** or at a location to which they are required to travel for business, and
- is mentally and physically capable of all the normal **duties** and hours of their **job role**; and
- has not received medical advice to reduce or stop their normal **duties** and hours of their **job role**.

Anniversary date

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

Benefit

The benefit described under the 'benefits' section of this **policy** and shown on **your policy schedule**.

Cease age

Midnight on the day before the age at which cover for a **member** or former **employee** ceases. The maximum age cannot exceed midnight on the day before a **member's** or former **employee's** 70th birthday.

The cease age will be either:

- a fixed age; or
- **State Pension Age**; or
- **Dynamic State Pension Age**

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

Core benefit

The minimum amount of benefit for every **member** covered under the **policy** as stated in the **policy schedule**.

Consumer Prices Index (CPI)

The monthly index calculated by the government that demonstrates the movement of consumer prices in the UK, or an equivalent replacement of that index.

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

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

Data Protection Laws

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

Default benefit

The level of benefit that a **member** will receive on joining the **policy** if no **flex benefit** is selected.

Deferred period

For **total benefit**, the number of consecutive weeks of **incapacity** which must pass before you become entitled to receive **benefit**, as shown in the **policy schedule**.

For **proportionate benefit**, the number of consecutive weeks of illness or injury which must pass before you become entitled to receive **benefit** as shown in the **policy schedule**.

Discretionary entrant

An **employee** who needs cover, but has joined the **policy**:

- before the date they are first **eligible** to join, or
- 12 months or more than 12 months after they were first **eligible** to join,
- not in a category of **member** covered by the **policy**.

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

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

Dividends

The dividends paid to the **employee** instead of wages or salary averaged over the 3 years prior to **incapacity**.

Dividends are only covered if they cease in the event of **incapacity**.

Duties

The material and substantial duties that:

- are normally required to perform the **job role** for the **policyholder**; and
- perform a significant and integral part of the performance of the **job role** for the **policyholder**; and
- cannot reasonably be omitted or modified by the **member** or the **policyholder**.

Duties do not include the journey to and from work.

Dynamic State Pension Age

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

For **members** with a UK or Channel Island contract of employment their State Pension Age will be linked to the UK or Channel Islands State Pension Age as at the first date of **incapacity**. For all other **members** their State Pension Age will be linked to the UK State Pension Age as at the first date of **incapacity**.

Total benefit will be paid until the **member** reaches their State Pension Age even if that changes after their first date of **incapacity**. This means that if there are future changes to the **member's** State Pension Age because of government policy, then the **cease age** of any valid claim will be adjusted.

The maximum age that **we** will provide cover to is 70, even if the State Pension Age is higher than this.

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

Earnings

As defined by **you** and accepted by **us** and detailed in the **policy schedule** under 'definition of salary'.

The definition of salary will indicate if **fluctuating emoluments** or **dividends** are included.

We will use the earnings that applied as described on the **policy schedule** as at the date of **incapacity**. Increases in earnings that apply after the date of **incapacity** will not be included in the **benefit** calculation.

Eligible/eligibility

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

Employee

A person employed by **you**, who is covered under the **policy**.

Employer

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

Flex benefit

The benefit selected as a result of a **member** increasing or decreasing their **income benefit** levels or benefit term at a **qualifying period**.

If a **member** has a **limited payment term** they may increase their benefit term in steps to the **policy cease age**.

A **member** may increase their flex benefit level or benefit term one step at a time but reduce it any number of steps, subject to their **income benefit** not reducing to below the **core benefit**.

The benefit steps will be detailed in the **policy schedule**.

Increases are limited to two per **policy year**;

- one at the **anniversary date**; and
- one within two months following a qualifying **lifestyle event**.

Fluctuating emoluments

Employee earnings not paid on a fixed basis but additional to their basic salary.

This can include items such as:

- profit related pay,
- overtime,
- commission,
- shift or region allowances,
- taxable bonuses, or
- the P11D value of benefits in kind

We will use the average of the total of any fluctuating emoluments over the last 3 years (or such lesser period as the **member** has been in receipt of fluctuating emoluments).

Free cover limit

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

Gross Taxable Earnings

Gross taxable earnings including any **fluctuating emoluments** relating to the **employee's job role** with the **policyholder**.

Incapacity/Incapacitated

Means either own, suited or switched below, as specified in the **policy schedule** (if none specified, own will apply).

'Own'. The **member's** inability to perform on a full and part time basis the **duties** of their **job role** as a result of their illness or injury.

'Suited'. The **member's** inability to perform on a full and part time basis the **duties** of their **job role** and **other occupations** for which they are suited by reason of education, training or experience, as a result of their illness or injury.

'Switched'. For the first 24 months after the **deferred period** has been completed – the **member's** inability to perform on a full and part time basis the **duties** of their **job role** resulting from their illness or injury.

After 24 months – the **member's** inability to perform on a full and part time basis the **duties** of their **job role** and any **other occupation** for which they are suited by reason of education, training or experience, resulting from their illness or injury.

Where a **lump sum** is insured with a 2 year **limited payment term**, a 'suited' definition will be applied.

Where the **member's** occupation requires a licence (other than an ordinary UK, Channel Islands or Isle of Man driving licence for Group 1 vehicles) or medical certificate, for example an HGV driver, a 'suited' definition will be applied to that **member** in all cases.

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

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

Income benefit

The **benefit** payable under this **policy**, not including pension contributions (including cash in lieu of pension) supplementary benefits and National Insurance contributions or Social Security contributions.

Job Role

A **member's** job role with the **policyholder** at the time **incapacity** starts.

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**.

Limited payment term

The number of years (if any) specified in the **policy schedule** as the limited payment term. **Benefit** for **incapacity** resulting wholly or partly from one illness or injury, or any illness, injury or other condition **related** to it will be limited to this period. The limited payment term starts when the **deferred period** has finished.

Linked policies

Any Aviva Group Income Protection **policy** taken out by **you** or a parent/subsidiary of you covering different categories of **members** and/or benefits.

Lump sum

The total lump sum benefit that would be paid for a **member** 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 **member** and enable **us** to make an underwriting or claims decision.

Medical practitioner

A medical practitioner registered with the General Medical Council in the UK or in the case of **benefit** paid for **overseas** residence, the equivalent body in the relevant country.

Member

An **employee** who is covered under the **policy**.

Other occupation

Any occupation performed for profit or reward, other than the **member's job role**.

Overseas

A **member** working or residing in any country that is not part of the United Kingdom, Channel Islands or Isle of Man.

Pensionable salary

As defined by **you** and agreed by us and detailed in the **policy schedule**.

Personal Data

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

Policy

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

Policyholder

The company named as policyholder in the **policy schedule** and registered in the UK, Channel Islands or Isle of Man.

Policy schedule

The current policy schedule (as issued by **us** from time to time), or in the case of a claim for **benefit** the policy schedule that applied as at the date of **incapacity** stating details of the **policyholder**, cover provided by this **policy**, and any special terms (if applicable).

Policy year

The period between:

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

Pre-existing condition

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

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

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

Proportionate benefit

A proportion of **total benefit**. The proportion will be the percentage reduction in the **member's earnings**.

Qualifying period

The **start date** or **scheme eligibility date** or; the **policy anniversary date** or;

an **anniversary date** and the date of termination of the **policy** (if termination occurs before the next **anniversary date**) or; within two months following a qualifying **lifestyle event**.

Rate guarantee/Rate guarantee date

The date until which rates are guaranteed to apply as shown on the **policy schedule**.

Retail prices index (RPI)

The monthly index used by the Government that shows the movement of retail prices in the UK, or any replacement of that index which is acceptable to us.

Standard Territories

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

Start date

The date the **policy** starts as stated on the **policy schedule**.

Single premium

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

State Pension Age (SPA)

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

For **members** with a UK or Channel Island contract of employment their State Pension Age will be linked to the UK or Channel Islands State Pension Age as at the first date of **incapacity**. For all other **members** their State Pension Age will be linked to the UK State Pension Age as at the first date of **incapacity**.

Total benefit will be paid up to the State Pension Age that applied at the **member's** first date of **incapacity**. This means that if there are future changes to the **member's** State Pension Age because of government policy, then the **cease age** of any valid claim will remain unchanged.

The maximum age that **we** will provide cover to is 70, even if the State Pension Age is higher than this.

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

Total benefit

The **benefit** calculated as described in the **policy schedule**.

This is normally shown as **income benefit** and where applicable employer pension (including cash in lieu of pension) and **employee** pension contributions, other supplementary benefits and **employer** National Insurance contributions or Social Security contributions.

TUPE

Transfer of Undertakings (Protection of Employment) Regulations 2006.

Unit Rate

The rate of premium specified in the **policy schedule** as the Unit Rate, as changed from time to time, being the amount payable for every £100 of salary or **benefit** (dependent on **policy** basis) covered under the **policy**

We/our/us

Aviva Life & Pensions UK Limited.


You/Your

The current **policyholder** of the **policy** as stated in the **policy schedule**.

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