

Critical Illness

EMPLOYEE GUIDE



This guide is designed to help you understand your Critical Illness cover.

It tells you what is covered, the circumstances in which we'll pay benefit and any exclusions that apply. It does not give the full terms and conditions of the cover – these are contained in the policy document issued to your employer as they are the policyholder.

The cover

Critical Illness cover pays a tax free lump sum benefit if you or your child are:

- Diagnosed with a defined medical condition or undergo, or where applicable are placed on a waiting list for, one of the listed surgical procedures; and
- Then survive for at least 14 days

Please note:

- For benefit to be payable the illness or operation must meet the definition in the policy conditions
- The policy definitions can be found in the policy document and in the Conditions Covered and Exclusions Glossary available from your employer
- The full list of illnesses and operations covered is given in the "What is covered?" section of this guide

Who is covered?

Your children are automatically covered for the same conditions as you, **and a number of children's specific critical illnesses**, from birth until their 18th birthday (or 21st birthday if they are in full time education). By children we mean natural, legally adopted and step children or a child who is financially dependent on you.

How much is the lump sum payment?

Your cover –

Your children are covered for 25% of your benefit up to a maximum of £25,000 per child.

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When does the cover start?

Your employer will be able to provide you with the details.

When does cover stop?

Your cover will stop:

- When you reach the cover cease age for the policy; or
- If you no longer meet the eligibility conditions for cover set by your employer; or
- If you no longer work for your employer; or
- If your employer stops the policy

Cover for your children will end at the same time your cover stops or earlier if your child no longer meets the definition of a child

When will benefit be paid?

Benefit will be paid if you or your child are:

- Diagnosed with an illness or undergo, or where applicable are placed on an official waiting list for, an operation covered under the policy; and
- Then survive for at least 14 days; and
- The illness or operation meets the definition in the policy conditions

The benefit will be paid to you.

Which illnesses are covered?

Here is a complete list of all the illnesses and operations we cover:

- Cancer – excluding less advanced cases
- Cancer – second and subsequent
- Cardiac arrest – with insertion of a defibrillator
- Coronary artery bypass grafts
- Creutzfeldt-Jacob disease – resulting in permanent symptoms
- Dementia including Alzheimer's disease – resulting in permanent symptoms
- Heart attack
- Kidney failure – requiring permanent dialysis
- Major organ transplant – from another donor
- Motor neurone disease – resulting in permanent symptoms

- Multiple sclerosis – with persisting symptoms
- Parkinson's disease and Parkinson plus syndromes – resulting in permanent symptoms
- Stroke

Children's cover

- Cerebral palsy
- Child's intensive care benefit – requiring mechanical ventilation for 7 days
- Cystic fibrosis
- Hydrocephalus – treated with the insertion of a shunt
- Muscular dystrophy
- Spina bifida myelomeningocele
- Total permanent disability – permanently unable to look after yourself

Please remember that:

- We only cover the illnesses and operations listed above
- The heading for each illness or operation is only a guide to what is covered
- For benefit to be payable the illness or operation must meet the policy definition which can be found in the policy document and in the Conditions Covered and Exclusions Glossary available from your employer
- In some cases we limit the cover we provide, for example:
 - We don't cover all types of cancer; and
 - For some conditions there is a requirement for symptoms to be permanent

What is not covered?

We will not pay a claim for an illness or operation which:

- Is not included in the list of illnesses covered
- Occurred before your cover started

Pre-existing and related conditions exclusions apply to all cover under this policy. By all cover we mean:

- Cover for you and your children; and
- All increases in benefit

The pre-existing and related conditions exclusions mean that if, before the cover started you or your child:

- Suffered from one of the illnesses or underwent an operation covered by the policy you will not be able to claim for a recurrence of that condition or certain other conditions
- Had been treated for, received advice or were aware of a condition that is related to a covered illness or operation you will not be able to make a claim for that illness or operation. Some related conditions are disregarded once the cover has been in place for two years

Children's cover:

No benefit will be paid in respect of a child if symptoms first arose or the underlying condition was first diagnosed before the member joined the policy.

No benefit will be paid for any subsequent critical illness event related to a child-specific critical illness for which benefit has been paid.

In addition:

- Once we have accepted a claim for an illness or operation, you will not be able to make any further claims for that condition or certain other conditions
- We will not pay benefit for any illness or operation where, within the two months before cover started you or your child were undergoing medical investigations which led to the later diagnosis of the covered condition

Please note that:

- The above information on the pre-existing and related conditions exclusions is only a guide to the exclusions
- The full pre-existing and related conditions exclusions wording can be found in the policy document and in the Conditions Covered and Exclusions Glossary available from your employer



Example of a pre-existing condition

If you had a **critical illness** before joining the policy



The critical illness **is not covered** because of the pre-existing condition

If you had a **related condition** before joining the policy



Related Condition (eg: Heart disease, Arterial disease, Blood pressure, diabetes)

The critical illness **is not covered** because of the related condition

The critical illness **is covered** as related conditions are ignored after 2 years

How to make a claim

It is important that you tell your employer as soon as possible if you, or a member of your family covered under the policy, are diagnosed with a defined medical condition or undergo, or where applicable are placed on a waiting list for, one of the listed surgical procedures.

Your employer will give you a claim form to complete and return to us so that we can assess the claim.

Please note:

We have the right not to pay a claim if we are notified more than 90 days after the diagnosis of an insured illness or the undergoing of a covered operation.

The insurer

The cover is provided under a Group Critical Illness policy by Unum Limited.

Complaints

If you are not completely happy with our service or a claim decision you should speak to your employer (the policyholder) who will contact us. Alternatively, you can contact the Complaints Team directly.

Complaints Team:

Phone: 01306 644761

Email: complaints@unum.co.uk

Address: Complaints Team
Unum, Milton Court, Dorking
Surrey RH4 3LZ

We will do our best to resolve your complaint, but if your complaint has not been resolved within 8 weeks, we will explain why it remains unresolved and inform you of your right to refer the matter to the Financial Ombudsman Service (FOS).

Once we have finished investigating your complaint we will issue a Final Response Letter. If you remain dissatisfied you will have the right to refer the matter to the FOS. You must refer any complaint to the FOS within 6 months of the date of the Final Response Letter. Please note that some cases may not be eligible for referral to the FOS.

Their contact details are:

The Financial Ombudsman Service
Exchange Tower, London E14 9SR

Customer helpline: 0800 023 4567

For mobiles: 0300 123 9123

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

Web: www.financial-ombudsman.org.uk

FSCS

If we cannot meet our liabilities, you may be entitled to compensation under the Financial Services Compensation Scheme (FSCS)*

*Please note that the FSCS does not cover firms in the Channel Islands or the Isle of Man.

Tax

Under current HMRC practice:

- You will be taxed as a benefit in kind on the premiums paid by your employer
- Benefits are paid free of tax

HMRC rules regarding the taxation of benefits and premiums may change in the future.

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