

Group Income Protection Insurance

Member guide



Group Protection

Ready for anything

Prevention, rehabilitation and financial protection with income protection while you navigate any curveballs thrown at you.

What is Group Income Protection Insurance?

Our Group Income Protection insurance, is designed to provide an income for you in the event of a long-term absence from work due to illness or injury. Group Income Protection insurance is provided by us to your employer and we don't have a contractual relationship with you under the policy.

This guide is intended to provide factual information about the Group Income Protection insurance available as part of your employer's benefits provision and not the suitability of the cover for the employer or any particular employee. If you'd like more information, please read the Group Income Protection Insurance Technical Guide or Policy Terms and Conditions on our website [protection.aviva.com](https://www.protection.aviva.com).

How does it work?

Group Income Protection insurance protects a percentage of your pre-absence salary and is payable if you're unable to continue working in your usual capacity due to illness or injury. This benefit comes into effect after an initial period of sickness absence or working in a reduced capacity, known as the deferred period which is selected by your employer. Following the deferred period, payment of benefit will be subject to you satisfying the relevant Policy Terms and

Conditions of your employer's cover and meeting the requirements of our claims process. Please note that simply being signed off as unable to work by your GP won't necessarily mean you qualify for benefit under this Group Income Protection insurance.

The benefit is paid to your employer who will process it through their payroll system so that the deductions for tax, National Insurance contributions etc. are made. If you receive other income as a result of your illness or injury (for example, from mortgage protection or loan or credit protection policies), it may result in us paying less to your employer. The income you receive from your employer won't normally impact any sickness benefit payment you qualify for from the government, but you should get proper advice specific to your circumstances from the Government's Disability Service Centre.

As well as the financial benefit, we'll also provide you with a dedicated rehabilitation specialist who will help you with your return to work where appropriate. They'll propose treatments and therapies to assist your recovery and liaise with you and your employer throughout the process. In certain circumstances, they may also liaise with your GP. Absences will be reported to us by your employer within five weeks of the absence commencing - this is important so that we can help you as soon as possible.



When does the cover start?

Your employer will tell you whether you're eligible for cover. Once you meet the eligibility conditions, you're covered under the policy provided that you're actively at work on that day (i.e. not absent or working in a reduced capacity due to illness, or injury). If you're absent on the day cover is due to begin, you won't be covered until you return to work.

You won't normally be asked to provide medical information before cover commences. If, for example, your level of benefit is very high, we'll ask you to complete an online questionnaire about your health and lifestyle. Based on your responses, and sometimes on additional evidence or medical tests we might require, we'll decide if cover can be provided and, if so, on what terms.

How long will the benefit be paid?

Your employer will have decided on the payment period covered under this policy. Your employer will tell you this and it could be for a limited period, for example, five years, or until your State Pension age. We'll make payments under the terms of the policy until you're able to return to work, no longer satisfy the definition of incapacity, or you reach the end of the payment period. Once claim payments have begun, we'll undertake regular reviews with you to check that you continue to satisfy the definition of incapacity. If you no longer meet this definition or you or your employer fail to participate in an agreed rehabilitation programme, we'll stop payments under the policy.

Aviva Smart Health

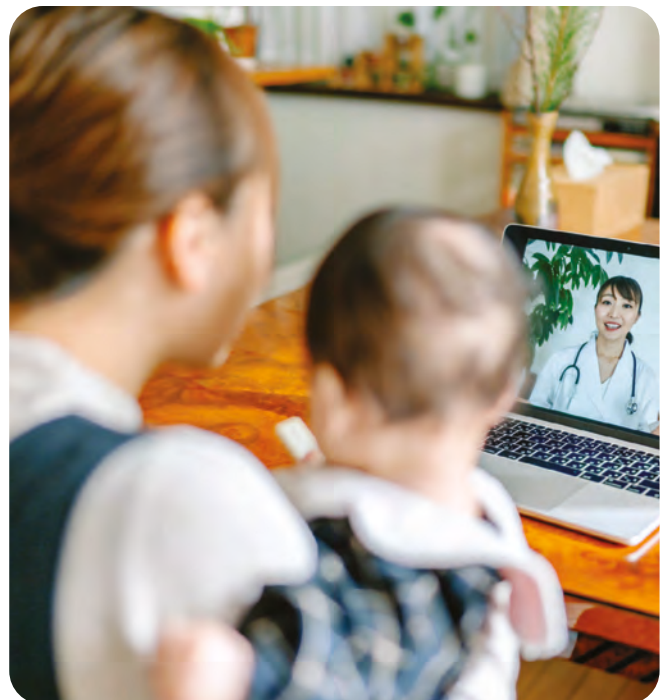
Access to Aviva Smart Health* is unlimited and comes at no extra cost to all employees.

It's available to their partner and children up to age 21 too.

It includes:

- **24/7 access to GP consultations** over the phone or on video call
- **Mental health support**, including the myStrength app, a 24/7 helpline and sessions with qualified experts
- A **second medical opinion service**, with access to global medical specialists
- **Fitness** plans
- **Nutrition** advice
- Online **health checks**

*Aviva Smart Health is provided to Aviva Protection UK Limited customers by Teladoc Health. This is not part of your insurance contract and can be changed or withdrawn at any time.



Making a claim

Your employer is responsible for making a claim under this policy. However, you'll be asked to provide medical details in support of the claim and to participate in any assessment or rehabilitation as directed by us. A claim will be paid where you satisfy our definition of incapacity and that incapacity extends beyond the end of the deferred period. Claims will be paid to your employer and you'll receive an income via your employer's payroll. Receipt of this benefit may impact your entitlement to some state benefits.

Tax

As the payment to you is administered through your employer's payroll, the usual tax deductions will apply.

How long does cover last?

You'll have cover for as long as you meet the eligibility conditions - your employer can tell you what these are. If you're absent due to maternity, paternity or adoption leave, cover will continue while you remain eligible for membership of the policy.

Group Income Protection insurance ceases on the day you leave employment.

What isn't covered?

There are no general exclusions on this cover, however if you've been medically underwritten because you have a very high benefit or you're a late joiner to the scheme we'll tell you the terms on which we've accepted the cover and this may include an exclusion.

It's also important to understand that when we assess a claim, we'll ask for information about your medical condition and the work you do.

We'll use this information to decide if you meet the definition of incapacity as set out in the policy – this may be based on the inability to do your own occupation or a suitable alternative occupation – and not just on a GP's "fit" note.

Have a question or need to complain?

If you have any queries, please contact your employer in the first instance. If you'd like to ask us a question or make a complaint, please contact our Group Complaints Team:

Group Protection Complaints Team
Aviva Protection UK Limited
PO Box 12010
Harlow
CM20 9LG

@ groupcomplaints@protection.aviva.com

📞 0330 303 9974

(calls may be recorded for training and monitoring purposes)

If you're still dissatisfied following a formal response to your complaint, you can approach the Financial Ombudsman Service at:

Financial Ombudsman Service Ltd
Exchange Tower
London
E14 9SR

📞 0800 023 4567

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