



Group Protection

Critical illness cover

Member guide



Ready for anything

Look to the future with confidence, with critical illness cover that provides for your needs today whilst protecting you for whatever tomorrow may bring.



What's critical illness cover?

If you're diagnosed with a critical illness, you'll want to focus on your health rather than worry about money.

Critical illness insurance provides you with a lump sum should you suffer from any of the critical illnesses covered by the policy, such as cancer, a stroke or a heart attack. You're also protected if you undergo one of the serious medical procedures listed in the policy, like a major organ transplant. You can use the money in any way you choose and the money is paid tax-free.

Your children are covered as standard. And if your employer has chosen this, you'll also be covered if you're not able to work because of a total permanent disability.

What's in this guide?

This guide is designed to give you high level and factual information about the critical illness product that your employer's provided. It doesn't provide advice or guidance around the suitability of critical illness cover to your needs.

If you'd like more information, please read the Group Critical Illness Technical Guide or Policy Terms and Conditions on our website aiglife.co.uk.

What's covered?

You're covered for all of the illnesses listed below. There are two types of conditions we cover – grouped conditions, which offer cover for multiple illnesses or treatments under one heading, and named conditions.

You can find the full definitions of all the conditions in our Technical Guide.

Grouped conditions:

- **Blindness or removal of an eyeball** – permanent and irreversible
- **Brain injury** – resulting in permanent symptoms
- **Degenerative neurological disorder** – of specified severity
This includes conditions like Alzheimer's disease, dementia, motor neurone disease and Parkinson's disease
- **Loss of use of a limb**
- **Lung disease or removal** – as specified
- **Reduced heart function** – of specified severity
- **Surgery to the heart, aorta or pulmonary artery** – as specified
This includes conditions like aorta graft surgery, cardiac arrest, coronary artery bypass grafts, heart valve replacement or repair and open heart surgery
- **Surgery via the skull** – as specified

Named conditions:

- **Angioplasty** – requiring treatment to multiple coronary vessels
- **Bacterial meningitis** – resulting in permanent symptoms
- **Balloon valvuloplasty**
- **Benign brain tumour** – resulting in permanent symptoms or specified treatment
- **Benign spinal cord tumour** – resulting in permanent symptoms or specified treatment
- **Cancer** – excluding less advanced cases and including aplastic anaemia
- **Cancer** – second and subsequent
- **Coma** – of specified severity
- **Deafness** – permanent and irreversible
- **Encephalitis** – resulting in permanent symptoms
- **Heart attack** – of specified severity
- **Kidney failure** – requiring permanent dialysis
- **Liver failure** – end stage
- **Loss of independence** – of specified severity (for adults only)
- **Major organ transplant** – from another donor
- **Multiple sclerosis or Neuromyelitis optica** (Devic's disease) – where there have been symptoms
- **(Chronic) Rheumatoid arthritis** – resulting in the loss of ability to do specified physical activities
- **Stroke** – of specified severity
- **Systemic Lupus Erythematosus (SLE)** – of specified severity
- **Terminal illness** – where death is expected within twelve months
- **Third degree burns** – covering 20% of the body's surface area or 20% of the face's surface area

The money will be paid if you survive for more than 14 days from the date of diagnosis, surgery or inclusion on an official UK transplant waiting list (or date of surgery if earlier).

Are my children covered?

Any of your children (a child, stepchild or legally adopted child) are covered from birth until their 18th birthday, or 23rd birthday if they're still in full-time education. This will be for 25% of the value of your cover, up to a maximum of £25,000.

They'll be covered for all of the conditions listed on the previous page (unless otherwise stated), as well as the following child specific conditions:

- **Cerebral palsy**
- **Cystic fibrosis**
- **Down's syndrome**
- **Edwards' syndrome**
- **Hydrocephalus** – with the insertion of a shunt
- **Muscular dystrophy**
- **Osteogenesis imperfecta**
- **Patau syndrome**
- **Permanent dependence** – of specified severity
- **Spina bifida**

Total permanent disability

If your employer has chosen this cover, you'll be paid a lump sum if you meet the definition of total permanent disability that applies to you. Your employer will be able to tell you if this is included in your cover and which definition of disability applies.



How much cover can I have?

The lump sum can be a fixed amount or a multiple of your salary, up to a maximum of £500,000. The amount of cover available will be specified by your employer.

For flexible benefit schemes, you'll be able to choose from a range of fixed amounts or salary multiples so that your cover fits your financial needs.

How long does the cover last?

You'll be covered for as long as you remain a member of the scheme. If you're absent from work because of illness or injury, you'll continue to be covered until you reach the age your cover ends as stated in the Policy Schedule.

If you're absent because of maternity, paternity or adoption leave, your cover will continue while you remain eligible for membership of the scheme. If you're absent for any other reason, your cover can continue for a maximum of three years.

The cover provided by this policy ends on the day you leave employment.

What isn't covered?

Pre-existing insured illnesses exclusion

Insured illnesses are any of the illnesses defined within the policy – see the full list on pages 3 and 4.

Pre-existing illnesses are defined as any insured illness, or repeat of the same insured illness, that you, and any children covered by this policy, were diagnosed with, received treatment for, sought advice on or experienced symptoms of before you entered the scheme. These illnesses are excluded from your cover.

The pre-existing insured illnesses exclusion will also apply to any increase in cover. In this case, the exclusion applies to any insured illness or repeat of the same insured illness suffered before you increased the cover, and you won't be covered for the increased amount.

There are some illnesses that for the purposes of the pre-existing insured illness exclusion are considered to be the same, for example heart attack and stroke. In this example, if you have a heart attack, you won't be covered for a subsequent claim for a stroke. For a full list of the illnesses that are considered the same, see the Technical Guide on our website.

Related medical conditions exclusion

A related medical condition is any medical condition, which in the opinion of our consultant medical officer, is either directly or indirectly associated with or is likely to have led to the insured illness.

A claim won't be paid for an insured illness where you, or any children covered by this policy, had a related medical condition before you entered the scheme, unless you've been in the scheme for two years or more and the illness hasn't occurred within those two years. If you've increased your cover, the related medical condition exclusion will apply to the increase.

A claim won't be paid for coma, loss of independence, loss of use of a limb, terminal illness or total permanent disability where a related medical condition existed before you entered the scheme or before the last cover increase.

You can find examples of how all exclusions work in the Technical Guide on our website.

Exclusion for children

A claim won't be paid for children's critical illness if, before the child is covered by this policy, either parent received medical advice or counselling about an insured illness or related medical condition, or you were aware of an increased risk of it happening.



Extra support for you and your family

SmartHealth

All members insured through our group protection policies can access Smart Health at no extra cost.

With Smart Health, you have unlimited, 24/7 access to online, telephone and video [GP appointments](#) as well as a range of health and wellbeing services. Smart Health is also available to your partner and any children up to the age of 21.

And if you need help with a critical illness or a complex condition, you can use the Smart Health second medical opinion service. You'll be put in touch with an expert who can offer you more information, or an alternative diagnosis or treatment option.

RedArc

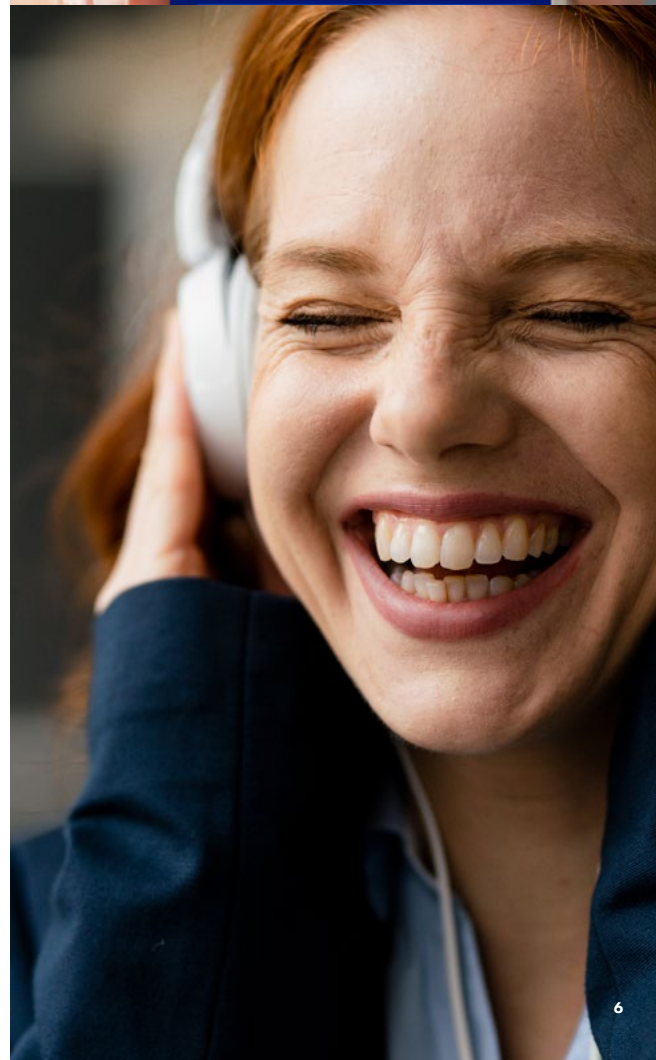
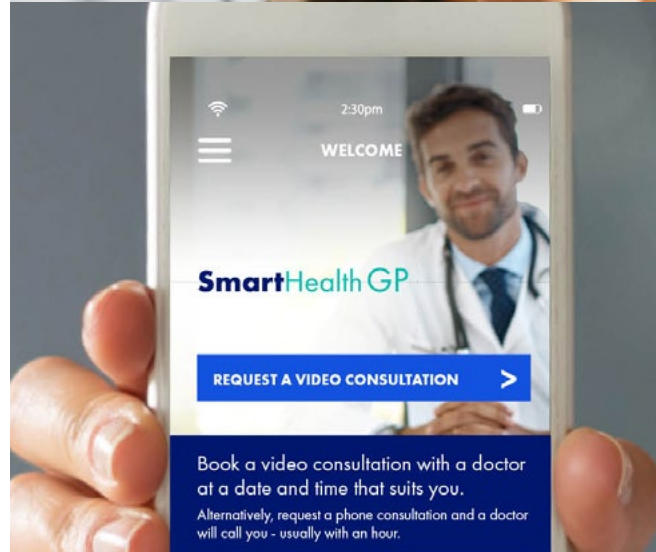
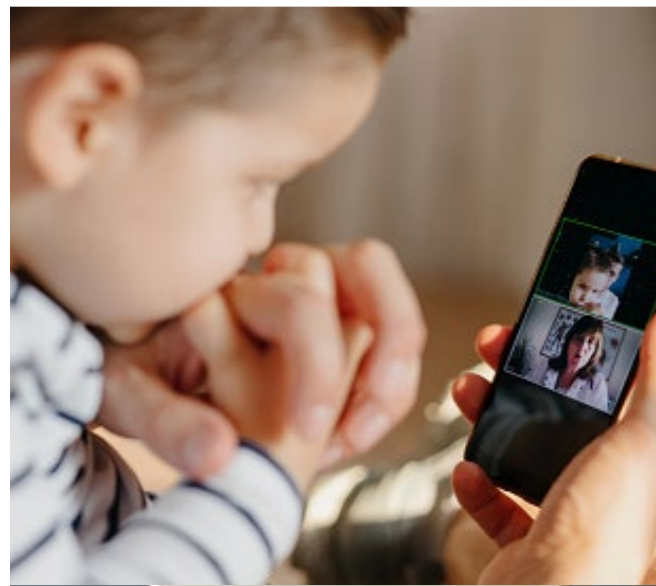
RedArc's critical illness nurses are here to help you get back to health and happiness after a critical illness diagnosis.

When you make a claim, you'll have the option to be paired with your own personal nurse adviser. They'll be there to help you for as long as you need, providing expert advice and long-term emotional support. And the RedArc service extends to your family members too, so everyone can get the care they need.



Smart Health is a non-contractual benefit that could be changed or withdrawn in the future.

RedArc is a non-contractual benefit which can be withdrawn at any time without notice.



Making a claim

If you suffer from one of the conditions covered under the policy, your employer will make a claim. You'll be asked to provide medical details to support the claim.

Claims are normally paid directly to you.

Tax

The money is paid free of tax.

You'll pay tax on the amount of premium charged for your critical illness cover.

Have a question or need to complain?

If you have any questions about your cover, 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
AIG Life Limited
PO Box 12010
Harlow
CM20 9LG

[**groupcomplaints@aiglife.co.uk**](mailto:groupcomplaints@aiglife.co.uk)

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
Tel 0800 023 4567



[**aiglife.co.uk**](https://www.aiglife.co.uk)