

Group Critical Illness – at a glance

A valuable employee benefit which can pay a tax-free lump sum if an insured person is diagnosed with one of the eligible specified critical illnesses during the length of the policy.

Standard product summary	
Quote availability	Up to 10 days
Quote guarantee	Usually three months
Policy size	At least 10 employees with no maximum
Types and amount of benefit available	For employees pays up to £500,000 or five times scheme earnings, whichever is lower. For spouses and registered civil partners, our policy pays up to £250,000 The children of an insured employee are included as standard from birth to age 21. The amount payable for a child is the lower of 25% of the insured employee's cover and £20,000
Number of conditions and options	Choose from Core cover (15 conditions) or include Additional cover (41 conditions in total). Children are covered for the same conditions as the insured employee; however, we also provide an additional six child-only Core conditions An employee's spouse or registered civil partner can be covered for an additional cost
Benefit levels available	Choose different benefit levels for clearly defined groups of employees
Free limit (cover without medical information)	Up to £500,000 benefit
Who can join?	All employees, or a clearly defined group of employees
Age range	Up to age 70 (maximum of state pension age for terminal illness and total and permanent disability conditions)
Joining dates	Daily, monthly, or annual options
Premium rate guarantee	Unit rate of premium per £100 of benefit Guaranteed for up to two years
Minimum premium?	None
Premium payment options	Monthly, quarterly, half-yearly or annual

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Standard product summary	
Commission?	A standard rate of 12% of the annual premium. We can pay different levels but this will affect the premium charged
Survival period	14 days, although some conditions have additional terms such as Multiple Sclerosis
Cover during temporary absence	Continued up to three years if absence is due to an illness or injury Continued for one year if absence is for any other reason, such as sabbatical
Overseas cover	Cover continues during overseas business trips Cover for overseas workers, residents and secondments individually considered
Cover for subsidiary businesses	Eligible employees of subsidiary or associated businesses can be included
Employees absent when cover starts	Cover can start for these employees as soon as they meet the eligibility conditions but will be subject to our pre-existing and related condition terms
Pre-existing conditions exclusion	We won't pay benefit for any specified condition that was diagnosed before the insured person was covered by the scheme
Related conditions exclusion	We won't pay benefit for an insured condition that occurs within two years of an insured person being covered through the scheme and results from a related condition which they: <ul style="list-style-type: none"> • have received treatment for • suffered symptoms of • have sought advice on • were aware of. An insured person's cover can continue for new subsequent unrelated illnesses after a claim has been paid
Simple administration	<ul style="list-style-type: none"> • Annual update of membership data • Biennial scheme review • Easy year-end adjustment for changes in membership and benefits. Other accounting options are available
Added services at no extra cost	<p>Employee Assistance Programme (EAP) – designed to help employees and their immediate family deal with events and issues in their everyday work and personal life. Around-the-clock support to help managers and employees cope with life's challenges. A wealth of information can be accessed through the My Healthy Advantage application available to download in the App Store or Google Play.</p> <p>Many of the EAP services are also available to employees not covered by our Group Critical Illness policy</p> <p>Second Medical Opinion (SMO)– provides access to a global network of medical specialists. Offering second opinions on diagnoses and treatments for almost any condition. They will also provide practical information for the individual.</p> <p>Medical Concierge – used to help find and navigate the route to self-paid treatment. The service allows the patient to continue focusing on their agreed specific treatment and medical requirements, while a Case Manager coordinates delivery of the treatment plan.</p> <p>Nurse Support Services – on hand to provide practical, emotional support, delivered via the convenience of telephone, email or messaging app. From the point that their critical illness claim is approved, the individual will be shown how to access Nurse Support Services by our Benefits Team.</p> <p>Umbrella Benefits – Designed to provide additional support for employees. Discounts or vouchers on other individual products and services that could continue beyond them being an employee.</p> <p>Care Concierge – Delivered by Legal & General Health & Care, employees will be able to gain a better understanding and navigate all aspects of the later life care process. This service aims to reduce stress, ease financial pressure and save precious time during this often emotionally charged period for employees.</p>



Useful information

Visit our website for more information about our Group Critical Illness proposition and the support available legalandgeneral.com/adviser/workplace-benefits/group-protection

Read our Technical Guides for further details of the cover we can provide, policy options and how we assess claims. Critical Illness can be covered as a standard, flexible or voluntary benefit.

Call us for quotes and more information: 0345 026 0094

We may record and monitor calls. Call charges will vary. Lines are open from 9am to 5pm Monday to Friday

Legal & General Assurance Society Limited.

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