

Excepted Group Life Assurance Policy for Police Federations

Policy Conditions

These Policy Conditions are introduced from 26 September 2018

Your Policy

The contractual terms of the **Policy** are set out in:

- these **Policy Conditions** and any subsequent updates and/or replacements,
- the information provided in the Proposal Form,
- your **Policy Particulars** and any subsequent updates and/or replacements,
- the information provided prior to the **commencement date**, or in relation to any alteration to the cover provided under the **Policy**,
- any questionnaire or written statement relating to a **member**, including, but not limited to, a Health Declaration Form,
- any **decision letter** issued in writing by us in respect of any **member**, and
- any special terms, exclusions or limitations issued by us in writing.

The **Policy**:

- provides evidence of a legal contract between you, and us and takes effect from the **commencement date** for insurance to cover benefits payable on the death of a **member**, and
- is an **excepted group life assurance policy**, and
- provides insurance to cover lump sum benefits payable under a discretionary trust.

The terms of the **Policy** are dependent upon the information we are provided with. If this is mis-stated, or has changed since the information was provided, or is proved to have not been a **fair presentation of the risk** we may amend, discontinue or void the **Policy**.

If you do not comply with the **Policy** terms and conditions, we may not pay claims. We may not be bound to accept any further premiums and we may cease cover under the **Policy**.

You must advise us if you change or dismiss your intermediary.

You may not assign, sell, transfer or otherwise dispose of the benefits payable under the **Policy**.

This **Policy** will not have or accrue any surrender value.

This **Policy** is subject only to English law. If there is any dispute between the parties about anything to do with the **Policy**, the English Courts are the only courts which may make a judgment about the dispute.

Any person or company who is not a party to this **Policy** does not and shall not have or acquire any right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this **Policy**.

Please read this Policy carefully, and then keep it in a place of safety for future reference.

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Terms and Expressions we use

In this **Policy** the words 'we', 'us' or 'our' mean Canada Life Limited. When we refer to 'you' or 'your', we mean the trustees of the trust named in the **Policy Particulars** that attach to this document.

Some terms have specific meanings. These are listed below in alphabetical order, together with their meanings and are highlighted in bold text where they appear in these **Policy Conditions**.

If a particular term cannot be identified you may need to combine more than one of the definitions listed below.

Annual revision date:

the date in each calendar year when the premiums are calculated. The date is shown in your **Policy Particulars**.

Associated policy:

the policy or policies which have been taken out with us in association with this **Policy** as detailed in your **Policy Particulars**.

Catastrophic event:

one originating cause, event or occurrence or a series of related originating causes, events or occurrences, resulting in the deaths of 4 or more **members**, irrespective of when or where the **members** die.

Catastrophic event limits:

the maximum amount which we will pay in the event of a **catastrophic event**.

Cease age:

the age agreed between us as being the age at which cover for a **member** ceases as shown in your **Policy Particulars**. The maximum age must not exceed a **member's** 75th birthday.

Child:

any natural or legally adopted **child** of a **serving officer** or **retired officer** who is more than six months old and under 18 years old.

Civil partner:

a person who is the **serving officer's** or **retired officer's** civil partner, for the purposes of Section 1 of the Civil Partnership Act 2004 .

Claim benefit:

the amount of **insured benefit** that we have agreed to pay following a **member's** death.

Commencement date:

the date that the **Policy** starts, as set out in your **Policy Particulars**.

Decision letter:

written confirmation issued by us following our assessment of medical and other evidence obtained for a **member**.

For the purpose of this definition this will include:

- acceptance of benefits,
- declinature of benefits,
- postponement of a decision,
- restriction of benefits.

Discretionary entrant:

someone who is an **serving officer** or their **partner** who you want covered from a different date to their **normal inclusion date**.

Eligible person:

as shown in your **Policy Particulars**.

Employer:

the Police Force(s) or any other **employer** or organisation that we have agreed to include in the **Policy**.

Evidence of insurability:

any documentary or medical evidence that we may reasonably require to include someone for benefits in the **Policy**.

Excepted group life assurance policy:

a group life policy as defined in section 480(3) of the Income Tax (Trading and Other Income) Act 2005.

Fair presentation of the risk:

under the terms of the Insurance Act 2015, you have a duty to provide us with all information you know, or ought to know, about the cover required, so that we can determine whether we need to make any further enquiries in order to allow us to correctly assess the risk for which the cover is required.

Any individuals who have key or senior roles within any of the **employers** covered under the **Policy** must be aware of, and accountable for, all information and knowledge relating to the **employer's** insurance cover.

Disclosure of information to us must be made in a clear and accessible manner and must be factually correct. This duty is also placed on any intermediary acting on your behalf in connection with this **Policy**.

HMRC:

HM Revenue & Customs.

Insured benefit:

the benefit for which the **member** has been accepted under the **Policy**.

Member:

an **eligible person** included in the **Policy**.

Nationally agreed retention scheme:

the 30+ Police Retention Scheme introduced under the Police Pay and Conditions Package, December 2002 or the 30+PLUS scheme introduced by the National Policing Improvement Agency on 1 April 2010.

Normal entrant:

an **eligible person** who you include in the **Policy**:

- on the first day that they meet the entry conditions, and
- for their **benefit**, under the terms of the trust.

Normal inclusion date:

the first day that an **eligible person** qualifies for inclusion in the **Policy**. The day is explained in your **Policy Particulars**.

Normal place of business:

the regional headquarters of the **employer**, or the station at which the **serving officer** is normally based.

Partner:

the **spouse** or **civil partner** of the **serving officer** or **retired officer**, or any other person who is cohabiting with the **serving officer** or **retired officer** as a partner and has done so for at least six months and who is financially dependent or financially interdependent on or with the **serving officer** or **retired officer**.

Periodic review date:

the date when your premium rates, **Policy Conditions** and **policy fee** are reviewed. The date is shown in your **Policy Particulars**.

Police Federation:

the Joint Branch Board of the **Employer's** local Police Federation affiliated to either the Police Federation of England and Wales, the Scottish Police Federation, or the Police Federation of Northern Ireland.

Policy:

this is comprised of:

- these **Policy Conditions** and any subsequent updates and/or replacements,
- the information provided in the Proposal Form,
- your **Policy Particulars** and any subsequent updates and/or replacements,
- the information provided prior to the **commencement date**, or in relation to any alteration to the cover provided under the **Policy**,
- any questionnaire or written statement relating to a **member**, including, but not limited to, a Health Declaration Form,
- any **decision letter** issued in writing by us in respect of any **member**, and
- any special terms, exclusions or limitations issued by us in writing.

Policy fee:

an annual charge for each **Policy** towards our costs.

Policy Particulars:

the document issued with these **Policy Conditions** which shows the basis of cover which has been agreed for your **Policy**.

Restricted person:

a person or entity subject to any sanctions, prohibitions or restrictions under:

- the United Nations' resolutions, treaties or conventions, or
- trade or economic sanctions, laws or regulations of the European Union, United Kingdom, Canada or United States of America.

The foregoing includes but is not limited to the following and their equivalents in force from time to time:

- United Kingdom HM Treasury's Office of Financial Sanctions Implementation Consolidated List of Financial Sanctions Targets in the UK (designated by the United Nations, the European Union and the United Kingdom relating to current financial sanctions regimes), or
- United Kingdom Home Office's List of Proscribed International Terrorist Groups, or
- United Kingdom Home Office's List of Proscribed Groups Linked to Northern Ireland Related Terrorism.

For the purpose of this **Policy**, an entity would also be deemed a restricted person, should a restricted person control or own a vested interest in 25% or more of its shareholding.

Retired officer:

a person who, prior to leaving the service of the **employer**, was a **serving officer** who has chosen to continue membership of the **scheme**.

Scheduled territories:

the United Kingdom, all European Union (EU) countries, Andorra, Australia, Canada, the Channel Islands, Gibraltar, Hong Kong, Iceland, the Isle of Man, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, USA and the Vatican City

Scheme:

the scheme named against that heading in your **Policy Particulars**.

Scheme benefit:

as shown in your **Policy Particulars**.

Secondment:

a period of time when a **serving officer** is sent to work for another Police Force including secondment to the National Crime Agency, or any other similar national body on a temporary basis with an expectation of return to their original job, or to their original **employer** in their original location.

Serving officer:

a warrant holding police officer of any rank, employed by the **employer**, who has chosen to be a **member** of the **scheme**.

Spouse:

the person that the **serving officer** or **retired officer** is legally married to .

State Pension age:

the age at which the **member** is first entitled to receive the basic State Pension or any benefit that may replace it.

Statutory leave:

any leave taken from employment due to an entitlement to:

- adoption leave,
- maternity leave,
- parental bereavement leave,
- paternity leave, or
- shared parental leave.

Total benefit:

the sum of

- a **member's** lump sum benefit, and
- any benefits provided for the **member** under any other group life assurance policies insured by our Group Insurance department.

Underwriting:

the process whereby **evidence of insurability** is obtained and assessed.

Section 1

Who is covered

1.1 Normal entrants

We will include a **normal entrant** as a **member**:

- on the **commencement date**, if they were included in your existing group death in service arrangement on or before that date, or
- from their **normal inclusion date**, on or after the **commencement date**.

Your **Policy Particulars** will show what conditions apply.

1.2 Provision of cover for discretionary entrants

We may agree, if specifically requested, to include a **discretionary entrant** if they satisfy the **evidence of insurability** terms set out in your **Policy Particulars**.

If appropriate, we will tell you if any other **evidence of insurability** is needed and the date that any cover for that person, or the person's **partner** (if insured), starts.

We will need **evidence of insurability** before we can accept cover for any benefit.

1.3 Provision of cover before an underwriting decision has been made

If **evidence of insurability** is needed by us before we can accept a person's **total benefit**, we will provide temporary cover.

This will apply for up to 120 days, from the date:

- the **eligible person** is first included in the **Policy** as a **member**; or
- when an increase in a **member's** benefit applies, or
- when we are notified of a **discretionary entrant** and will cease when we tell you what our decision is, if earlier.

However, temporary cover will not apply:

- if the person has previously had some or all of their **total benefit** declined or postponed, or
- if any additional premiums chargeable following the issue of our **decision letter** have not been accepted, or
- if a **decision letter** has not been issued where **evidence of insurability** has previously been requested, or
- to any part of the person's **total benefit** that exceeds £5,000,000, or
- if the person dies before a decision has been made and death was directly or indirectly linked to a medical

condition suffered within a 5 year period prior to the date temporary cover commenced.

1.4 Underwriting decisions which can be made

When we have received all the **evidence of insurability** that we need to decide whether we can accept a person's **total benefit** our **decision letter** will be issued showing what cover can be provided and whether any special terms will be applied. We may:

- accept the **total benefit** at standard terms, or
- decline the amount of **total benefit** that was being underwritten, or
- postpone making a decision to a later date, or
- charge an additional premium for the amount of **total benefit** that has been underwritten, or
- exclude certain conditions or activities.

If we have asked for **evidence of insurability** to complete **underwriting** and we do not receive it, we will restrict the person's **insured benefit** to the minimum of the following:

- their previous **insured benefit** if they have been previously underwritten, or
- nil benefit if they are being underwritten as a **discretionary entrant**.

If we can accept that person's **total benefit** we will tell you when cover for that benefit starts.

1.5 Cover that is provided while a member is outside the UK

Cover will be maintained for **members** whilst they are outside the UK on holiday or travelling in connection with their business, or **secondment**.

For a **serving officer** working outside the UK on **secondment** cover is provided for a period of 1 year.

For **members** working outside the UK:

- all premiums must be paid in UK currency, and
- all **claim benefits** will be paid by us in UK currency.

If we require medical evidence for **evidence of insurability** or in support of a claim and it is obtained outside the UK, then any medical evidence must be provided in English.

If we agree to contribute an amount towards the cost of obtaining the evidence this will be equivalent to the cost of obtaining similar evidence in the UK unless otherwise agreed.

Section 2

What is covered

The cover included in the **Policy** and the basis of its calculation is shown in your **Policy Particulars**.

However, where a benefit has been paid for the **member** from a terminal illness policy insured in conjunction with this or any **associated policy**, the amount of **insured benefit** for the **member** will be reduced by the amount of the terminal illness benefit previously paid out. Where the **insured benefit** at the date of a **member's** death is lower than the terminal illness benefit amount already paid no further benefit will be payable on the death of the **member**.

Where categories of membership have different benefit amounts, we will issue a separate policy for each category, including those for a **partner** or a **child**.

If the amount of benefits is the same for 2 or more categories, we may combine these within a single policy.

Section 3

Optional additional cover

A lump sum death benefit, payable on the death of a **child** may be payable.

Your **Policy Particulars** will show the amount of this cover provided, if insured.

Section 4

When cover ceases

4.1 When cover ceases for a member

4.1.1 Serving officer

Cover will cease for a **serving officer** on whichever of the following events occurs first:

- on reaching their **cease age**, or
- on ceasing to be employed by the **employer** as a **serving officer**, or
- on the date that a premium due for the **serving officer** fails to be paid, or
- on ceasing to satisfy the eligibility conditions set out in the **Policy Particulars**.

Serving officers who have ceased to be employed by the **employer** due to retirement may choose to be covered as a **retired officer** under the terms applicable for **retired officers**.

4.1.1.1 What cover will be provided during absence from work

Cover may continue during a period of temporary leave of absence from active employment for a **serving officer** if premiums continue to be paid. We will continue to cover them:

- up to the **cease age**, if leave of absence is on account of ill health or disablement, or
- during any period of **statutory leave** prior to **cease age**, or
- during any period of **secondment** to another Police Force in Scotland, England, Wales or Northern Ireland, or
- for up to a 3 years for any other reason.

Where cover ceases on reaching the **cease age**, this means that cover ceases at midnight on the day before the **serving officer's** birthday for that age. Cover does not continue past the **cease age** to the next date that a premium would have been due from the **serving officer**.

4.1.1.2 Changes to cover when a serving officer is included in a nationally agreed retention scheme

Cover for a **serving officer** who is accepted into a **nationally agreed retention scheme** will continue at the **serving officer** level provided that:

- they have not elected to be treated as a **retired officer**, and
- premiums throughout the period up to and following their application and acceptance are paid continuously without interruption or break, and
- cover for any period during which they are not in active service following their acceptance but before re-engagement will not exceed 6 months.

If they are not re-engaged within 6 months of the date of retirement they will be treated as a **retired officer** and their cover will reduce to the **retired officer** level. If, at a later date they are re-engaged as a **serving officer** under a **nationally agreed retention scheme** their cover will automatically revert to the **serving officer** level, providing that the appropriate premiums are paid.

4.1.2 Serving officer's partner

Cover will cease for a **serving officer's partner** on whichever of the following events occurs first:

- on reaching their **cease age**, or
- on ceasing to be the **partner** of the **serving officer**, or
- on the date that a premium due for the **serving officer's partner** fails to be paid, or
- when the **serving officer** ceases to satisfy the eligibility conditions set out in the **Policy Particulars**.

Benefits for the **partner** of a **serving officer** who is included in a **nationally agreed retention scheme** will be determined in accordance with the level of benefits being provided for that **serving officer** under the terms shown in **Section 4.1.1.2**.

4.1.3 Retired officer

Cover will cease for a **retired officer** on whichever of the following events occurs first:

- on reaching their **cease age**, or
- on the date that a premium due for the **retired officer** fails to be paid, or
- on ceasing to satisfy the eligibility conditions set out in the **Policy Particulars**.

Where cover ceases on reaching the **cease age**, this means that cover ceases at midnight on the day before the **retired officer's** birthday for that age. Cover does not continue past the **cease age** to the next date that a premium would have been due from the **retired officer**.

4.1.4 Retired officer's partner

Cover will cease for a **retired officer's partner** on whichever of the following events occurs first:

- on reaching their **cease age**, or
- on ceasing to be a **partner** of a **retired officer**, or
- when the **retired officer** ceases to satisfy the eligibility conditions set out in the **Policy Particulars**, or
- on the date that a premium due for the **retired officer's partner** fails to be paid.

4.1.5 Child

Cover for a **child**, if provided, will cease on whichever of the following events occurs first:

- on the **child** reaching 18 years old, or
- on the **serving officer** or **retired officer**, who is the **child's** parent, reaching their **cease age**, or
- when the **serving officer** or **retired officer** ceases to satisfy the eligibility conditions set out in the **Policy Particulars**, or
- on the date that a premium due for the **serving officer** or **retired officer** fails to be paid.

For **children**, cover ceasing on reaching 18 years old means that cover ceases at midnight on the day before the **child's** 18th birthday.

4.2 When we can cease cover under a Policy

We reserve the right to cease this **Policy** if:

- you cancel an **associated policy**, or
- you do not pay premiums requested within 30 days of the date they were due, as shown in **Section 6.4.2**, or
- new legislation or regulations are introduced, or changes are made to existing legislation which affect **excepted group life assurance policies** or this **Policy**.
- you or any **employer** becomes a **restricted person**.

We apply a **catastrophic event limit** on the total amount of **claim benefit** across this and any **associated policies** arising as a result of a **catastrophic event**.

Section 5

Policy Limits or restrictions

5.1 The maximum amount we will pay

If a **catastrophic event** takes place the amount payable will be limited to £100,000,000 if the event occurs at a single location or at multiple sites.

Where we are covering employees of an **employer** under separate group life assurance policies, we will treat these group life assurance policies as if they were a single policy.

The maximum payable at any one location will be the highest individual maximum **catastrophic event limit** at that location rather than the sum of the separate **catastrophic event limits** for each policy and will be subject to an overall maximum amount of £100,000,000, unless otherwise agreed.

If a **catastrophic event** affects **members** travelling, the maximum amount payable will be £20,000,000 both during travel and at the destination if this is not a **normal place of business** under this **Policy** and/or any other group life assurance policies insured by us.

Claims will be settled in the order we receive completed claim forms until the relevant limit has been reached.

Section 6 Premiums

6.1 How we calculate your premiums

The premiums we calculate depend on various factors including:

- the level and amount of benefits,
- eligibility and entry conditions,
- membership profile such as age, sex, occupation and locations of the **serving officers**,
- claims history, and
- the amount of the **policy fee**.

Your **Policy Particulars** show the premium due for each **member**, for each category of membership, in accordance with the premium frequency you have chosen and agreed with us.

There is a minimum annual premium of £1,000 as a total across all **associated policies**.

6.2 Revision of premium rates

We reserve the right to review the basis on which we calculate your premiums where:

- the number of **serving officers** and **retired officers** included in this and all **associated policies** increases or decreases by more than 25% of the total number, or
- the total **insured benefit** provided under this and any **associated policies** increases or decreases by more than 25% of the total **insured benefit**

in comparison with the same totals that were applicable on the **commencement date** (or **periodic review date**, if later).

This may result in us changing the premium rates, **Policy** terms and **policy fee** for the whole **Policy**.

6.3 The information we need to calculate your premiums

You must supply the total premium due for each month together with the number of **members** insured.

The calendar or lunar monthly premium due for each category is the number of **members** in that category multiplied by the calendar or lunar monthly premium shown for that category. The total premiums due in any calendar month is the total of all calendar and/or lunar monthly premiums due for all categories in that month.

At each **periodic review date** we will recalculate the premiums and advise you of any change. In order to do this we will require data for all **serving officers** and **retired officers** showing at least the following information:

- age,
- sex,
- lump sum benefits,
- **scheme benefit** category (including **partners**), and
- operating location for **serving officers** (including postcode).

You must ensure that the data you give us accurately reflects the basis that you have agreed with us.

6.4 When premiums are payable

The premiums shown in your **Policy Particulars** will be payable by you to us monthly in arrears on the last day of each month (or such other date as agreed between you and us).

They will comprise the total of all amounts of premiums paid to you by the **members** in respect of benefits under the **Policy** during the month (or such other period agreed between you and us).

6.4.1 How you pay premiums

You will normally pay your monthly premiums by electronic funds transfer or by cheque payable to Canada Life Limited.

6.4.2 What will happen if you do not pay your premiums

You must pay your premiums within 30 days of the date they are due.

If you do not pay your premiums, we may:

- reject your claims, or
- withdraw cover completely.

If we cease your cover, we will tell you the date that cover ceases in writing. Premiums will be due for the period of cover up to that date.

Any agreement made by us to extend the 30 day payment period will be subject to additional terms and conditions.

If premiums remain unpaid after 30 days, or any agreed extension to the payment period, we reserve the right to start debt collection proceedings against you.

If you wish to cease your **Policy**, you should contact us in writing and not simply stop payment of your premiums.

Section 7

Alterations to the Policy cover

7.1 Keeping the Policy up to date

You can request an alteration to the **Policy** cover at any time but you must tell us in writing what you want to change before you want the alteration to take place. We have to agree to any changes you require to your cover before they can be applied to your **Policy**. If you do not tell us the cover insured under the **Policy** will remain unchanged.

We will confirm to you any additional requirements that we will need to be able to make the change.

Only changes which have been agreed by us will be acceptable and we will write to you to confirm when the change has been made and the date on which it will become effective.

7.2 Alterations which may affect your premiums and/or terms and conditions

You must tell us immediately, if:

- you wish to change the cover or the way in which benefits are calculated, or
- you wish to include (or remove) any optional additional cover, or
- you wish to change the **cease age** of the **Policy**, or
- you wish to include a further **employer** or a further group of people in the **Policy** (including new categories, new **employers** or transfers to new contracts of employment), or
- you wish to remove an **employer** or a group of people from the **Policy**, or
- changes are made to an **employer's** benefits package that affects someone's inclusion or exclusion as a **member** or affects the **member's scheme benefits**, or
- there are any changes in the structure or legal status of any of the **employers** included in the **Policy**, or
- you appoint, change or dismiss your intermediary.

These changes can have a direct effect on the premiums and/or terms and conditions that we can apply to the **Policy**. New terms and conditions and premium rates can be applied to the **Policy** from the date any changes take place.

7.3 When we can make alterations

We can apply new terms and conditions and premium rates to the **Policy** at the **periodic review date**.

In addition we also reserve the right to apply new terms and conditions and rates to the **Policy** at any time:

- if new legislation or regulations are introduced, or changes are made to existing legislation (including any relating to **state pension age**), and
- if changes are made to **HMRC** practice which affects the tax treatment of your premiums and/or benefits for you, the **members** or us, and
- if an **associated policy** is altered or cancelled.

7.4 How you can cancel the Policy

You must tell us before the date when you want to cancel the **Policy** and confirm the request in writing. The **Policy** will continue until we receive your instructions.

We will not backdate cancellation of cover and will charge for the time we have been providing cover.

Section 8

Making a claim

8.1 When you should tell us about a claim

A completed claim form must be submitted as soon as possible after a **member's** death.

In order for us to pay any **insured benefit**, or any additional amounts of **insured benefit**, you must provide us with a completed claim form, in respect of the benefit being claimed, within 2 years of a **member's** death.

You should send completed forms and documentation to:

Life Claims Team
Canada Life Limited Workplace Protection
Canada Life Place
Potters Bar
Hertfordshire EN6 5BA

Fax: 01707 671180

Email: grouplifeclaims@canadalife.co.uk

8.2 What we need to assess a claim

We must be provided with a current claim form fully completed by a Trustee, or a signatory authorised by the Trustees.

If we are unable to validate death using an online register we will require an original copy (not a photocopy) of a Registrar's or Coroner's Certificate of Death of the **member**.

Where the claim is for a **spouse** or **civil partner**, we will also need original copies (not a photocopy) of the respective marriage or civil partnership certificates.

Where the claim is for any other financially dependent **partner** we will need documentary evidence of the relationship.

Where the claim is for a **child** we will require original copies (not a photocopy) of:

- the **child's** birth certificate, or
- adoption certificate (if applicable).

Our claims guides and current claim forms can be downloaded from our website:

<https://www.canadalife.co.uk/workplace-protection/group-life-insurance/claims/>

8.3 Claim assessment outcomes

We request the information detailed in **Section 8.2** above so that we can ensure that it matches the agreed basis of cover provided under the **Policy**.

If the information provided on the claim form matches the agreed basis of cover provided under the **Policy** we will proceed with our assessment of your claim.

If the information provided:

- shows that the **member** has not been correctly included in the **Policy**, and/or
- does not match the agreed basis of cover provided under the **Policy**

we may not pay the claim.

We may request further information where an explanation of the circumstances may allow us to reconsider our decision.

If we do decline the claim we will tell you the reasons for our decisions.

If we need to request further information this may include but will not be limited to medical records relating to the deceased.

If you do not submit the fully completed claim form within the time period detailed in **Section 8.1** we will not proceed with our assessment of the claim.

8.4 What we need if a member's death occurs outside the UK

If the **member's** death happens outside the UK we will require the original locally issued death certificate (or equivalent certificate) together with an English translation of that document which is acceptable to us.

If any medical evidence is obtained outside the UK it must be provided in English.

If we agree to contribute an amount towards the cost of obtaining the evidence this will be equivalent to the cost of obtaining similar evidence in the UK unless otherwise agreed.

8.5 How your claim benefits will be paid

Claim benefits are payable by us in UK currency.

Your discretionary trust must provide for the benefits and options that you have chosen under the **Policy** and you must distribute the **claim benefits** paid to you in accordance with the terms of that discretionary trust.

8.6 Payment of lump sum benefits

If we accept your claim, payment by us will be a full discharge of our liabilities for that claim.

The receipt of any payment by you (or by any person we have agreed to pay on your behalf) will mark an end to our responsibilities for that payment.

Section 9

Further information

9.1 The Company

This **Policy** is issued by Canada Life Limited, an incorporated company limited by shares, whose Head Office is in the United Kingdom. The address is:

Canada Life Limited
Canada Life Place
Potters Bar
Hertfordshire EN6 5BA

9.2 Queries and complaints

If you have any questions about either the **Policy** or your cover please contact your intermediary in the first instance. You should also contact your intermediary if you wish to complain about the service you have received. If you do not have an intermediary or if the matter is not resolved, please write to:

Customer Services
Canada Life Limited Workplace Protection
Canada Life Place
Potters Bar
Hertfordshire EN6 5BA

You can also email: groupcsc@canadalife.co.uk or ring **0345 223 8000**.

Lines are open Monday to Friday, 9am to 5pm (Thursday 9.30am to 5pm).

If we are not able to resolve your complaint you may contact the Financial Ombudsman Service in writing or by telephone. Their address, telephone number and email address are as follows:

The Financial Ombudsman Service
Exchange Tower
London E14 9SR

Telephone: **0800 0234 567** or,
for mobile phone users **0300 123 9 123**

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

Website: www.financial-ombudsman.org.uk

Your right to take legal action will not be affected if you contact this service.

9.3 Compensation

If we are unable to meet our liabilities, you may be able to claim compensation from the Financial Services Compensation Scheme.

Further information is available from the Financial Conduct Authority and the Financial Services Compensation Scheme.

Section 10

General Information

10.1 Confidentiality

We will treat the information that you give us in connection with this **Policy** as confidential as long as it:

- was not rightly in our possession before you gave it to us, or
- was or is not already public knowledge, or
- is not trivial or obvious, or
- is not required to be disclosed to a legal or regulatory authority.

We will not disclose your confidential information to any person other than our reinsurers, professional advisers and auditors, employees and employees of other companies in our group.

10.2 Intellectual Property

We will not use your company name, logo or other intellectual property marks for any reason other than administration of the **Policy** without your written permission.

10.3 Bribery and Slavery

We will comply with all applicable laws, regulations, codes and sanctions relating to anti-bribery and anti-corruption including the Bribery Act 2010 and those relating to anti-slavery and human trafficking including the Modern Slavery Act 2015.

Our full Modern Slavery Act Statement is published here:

<https://www.canadalife.co.uk/modern-slavery-act/>

10.4 Money Laundering

We will comply with all applicable laws, regulations, codes and sanctions relating to money laundering including the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017.

10.5 Data Protection

We will comply with all applicable laws, regulations, codes and sanctions relating to data protection including the Data Protection Act 2018 (incorporating the General Data Protection Regulation).

Our full Data Protection Notice is published here:

<https://www.canadalife.co.uk/data-protection-notice>

About Us.

We provide support when it's needed most.

We are Canada Life Group Insurance, the UK's largest provider of group insurance.

We have over 45 years' experience covering thousands of businesses throughout the UK.

Our mission is to help people when they need it most, so we specialise in three products that help employers do exactly that – **Life Assurance, Income Protection** and **Critical Illness** cover.

We've grown considerably since we first arrived in the UK in 1903. We now support over 24,000 employers, covering 2.8 million employees for over £260 billion of benefits. This makes us the largest provider of group insurance in the UK.

Find out more.

We are dedicated to helping more employers support their employees when they need it most. Use our **website** to find out more about our products or feel free to contact us on **0345 223 8000**.



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