An Employee’s Guide to Critical Illness cover

This document contains important information about the Canada Life Group Critical Illness Flex Scheme for RBSelect. It should be read alongside the member guide to the terms and conditions, which can be found on the RBSelect website. Please note that it does not give the full terms and conditions and exclusions of cover, which can be found in your employer’s insurance policy document. Nothing in this guide shall override the terms and conditions stated in your employer’s policy document.

The terms and conditions of the cover provided may be changed periodically, either by your employer (the policyholder) or by Canada Life. You should check with your employer at any time that you wish to see whether a condition suffered may be eligible for a claim payment.

Type of insurance and cover
The Critical Illness policy pays out a tax-free lump sum if you, your dependent children, or your partner suffer from a specified serious illness – including cancer and heart attack, or if you/they undergo specified serious surgical procedures – such as heart transplant, providing you/they live for 14 days after the diagnosis or procedure.

Cover is provided for a range of critical illnesses as defined on pages 3 and 4, “What illnesses are covered?”

How does the cover work?
You choose the cover you want by selecting one of the option levels offered through your employer’s flexible benefit scheme.

The insured illness or surgical procedure must meet the definition in the policy.

The benefit will be paid if you, your child or partner (if included) survive for at least 14 days from when first diagnosed with one of the insured illnesses, or an insured surgical procedure is undertaken within the option you have selected i.e. Silver or Gold. Many of the illnesses have detailed medical definitions and require the illness to be at an advanced stage or require permanent symptoms before payment can be made (e.g. stroke).

Definition of Partner
Partner is defined as a legal spouse or civil partner, if the member is not married or does not have a civil partner, a person who is openly co-habiting with the member and has done so for at least six months prior to joining the scheme and is financially dependant or interdependent on the member. A partner cannot be any person who is also an employee of your employer or any of their associated companies.

Definition of Child
Children (including legally adopted children) aged between 30 days and 18, or up to 21 if still in full time education are automatically included.
Who can be covered?
If you are eligible for cover under the RBS elect flexible benefit scheme, you can select this benefit.

If you select cover for yourself, cover is automatically provided for your children. There is no limit on the number of children that can be covered.

You are able to select benefit for your partner where you have selected cover for yourself.

Please note that should both you and your partner work for RBS, and you both want cover, you must either:
• select your own cover, or
• one person selects cover for you both.

No application form needs to be completed but cover for you, your partner and children will be subject to the pre-existing conditions and related conditions exclusions which are described on page 4, 5 and 6.

What benefit can I have?
You choose how much cover you want by selecting one of the option levels through the RBS elect flexible benefit scheme. The amount you choose cannot exceed the lower of four times your ValueAccount or £250,000, or if you are paid in Euros €250,000. Cover for your partner cannot exceed the lower of an amount equal to your level of cover or £100,000, or if you are paid in Euros, €100,000.

For a child who meets the definition of an insured illness or surgical procedure, we will pay the lower of 25% of your benefit or £20,000, or €20,000 if you are paid in Euros.

How much does the cover cost?
The cost is calculated according to the amount of cover selected and your age at the start of each scheme year. As you get older and continue to be covered you will move into different premium bands and the cost of cover will usually increase.

The premiums are paid by your employer and are reviewed every two years so may decrease or increase.

Premium rates can be found on the www.rbspeople.com/rbselect.

HM Revenue and Customs will treat the premium paid on your behalf as a benefit in kind, so it will be added to your taxable income.

When does cover start?
You normally have the opportunity to join the scheme on a fixed date each year, known as the annual enrolment date. Your employer will confirm the date that your cover starts, which will always be after the selection date.

What illnesses are covered?
If you have selected SILVER cover the list of illnesses you are covered for is (please refer to the member guide to the terms and conditions for details of the illness definitions):

- Alzheimer’s disease resulting in permanent symptoms
- Cancer excluding less advanced cases
- Coronary artery bypass grafts with surgery to divide the breastbone
- Dementia/Pre-senile dementia resulting in permanent symptoms
- Heart attack of specified severity
- 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 resulting in permanent symptoms

Progressive supranuclear palsy resulting in permanent symptoms

Stroke resulting in permanent symptoms

If you have selected GOLD cover the list of illnesses you are covered for is (please refer to the member guide to the terms and conditions for details of the illness definitions):

Alzheimer’s disease resulting in permanent symptoms

Angioplasty for severe coronary artery disease in two or more arteries

Aorta graft surgery for disease

Aplastic anaemia with permanent bone marrow failure

Bacterial meningitis resulting in permanent symptoms

Benign brain tumour resulting in permanent symptoms

Benign spinal cord tumour

Blindness permanent and irreversible

Cancer excluding less advanced cases

Coronary artery bypass grafts with surgery to divide the breastbone

Cardiomyopathy of specified severity

Coma with associated permanent symptoms

Creutzfeldt-Jakob disease resulting in permanent symptoms

Deafness permanent and irreversible

Dementia/Pre-senile dementia resulting in permanent symptoms

Heart attack of specified severity

Heart valve replacement or repair with surgery to divide the breastbone

HIV infection caught in the EU, the Channel Islands or the Isle of Man from a blood transfusion, physical assault or at work in an eligible occupation

Kidney failure requiring permanent dialysis

Liver failure irreversible

Loss of hands or feet permanent physical severance

Loss of independent existence permanent and irreversible

Loss of speech permanent and irreversible

Major organ transplant from another donor

Motor neurone disease resulting in permanent symptoms

Multiple sclerosis with persisting symptoms

Open heart surgery with surgery to divide the breastbone

Paralysis of limbs total and irreversible

Parkinson’s disease resulting in permanent symptoms

Progressive supranuclear palsy resulting in permanent symptoms

Respiratory failure resulting in breathlessness even when resting

Rheumatoid arthritis of specified severity

Stroke resulting in permanent symptoms

Systemic lupus erythematosus with severe complications

Terminal illness where death is expected within 12 months

Third degree burns covering 20% of the body surface area

Traumatic brain injury resulting in permanent symptoms
When does cover cease?
Whichever of the following occurs first, cover will normally cease when you:

• reach the policy’s cease age,
• reach the maximum number of claims for which you are eligible,
• cease to be an eligible person,
• cease to be actively employed by any employer covered under the insurance policy,
• no longer work in the EU or other certain locations
• no longer have a contract with your employer that provides critical illness benefits.

However, cover may continue during a period of leave of absence from active employment. If premiums continue to be paid, we will continue to provide cover:

• if your absence is due to ill health or disablement, up to the cease age your employer has agreed with us,
• throughout any period of statutory leave prior to that age; or
• for up to twelve months for any other reason.

Cover will normally cease for a partner upon the earlier of:

• their reaching the policy’s cease age,
• your ceasing to be covered under the policy; or
• as soon as a claim for one of the insured illness has been paid.

Cover will normally cease for your child upon the earlier of:

• reaching 18, or 21 if in full time education,
• your ceasing to be covered under the policy; or
• as soon as a claim for one of the insured illness has been paid.

What is not covered?
No benefit will be paid if:

• You have selected Silver cover and you, your partner or child suffer an illness not covered under “What illnesses are covered?”, or if the illness or procedure fails to meet the specific definition in the member guide to the terms and conditions.
• You have selected Gold cover and you, your partner or child suffer an illness not covered under “What illnesses are covered?”, or if the illness or procedure fails to meet the specific definition in the member guide to the terms and conditions.
• The insured illness is a pre-existing medical condition (see page 6 for more details).
• The claimant had a related condition at the time of joining (see page 7 for more details).
• The insured person dies within 14 days of diagnosis of the critical illness or surgical procedure.
• A claim has already been paid for the insured illness under this policy or a previous policy with your employer.

In addition, some of the insured illnesses also have the following exclusions applied:

• The insured illness arose directly or indirectly by intentional self-inflicted injury.
• The insured illness arose directly or indirectly by alcohol or drug abuse.
• The insured illness arose directly or indirectly due to war or civil commotion.
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Important
• If an insured person has suffered from any cancer whether a claim has been paid or not, then no benefit shall be payable in respect of any second cancer, whether or not this is connected to or associated with, the prior diagnosis of cancer.
• If a benefit is paid in respect of a claim for you, no subsequent claims can be made for that insured illness and some other illnesses, which are detailed below. Cover will continue automatically, but a new pre-existing condition and related conditions exclusion will apply as if you had just joined the policy.

We will not pay a subsequent claim if you have claimed for the following illnesses:
- **Silver cover** – Alzheimer’s disease, dementia/pre-senile dementia, motor neurone disease or progressive supranuclear palsy.
- **Gold cover** – Alzheimer’s disease, coma, Creutzfeldt-Jakob disease, dementia/pre-senile dementia, HIV infection, loss of independent existence, motor neurone disease, progressive supranuclear palsy, systemic lupus erythematosus, terminal illness or traumatic head injury.

We will not pay a subsequent claim for any of the following illnesses if you have claimed for any of the other illnesses listed below:
• angioplasty
• aorta graft surgery
• cardiomyopathy
• coronary artery bypass grafts
• heart attack
• heart transplant
• heart valve replacement or repair
• open heart surgery
• stroke

We will not pay a subsequent claim for major organ transplant of a kidney or liver, or lung, or kidney failure, or liver failure, or respiratory failure if a claim has been paid for any of these other insured illnesses.

We will not pay a subsequent claim for Alzheimer’s disease, Creutzfeldt-Jakob disease or dementia/pre-senile dementia if a claim has been paid for Parkinson’s disease.

We will not pay a subsequent claim for paralysis of limbs if a claim has been paid for any other insured illness or procedure.

Pre-existing conditions exclusion
No benefit will be payable under your employer’s policy in respect of an insured illness (or repeat of the same insured illness) which was first diagnosed, treated, or which was known to have existed by the potential claimant (you, your partner or child) before entering this policy, or any previous critical illness policy arranged by your employer, or the date of any increase in benefit.

Important
• The onset or occurrence of angioplasty, aorta graft surgery, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant, heart valve replacement or repair, open heart surgery, or stroke are all considered to be the same illness.
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Related conditions exclusion
No benefit will be payable for an insured illness if any related condition existed at any time prior to entering this policy, any other critical illness policy arranged by your employer or the date of any increase in benefit.

If 2 years have elapsed since entering this policy, any other critical illness policy arranged by your employer or the date of any increase in benefit, the related condition exclusion will only be applied to loss of independent existence, paralysis of limbs or terminal illness.

Full details of what illnesses/conditions could be treated as a related condition are contained in member guide to the terms and conditions. Please speak with your employer’s HR team if you require any further details.

How will the benefit be paid?
If your claim is accepted, payment of the benefit will be via BACS transfer payable to you.

Complaints
If you have a query about the processing of your claim or if Canada Life has not settled a claim to your satisfaction then please contact, in the first instance, your employer.

If any claims dispute cannot be settled it can be referred to the Financial Ombudsman Service which provides an independent review and dispute resolution service.

How to claim
The Royal Bank of Scotland Group Plc would submit a claim in their capacity as the policyholder. If you need your employer to submit a claim, please contact them as soon as possible after one of the conditions listed has been diagnosed.

Once your employer has agreed to submit the claim, you (or your partner, if the claim is in respect of them) need to complete a Member’s Claim Form which is available from HR People Services on 0808 100 4242 or 1800 245 971 if calling from the Republic of Ireland, providing Canada Life’s claims assessors with some brief details of the claim.

It also includes the ‘claimant’s consent’ under the Access to Medical Reports Act granting Canada Life the authority to obtain further information from your medical attendants. Canada Life needs this to ask them directly for further information required to assess the claim.

The completed Member’s Claim Form should be submitted to Canada Life no more than 3 months after the date of the insured illness.
Support services available which provide practical help when it’s needed most

None of these services form part of the insurance policy and can be removed at any time without notice.

**Personal Nurse Service (provided by RedArc)**
The aim of the service is to provide practical and emotional help and support to you and your family members following the diagnosis of a serious illness.

On submission of a critical illness claim, the claimant will automatically be contacted by a member of the RedArc nurse team to introduce the service. RedArc nurses are subject to the strictest standards of medical confidentiality and are the only people allowed to discuss medical issues.

RedArc supports claimants in whichever way they need by providing ongoing advice and support; the services are provided free of charge, the service is not intended to diagnose, prescribe or treat. The personal nurse adviser may arrange extra help if clinically appropriate e.g. a one-off home visit from a specialist nurse, a course of physiotherapy, a course of counselling, or similar. The personal nurse adviser can also put the claimant in contact with specialist charities and self-help groups, and give advice on appropriate equipment to aid function.

Claimants can decide not to use the service at any point, but are free to use it again at any time in the future if they change their mind.

**Website:** www.redarc.co.uk

**Treatment Sourcing (provided Medical Care Direct (MCD))**
This service assists in arranging the purchase of all types of private healthcare ranging from outpatient diagnostics to major surgical procedures.

To begin using the service, a treatment enquiry form is submitted. This provides MCD with some details of the condition and required treatment, and priorities for sourcing, e.g. price, location, timescale, etc. MCD then research the available options and negotiate costs for the best-matched options.

MCD set out all information about what will be provided and how much it will cost in writing, and where possible they negotiate fixed-price packages. If the package is accepted, MCD make all the arrangements, including detailed verification and settlement of the accounts. All costs are paid to MCD by the individual before treatment starts. MCD will then liaise with whichever hospitals and medical providers are involved and will provide personal support and answers to any questions throughout, and deal with all the paperwork.

Neither Canada Life nor MCD pay for any of the healthcare arranged.

**Website:** www.canadalifemcd.co.uk