

Group Life Assurance

Technical Guide

Excepted Group Life Assurance for lump sum benefits for partners of employees

Introduced from 26 September 2018 and incorporating Excepted Solution from 1 October 2019.



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 Insurance, Income Protection and Critical Illness** cover.

Canada Life Group Insurance is the **largest provider of group insurance** in the UK. They support over 27,000 employers, covering over 3 million employees for over £374 billion of benefits.¹

Find out more

We are dedicated to helping more employers support their employees when they need it most.

Call us
0345 223 8000



Lines are open Monday to Friday from 9am to 5pm

Online
www.canadalife.co.uk/group



Support Services

At Canada Life, we believe insurance is about much more than just a financial benefit. When employers choose our Group Life Assurance policy, they also get access to five Support Services². Helping employees, their family and colleagues through the emotional and legal side of bereavement.

Bereavement Counselling

Losing someone close can be devastating – no one should go through it alone. Our bereavement counselling service provides up to four telephone sessions with a qualified counsellor.

Probate Helpline

Our Probate Helpline provides access to probate experts who can help employees with will writing, administration of estate, finding missing beneficiaries and applying for probate.

WeCare

Looks after your employees' wellbeing with a 24/7 UKbased online GP, mental health counselling, a get fit programme, legal and financial support, plus much more. Using their phone, tablet or desktop, employees and their families have 24/7 access to thousands of experts, all from the comfort of their own home.

myStrength

myStrength provides personalised wellbeing support based on an employee's preferences, helping them to make simple changes to improve their mental wellbeing.

Toothfairy

Toothfairy™ is the UK's first health regulated, smart dental app. Designed by dentists and partnering with real dentists in the UK, Toothfairy provides instant access to advice, guidance and prescriptions, all from the comfort of home.

To find out more about our Support Services please visit

www.canadalife.co.uk/group

¹ Canada Life MI 2023

² These services are non-contractual benefits which are available if you have a Group Life policy with us.

The provision of these services does not form part of your insurance contract with us and we provide access to these services as a value-added extra.

These are complimentary services and can be altered or withdrawn at any time.

These are Support Services provided by Canada Life's services company CLFIS (UK) Limited (CLFIS), through its service providers Toothfairy™ and Teladoc Health.

An excellent choice

Canada Life Limited aims to satisfy your specific requirements for excepted group life assurance lump sum benefits for partners of employees where the trustees have set up a discretionary trust.

You will directly benefit from the full support of a dedicated team of specialist underwriters, administrators and account managers.

Your quotation gives you an illustration of the first year costs which may be incurred and the technical guide outlines the main features of this product. You should be comfortable that you understand its features before we are asked to provide cover.

This document should be read in conjunction with the quotation. This document does not override the Policy, which contains full details.

Visit our website to download all our forms and materials.

Follow us on Twitter and receive our news as it happens.

Subscribe to our YouTube Channel to be notified of our latest webcasts.

Current **Policy** Conditions, claims guides and forms can be found in our Document Library section [click here](#).

You can also request copies of any items or contact us at the following address:

Customer Services
Canada Life Group Insurance
Canada Life Limited
Canada Life Place
Potters Bar
Hertfordshire EN6 5BA

Or e-mail: groupcsc@canadalife.co.uk
or ring **0345 223 8000**.

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

This technical guide has been produced based on the 'best practice' format recommended by the Group Risk Development group (GRiD) and The Association of British Insurers (ABI).

Trust options

Setting up your own scheme

You may wish to set up your own trust or you may have already have a trust set up. If you do not have a trust set up, **click here** to download specimen excepted draft trust documentation from the Trusts section of our website.

If cover is required for any other employers under the policy full details must be provided, and a deed of participation needs to be completed by each participating company.

We are not able to supply specimen trust wording for use in the Channel Islands or the Isle of Man.

In the event of the death of a member of the policy you must submit the required information to us. If we accept the claim we will pay the benefits to the trustee, so that these can be paid to the appropriate beneficiaries in accordance with the rules of the trust.

A trustees' bank account in the name of the trustees and separate from the employer's trading account is required to accept and distribute benefit payments.

If a claim is paid, the trustee will be responsible for making sure that any tax charges which may be due are reported to HMRC.

Setting up an Excepted Solution Trust

Alternatively, you may wish to complete an Excepted Solution Trust and Rules. This has pre-appointed trustees, Trustee Solutions Limited, (TSL), who will be responsible for the identification of any beneficiaries who will receive claim benefits. TSL will also maintain the trust and assess any potential tax charges which need to be reported to HMRC. In all other respects the principal employer is responsible.

Please **click here** for further details

In some circumstances where the trustee has been involved in complex or protracted enquiries relating to determining beneficiaries, we reserve the right to deduct costs and expenses from the claim benefit payments.

If cover is required for any other employers under the policy full details must be provided, but no additional deed needs to be completed.

In the event of the death of a member of the policy you must submit the required information to us. If we accept the claim, the trustee will decide which person(s) will receive the lump sum benefit under the terms of the Excepted Solution Trust and Rules.

You will be asked to provide information about the deceased and the potential beneficiaries to help the trustee's decision making process.

Canada Life has no control over this decision making process and is not liable for any act or omission of the trustee.

The receipt of any payment we make by the person(s) identified in accordance with the trustee's instruction will mark an end to our responsibilities for that payment.

To avoid disputes at the claim stage, the trustee strongly recommends that each employee completes an Expression of Wish Form when their cover starts. Payment of benefits will be made directly to the beneficiaries.

You must ensure that the Excepted Solution Trust and Rules is appropriate and meets your needs.

Canada Life strongly recommends that employers seek appropriate advice before taking action in respect of the Excepted Solution Trust and Rules. Once a Canada Life Group Life Assurance policy lapses, expires or is cancelled the Excepted Solution Trust and Rules will cease.

Terms and expressions we use

In this guide when we refer to 'we', 'us' or 'our' we mean Canada Life Limited. When we refer to 'you' or 'your', we mean the trustees of the trust (or the principal employer of the Excepted Solution Trust and Rules) to which the quotation and this guide relate. Some terms have specific meanings. These are listed below in alphabetical order together with their meanings. 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.

'Catastrophic event':

one originating cause, event or occurrence or a series of related originating causes, events or occurrences, resulting in the deaths of four 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**. These will be shown in your quotation.

'Cease age':

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

'Civil partner':

a person who is the **member's civil partner** for the purposes of Section 1 of the Civil Partnership Act 2004 at the time of the **member's** death

'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.

'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.

'Eligible person':

someone who meets the eligibility requirements for inclusion in the **Policy**.

'Employee':

an employee or **partnership partner** of the **employer**.

'Employer':

any company, partnership or organisation that we agree 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**.

Terms and expressions we use

‘Excepted group life assurance policy’:

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

‘Expression of wish form’:

a form completed by the **member** in which they can nominate who they wish to receive any **claim benefit** in the event of their death. This is not binding on the **trustee**.

‘Family information form’:

a form completed by the legal personal representatives, relatives or the **employer** of the deceased **member** giving details of the deceased **member’s** circumstances. This will be used by the **trustee** to assist them in their decision making process to identify the beneficiaries.

‘HMRC’:

HM Revenue & Customs.

‘Insured benefit’:

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

‘Member’:

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

‘Normal place of business’:

a location at which one or more of your employees carry out their duties on a regular basis.

‘Partner’:

the employee’s **spouse**, registered **civil partner** or any other person with whom the employee has cohabited for at least 6 months and who is financially interdependent with the employee. It shall not, however, include a relative (other than the employee’s legal **spouse**), natural child, adopted child, step child or foster child.

‘Partner application form’:

the short declaration which must be completed as part of the underwriting process.

‘Partnership partner’:

an equity partner of a partnership or an individual listed on the incorporation document of a Limited Liability Partnership.

‘Periodic review date’:

the date when your premium rates, **Policy Conditions** and **policy fee** are reviewed.

Terms and expressions we use

‘Policy’:

this is comprised of:

- the **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**,
- the executed Excepted Solution Trust and Rules (if appropriate),
- 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.

‘Scheme benefit’:

the benefit or benefits set out in your quotation.

‘Spouse’:

the person that the **member** is legally married to when the member dies.

‘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.

‘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.

‘Trustee’:

the trustee named in the establishing trust deed.

‘Underwriting’:

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

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The aim of the policy

The aim of the Policy is to cover all or part of the liabilities for death benefits under an excepted group life assurance policy for partners of employees.

Your commitment

If you choose to insure benefits with us you must:

- give us accurate and complete information and data at all times and tell us immediately, whenever this changes,
- pay us all of the premiums we ask for, when they are due, in UK currency,
- establish a UK discretionary trust,
- set up a trustees' bank account in the name of the trustees of the trust and separate from the employer's trading accounts, to accept and distribute benefit payments (for an Excepted Solution policy the trustees will instruct us to pay benefits to specified beneficiaries),
- submit any claims in line with the process and timescales described in Section 5 of this guide,
- abide by the terms and conditions of the Policy.

You must also tell us immediately, whenever:

- a member dies, or
- there is any change to the companies or groups of people included in the Policy, or
- there is any change to the structure or legal status of any of the employers, or
- you wish to change the cover or the way in which benefits are calculated, or
- you want to include someone who is a discretionary entrant, or
- you appoint, change or dismiss your intermediary, or
- you want to cancel cover completely.

Risk factors

- It is important that you fulfil your commitments under the Policy. A breach of certain commitments within the Policy will result in us rejecting your claim, or withdrawing cover.
- We will only continue your cover if you keep your premium payments up to date and give us the information and data we need.
- Any delay in paying your premiums or giving us the information or data we need, may result in unexpected premium arrears or someone not being fully covered.
- 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 two years of a member's death.
- If the Policy is linked in any way to any other group life assurance policy provided by us, we reserve the right to cancel the Policy if the linked policy ceases for any reason.
- We may alter the premium rates, Policy Conditions and policy fee at the periodic review date or at any other time if a change that affects any of these occurs.
- There may be changes to legislation, regulation, the state pension age, HMRC practice or tax rules affecting the treatment of excepted group life assurance policies.
- All benefits, other than when temporary cover applies, are subject to evidence of insurability.

How does the Policy work?

You decide the basis of the eligibility conditions and the benefits you would like us to cover.

You must agree what you want with us before the Policy starts.

If we agree the basis you want, you should contact us before you want cover to start.

We will confirm when your cover will start and tell you whether any special conditions will apply.

Evidence of insurability is required for all member benefits and increases to benefits.

If you want to make any changes to the eligibility conditions or benefit after the Policy has started, you can, but you must agree any changes with us before they can take effect.

If you provide us with all the information we require and pay the premiums we ask for, we will provide cover on the basis we have agreed with you.

If a member dies and we can settle your claim, we will pay the benefit as shown in the section of this guide headed **Trust options**.

This product does not acquire a surrender value.

Your questions answered

Section 1.0

1.0 What factors should be considered in deciding what benefits to provide?

Excepted group life assurance policies can only provide lump sum benefits payable when a member dies.

You will need to consider:

- what benefit promises you have made.
- whether you want the benefit to be a fixed amount or based on a multiple of the employee's salary.
- what salary basis you wish to use for benefit purposes, for example basic salary only, fixed at a specified date.
- whether you wish to limit the member's salary or benefits, for example by applying a notional earnings cap to the employee's salary.
- whether you want to give the same level of benefit to all members. Separate policies will be required for each category of member.
- any legislation relating to sex discrimination, age regulations or discrimination against part time, fixed term and disabled employees.

1.1 Who can be covered?

You must decide what eligibility conditions you want and agree these with us before the Policy starts. If you want to change these afterwards, you must agree the change with us before it can take effect.

1.1.1 Eligibility requirements

The eligibility conditions will normally include:

- the minimum and maximum entry ages,
- the age at which cover ceases. This can be a fixed age, up to a maximum of age 75, or linked to state pension age.
- the eligible categories of membership that you want us to cover,
- when new entrants will be included in the Policy, and
- when members may have increases in their benefits.

If there is no linked Policy there must be at least 5 members when the excepted group life assurance Policy starts.

If there is a linked Policy there must be at least 2 members when the excepted group life assurance Policy starts.

If you choose to insure more than 1 category, each category must be insured under a separate Policy.

If either the eligibility conditions or the benefit categories depend on an employee's inclusion in a scheme for pension retirement benefits, you must tell us what the eligibility conditions are for those benefits.

All member's benefits are subject to evidence of insurability (see Section 2.2 of this guide).

1.2 When will cover cease?

1.2.1 Under normal circumstances

Cover will cease for a member on whichever of the following events is the first to occur:

- on reaching the cease age agreed with us, or
- on ceasing to satisfy the agreed eligibility conditions for inclusion in the Policy, or
- premiums for the benefits provided have not been paid, or
- the employee is no longer eligible to select the benefits provided by the Policy, or
- the death of the employee, or
- on the member ceasing to be the partner of the employee.

Where the cease age is linked to state pension age, and the state pension age changes, the cease age will be based on the member's new state pension age.

Cover will also cease if it is not allowed under the HMRC regulations applicable to an excepted group life assurance policy.

If you cancel cover under the policy, the Excepted Solution Trust and Rules will cease immediately.

1.2.2 Cancelling the cover

1.2.2.1 When you can cancel the cover

You must tell us in writing before the date 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.

1.2.2.2 When we can cancel the cover

We reserve the right to cancel cover if:

- you cancel any other policy which is insured with us which may be linked to the Policy, or
- you do not pay the premiums requested within 30 days of the date they were due, or
- new legislation or regulations are introduced, or changes are made to existing legislation which affect excepted group life assurance policies or the Policy.

1.3 What types of cover are available?

Excepted group life policies can only cover lump sum benefits payable on a member's death.

1.3.1 Lump sum benefit

This is payable when a member dies. It is normally be a fixed amount, for example £150,000 per member, or less often, a multiple of the employee's salary, for example four times salary.

Where a fixed benefit is insured, it may be limited to a multiple of the employee's salary. If this limitation applies it will be shown in your quotation.

1.3.2 How is salary defined?

So that we both know what is covered, we need to agree how to define the employee's salary.

If the benefit is based on a multiple of salary, you may apply a notional salary cap.

If a salary sacrifice arrangement is being operated which will reduce a member's contractual basic salary and you want to base the benefits on the pre-sacrificed salary level, you must agree the basis with us.

You must give us data that is consistent with the salary basis you have agreed with us. We will use the agreed salary basis to determine the amount payable for any claims you make, not the data provided.

1.4 Flexible benefits

We can provide a quotation for flexible benefit options.

Additional terms and conditions apply and are set out on your quotation.

Section 2.0

2.0 Setting up the Policy

2.1 Requirements to set up the Policy

You must contact us to agree terms before the date that you want cover to start and before the quotation expires (usually 3 months). We will not backdate cover.

You must establish a discretionary trust before the Policy can start. We will require a fully completed Risk Details form together with any specific requirements set out by us in the quotation before we can provide cover.

If you wish to use the Excepted Solution Trust and Rules, the trust deed must be correctly executed on or before the start of the policy.

Once the Policy starts and in order for cover to continue, you must also provide the following within 30 days of the date your cover starts:

- a fully completed proposal form,
- a deposit premium or a completed Direct Debit mandate,
- any specific requirements set out in the letter confirming risk, and
- membership data at the start date.

Failure to provide these items promptly will jeopardise your cover, and affect the processing of any claims you may have.

If the basis of risk differs from the quotation, we may need to give you an alternative quotation.

This may result in a change in cost and/or our requirements.

2.2 Evidence of insurability to be provided before members are covered

All benefits will require evidence of insurability

We may ask for further information before cover is granted.

We may impose additional premiums, special terms or decline cover as a result of evidence of insurability to reflect a member's medical condition, hazardous occupation, or any hazardous pursuits undertaken (see Section 3.2).

2.3 What happens if a claim arises before an underwriting decision has been made?

Evidence of insurability is needed by us before we can accept a member's total benefit.

We will provide temporary cover up to 120 days, from the date:

- on which the member's benefit becomes effective, or
- when an increase in a member's total benefit applies, or
- when we are notified of any discretionary entrant

and will cease when we tell you what our decision is, if earlier.

However you can choose not to have temporary cover, so that cover only begins when we issue our decision letter.

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.

Section 3.0

3.0 What premiums will be charged for the cover

The premiums we calculate depend on various factors including the:

- level and amount of benefits,
- eligibility and entry conditions,
- cease age,
- membership details such as age, sex, and location of the employee who is the partner of the member,
- claims history, and
- amount of the policy fee.

There is a minimum total annual premium of £1,000 across this and any linked policies.

3.1 How will premiums be calculated?

We will normally use our single premium basis.

Full details of our standard terms that apply to the premium basis are set out in our Policy Conditions, See Section 5 – Premiums, and the circumstances when we may alter the rates to apply are set out in Section 6 – Alterations to the Policy cover.

3.2 Will there be any unexpected extra premiums?

If the information we need to calculate the premium is delayed or inaccurate, your premiums could change.

The premium rates, Policy Conditions and policy fee may change at the periodic review date. They may also change at any time that you make any changes that affect the factors we have used to calculate your premiums as shown in our Policy Conditions, see Section 6 – Alterations to the Policy cover.

We may charge additional premiums for members' benefits that have special terms applied following the issue of our decision letter. Any additional premiums will only be charged for the amount of insured benefit to which those special terms apply and will reflect a member's medical condition, hazardous occupation or participation in any hazardous pursuits.

3.3 What commission is included within the premium?

The rate of commission payable to financial advisers is shown in the quotation. The premium quoted includes the amount of commission payable.

3.4 Is there a discount for good claims experience?

Claims history, whether good or bad, will usually be reflected in the premium charged.

Section 4.0

4.0 How does the Policy accounting work?

The Policy operates on one year accounting periods. You will normally pay your premiums annually in advance. If you choose to pay monthly by Direct Debit premiums increase by 2%.

A statement of account showing the accurate premiums due will be provided once the information has been received. The account will show any arrears which are due from you, or we will make a refund to you, if you have paid too much.

4.1 What information is required for accounting purposes?

We will normally advise you before each annual revision date what information we require. Full details of the information we need to calculate your premiums are set out in the Policy Conditions, see Section 5 – Premiums.

We would normally expect to be advised of all benefit and/or membership changes on a monthly basis.

4.2 If the Policy is discontinued mid-year will premiums paid in advance be lost?

A final statement of account will be produced based on the cover actually provided and premiums paid up to the date when cover ceased. We will either send you a refund or request the balance of premiums you owe us.

Section 5.0

5.0 Claiming benefit

Claims will be paid by us in UK currency.

Our claims guide will help you through the process and answers some of the questions we are frequently asked.

You can download our claims guides and claims forms from our website: www.canadalife.co.uk/group or request them from Customer Services, Group Insurance using the contact details given at the beginning of this guide.

You should send completed forms and documentation to:

Life Claims Team
Canada Life Group Insurance
Canada Life Limited
Canada Life Place
Potters Bar
Hertfordshire EN6 5BA

Fax: **01707 671180**

E-mail: grouplifeclaims@canadalife.co.uk

5.1 How are claims made?

You must submit a current and fully completed partner claim form as promptly as possible after a member's death.

If death occurred in the UK and a Certified Copy of an Entry of Death has been issued, we may be able to validate death using an online register. If we are not able to validate online, will require an original copy (not a photocopy) of either the Registrar's or Coroner's Certificate of Death.

You must also provide us with any other documents and information that we may need to process your claim, which will include but will not be limited to evidence of membership and evidence of the partner relationship.

If you have used the Excepted Solution Trust and Rules, you will need to arrange for the Family information form to be completed to help the trustee's decision process. If the member has completed an expression of wish form this must also be provided.

5.2 When do we need to know about a claim?

Claims will only be paid if the completed claim form has been received by us within 2 years of the member's death.

5.3 What happens when a member dies outside the UK?

We will require the original locally issued death certificate (or equivalent certificate) together with an English translation that is acceptable to us.

Section 6.0

6.0 What is not covered?

We apply a catastrophic event limit on the total amount of claims arising as a result of a catastrophic event.

6.1 What happens if I have several group life assurance policies with Canada Life?

A maximum amount of £20 million will be payable across all policies insuring partners.

If another group life assurance policy providing death in service benefits for employees of a parent or subsidiary undertaking of the employer (as defined in S1162 and Schedule 7 of the Companies Act 2006) is insured by Canada Life Group Insurance, we will:

- treat all the policies as if they were a single policy.
- restrict the overall maximum we will pay to £100 million subject to any catastrophic event limit applied at each location affected.
- restrict the maximum amount payable in respect of the death of partners to £20 million, of that £100 million.

Section 7.0

7.0 Taxation of schemes

Claim benefits not under the Excepted Solution trust will be paid to the trustees to enable them to be paid in accordance with the scheme rules, as shown in the section of this guide headed Trust options. The trustees of the Excepted Solution trust will advise Canada Life on how payment is to be made.

Our understanding of the legislation and HMRC practice on 1 September 2020, is that the following applies:

- Lump sum benefits are subject to the normal inheritance tax rules applicable to discretionary trusts. This means that exit and periodic charges may apply.
- Lump sum benefits will not be subject to income tax and will not count towards the member's lifetime allowance (as defined in the Glossary to the HMRC Registered Pension Schemes Manual).

Section 8.0

8.0 Further information

8.1.1 The Company

This Group Insurance is issued by Canada Life Limited, an incorporated company limited by shares, whose head office is in the United Kingdom. Its address is:

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

8.1.2 What we do

Canada Life Limited is a company carrying out insurance business (also referred to as an insurance undertaking). We do not provide advice on whether the product meets your particular requirements.

8.1.3 Remuneration

Canada Life may pay some of our staff bonus payments which are linked to the number and/or value of the policies which we sell.

8.1.4 Financial strength

If you want to find out about our financial strength, including our solvency margin, you can view our Solvency and Financial Condition Report (SFCR) at www.canadalife.co.uk/adviser/about-us/solvency-2

8.2 Queries and complaints

8.2.1 Queries and complaints about

the Policy

For further information, or if you wish to complain about any aspect of the service you have received, please contact:

Customer Services
Canada Life Group Insurance
Canada Life Limited
Canada Life Place
Potters Bar
Hertfordshire EN6 5BA

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

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

Complaints which we cannot settle can be referred to the Financial Ombudsman Service:

Financial Ombudsman Service
Exchange Tower
London E14 9SR

Telephone: **0800 0234 567** or, **for mobile phone users: 0300 123 9123**

E-mail: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

Making a complaint will not prejudice your right to take legal proceedings.

8.2.2 Queries and complaints about the Excepted Solution Trust and Rules

If you have any questions about the Excepted Solution trust and Rules, or you are unhappy with the management of the trust, please contact:

Trustee Manager
Trustee Solutions Limited
3 Colmore Circus
Birmingham B4 6BH

You can e-mail: clgmt@trusteesolutions.co.uk

They will advise you of their complaints procedure.

If the trustee of the Excepted Solution Trust and Rules changes you will be provided with further details.

8.3 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.

8.4 Law

The construction, validity and performance of the Policy will be governed by 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 judgement 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.



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