

NatWest Group Benefits Critical Illness Scheme

An employee's guide to Critical Illness cover

This document contains important information about the Canada Life Group Critical Illness Flex Scheme for NatWest Group Benefits. It should be read alongside the member guide to the terms and conditions, which can be found on the NatWest Group Benefits 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.

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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 4 and 5, “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 dependent 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.

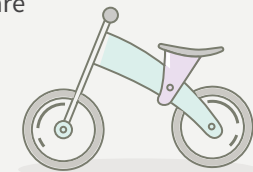


+ Definition of Child

Any natural or legally adopted child or step child (by marriage or registered civil partnership) of the member who is:

- under 18 years old, or
- under 22 years old, if they are in full time education

Full time education means attending school, college or university full time and includes work placements that are part of the course. Any break from education such as a gap year is excluded.



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Who can be covered?

If you are eligible for cover under the NatWest Group Benefits 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 a benefit for your partner where you have selected cover for yourself.

Please note that should both you and your partner work for NatWest, 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 pages 6 and 7.

What benefit can I have?

You choose how much cover you want by selecting one of the option levels through the NatWest Group Benefits flexible benefit scheme.

When you first select cover it cannot exceed £350,000, or if you are paid in Euros €350,000.

If you have selected cover before, you can increase your cover in any one year:

- by a maximum of £75,000, or if you are paid in Euros, €75,000, if you are choosing to switch from Silver to Gold cover, or
- by a maximum £100,000, or if you are paid in Euros, €100,000.

When you first select cover for your partner this cannot exceed the lower of an amount equal to your level of cover or £150,000, or if you are paid in Euros, €150,000. If, at a later date, you wish to increase your partners cover the same restrictions as imposed on your selection also apply, with the maximum benefit allowed not exceeding those allowed when partners cover is selected for the first time.

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.

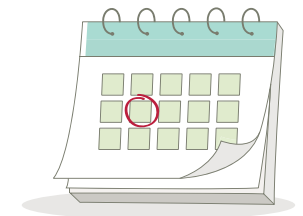
The premiums are paid by your employer and are reviewed every two years so may decrease or increase.

Premium rates can be found at www.natwestgroupbenefits.com.

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.



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What illness 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

Cardiac arrest
followed by surgical implantation of a defibrillator

Coronary artery bypass grafts

Creutzfeldt-Jakob disease
resulting in permanent symptoms

Dementia/Pre-senile dementia
resulting in permanent symptoms

Heart attack
of specified severity

Kidney failure
requiring permanent dialysis

Major organ transplant
from another person

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 clinical 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

Balloon valvuloplasty

Benign brain tumour
resulting in permanent symptoms or with specified treatment

Benign spinal cord tumour
resulting in permanent symptoms or with specified treatment

Blindness
permanent and irreversible

Cancer
excluding less advanced cases

Cardiac arrest
followed by surgical implantation of a defibrillator

Cardiomyopathy
of specified severity

Coma
with associated permanent symptoms

Coronary artery bypass grafts

Creutzfeldt-Jakob disease
resulting in permanent symptoms

Deafness
permanent and irreversible

Dementia/Pre-senile dementia
resulting in permanent symptoms

Encephalitis
resulting in permanent symptoms

Heart attack
of specified severity

Heart valve replacement or repair

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

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GOLD cover illnesses – continued:

Kidney failure

requiring permanent dialysis

Liver failure

irreversible

Loss of a hand or foot

permanent physical severance

Loss of independent existence

a disability which results in an insured person being unable before the cease age to look after themselves ever again

Loss of speech

total, permanent and irreversible

Major organ transplant

from another person

Motor neurone disease

resulting in permanent symptoms

Multiple sclerosis

with persisting symptoms

Open heart surgery

with surgery to divide the breastbone

Paralysis of an arm or a leg

total and irreversible

Parkinson's disease

resulting in permanent symptoms

Primary pulmonary hypertension

of specified severity

Progressive supranuclear palsy

resulting in permanent symptoms

Pulmonary artery surgery

with surgery to divide the breastbone

Respiratory failure

resulting in breathlessness even when resting

Rheumatoid arthritis

of specified severity

Stroke

resulting in clinical 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. This will normally be the 30 September following attainment of age 70,
- cease to be an eligible person,
- cease to be actively employed by any employer covered under the insurance policy. This will normally be at the end of the month of leaving employment.
- 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 two claims have been paid.

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

- reaching 18, or 22 if in full time education,
- your ceasing to be covered under the policy; or
- as soon as a claim has been paid.

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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 7 for more details).
- The claimant had a related condition at the time of joining (see page 6 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.

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.

As long as a later diagnosis confirms this, we will consider a related condition to have existed if the potential claimant:

- has had symptoms of, or
- has sought or been given advice or counselling on, or received treatment for, or
- has undergone or is awaiting diagnostic tests for the related condition even if the condition has not been formally diagnosed.

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 an arm or a leg, 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.



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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.

As long as a later diagnosis confirms this, we will consider an insured illness to have existed if the potential claimant:

- has had symptoms of, or
- has sought or been given advice or counselling on, or received treatment for, or
- has undergone or is awaiting diagnostic tests for the related condition even if the condition has not been formally diagnosed.

In respect of a claim for a child, we will not pay a claim where either parent:

- knew or had received medical advice or counselling in respect of that illness or related condition in relation to the child.
- had received medical advice or counselling in respect of that illness or related condition prior to the birth of the child.

+ 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 or your partner, 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.

For this purpose, the following are all considered to be the same illness:

- angioplasty
- aorta graft surgery
- balloon valvuloplasty
- cardiac arrest
- cardiomyopathy
- coronary artery bypass grafts
- heart attack
- heart transplant
- heart valve replacement or repair
- open heart surgery
- primary pulmonary hypertension,
- pulmonary artery surgery
- stroke

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+ How will the benefit be paid?

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

How to claim

The Natwest Group Plc would submit a claim in their capacity as the policyholder. If you need your employer to submit a claim, please contact them through your internal Contact HR Pages 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 **Natwest HR, who can be contacted through your internal Contact HR pages**, which provides 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.



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.

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](#) or at www.canadalife.co.uk/data-protection-notice/

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Your Support Services

Your policy comes with access to a range of support services, all at no extra cost.



Scan me to
find out more

1 These services are non-contractual benefits provided through Canada Life and can be altered or withdrawn at any time.

2 Immediate family includes spouse, partner, parents, siblings or children under 21, in full time education, who live at the member's normal address of residency.

What's included?¹



Personal Nurse Service

You'll have access to a personal nurse service, providing long-term practical and emotional support over the phone with the same qualified nurse, for as long as it's needed. It becomes available after you submit a critical illness claim.

[Learn more](#)



myStrength

Choose the mental wellbeing support you need and get free personalised guidance to help you and your immediate family members², who are aged 16+, overcome life's challenges.

[Learn more](#)



Second Medical Opinion

You'll have access to an expert second medical opinion service, providing access to over 50,000 leading consultants worldwide. They provide second opinions on diagnoses and treatments for almost any condition.

[Learn more](#)



ToothFairy

You have access to ToothFairy – the UK's first health regulated, smart dental app. ToothFairy provides instant access to advice, guidance and prescriptions, all from the comfort of home.

[Learn more](#)

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What we do

Canada Life

The Group Critical Illness plan is provided by your employer, who has chosen to insure the benefits with Canada Life, 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.

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.

We are the UK's leading provider of group insurance arrangements, covering over 2.9 million people in the UK.

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