

TECHNICAL GUIDE

# Supplementary Relevant Life policy

Because everyone  
needs a back-up plan



# Supplementary Relevant Life policy

## Product Overview

Unum's Supplementary Relevant Life policy:

- insures a lump sum benefit on the death of a member
- is only provided as a supplementary policy to a Registered Group Life and Dependants' Pension policy currently insured with Unum
- is designed to meet the criteria for a "single life" Relevant Life Policy set out in subsection 393B(4) (b) of the Income Tax (Earnings and Pensions) Act 2003
- provides a lump sum benefit that does not count towards a member's Lifetime Allowance.

Within this Technical Guide there are several references to the associated Registered Group Life and Dependants' Pension policy Technical Guide (UP1126) which includes dependants' benefits. It should be noted however that dependants' benefits are not available under a Supplementary Relevant Life policy.

## Technical Guide

- Technical Guide for 'Commercial customers' and their advisers.
- This product is only available from appropriately authorised intermediaries who have signed our Terms of Business Agreement.
- This document is a guide to the features of our Supplementary Relevant Life Policy and should be read in conjunction with the quotation which accompanies it.
- If anything stated in the quotation differs from what is in this guide, then what is stated in the quotation overrides the guide.
- In the event of a discrepancy between the policy document, the quotation and the content of this guide, the wording of the policy document (including policy schedule) will prevail.
- We have classed the customers for this product as "Commercial" within the context of the Financial Conduct Authority's (FCA) Insurance: Conduct of Business sourcebook (ICOBS).

Full details of the insurance cover will be contained in the policy document (including policy schedule). The policy is issued subject to the Laws of England any dispute shall be subject to the exclusive jurisdiction of the English Courts.

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**This document does not provide definitive tax advice that can be relied upon in the specific circumstances of a particular Policyholder or in respect of any member insured under the policy. This includes but is not limited to any potential liability to corporation tax, income tax, Lifetime Allowance Charge or the loss of Enhanced protection. Policyholders should take advice from their own professional advisers to ensure that they understand the impact of tax and legislation.**

## A. Terms explained

**Actively at Work (AAW)** means that a candidate member or member:

- has not received medical advice to refrain from work and is actively following their normal occupation, and
- is working the normal number of hours required by their contract, either at their normal business or at a location to which they are required to travel for business.

An employee will be regarded as actively working if fully capable of so doing were it not for either a leave of absence previously authorised by his or her employer or the requirement for actively working falls on a day the individual is not contracted to work.

An employee must be AAW at commencement of cover and for all increases in benefit.

**Candidate Member** means:

- An employee of a company, or;
- An employee or an equity partner of a partnership or Limited Liability Partnership (LLP), as appropriate, who may become a member on meeting the eligibility conditions.

**Commencement date** is the date from which we have agreed to provide the quoted cover.

**Conditional Cover** is a procedure by which we agree to provide the quoted cover from the required commencement date for a period of up to 30 days pending receipt of the information detailed in Section G 1.1.7 "When will cover commence?".

**Discretionary entrants** are individuals who are to be included in the policy outside the usual eligibility criteria.

**Early entrants** are candidate members who are to be included in the policy before completing the service qualification period.

**Free Cover Limit (FCL)** is the threshold of insured benefit we declare in your quotation, below which no evidence of insurability is usually required, although AAW requirements may apply. A FCL is not provided with this policy.

A **late entrant** is a candidate member who wishes to join the policy after the date of their first opportunity to do so. Where eligibility is linked to membership of the employer's pension scheme, a late entrant is a candidate member who wishes to join the pension scheme more than 12 months after their first opportunity to do so.

The **policy accounting date** is the date with effect from which the premium due for the next policy accounting period is calculated.

The **policy accounting period** is defined as the period from the commencement date of the policy up to the first policy accounting date and from one policy accounting date to the next policy accounting date.

The **policy review date** is the date when the premium rate and terms of the policy are reviewed and guaranteed for a further period (typically two years).

**QAAF** is the acronym for Quotation Acceptance Application Form.

The policy **Terminal Age** is the age at which benefit payments under the policy cease and can be a set age or linked to the member's State Pension Age (SPA). If SPA is selected, subsequent changes to the SPA will apply to all members. The SPAs are set out in the table on our website in 'State Pensionable ages=Policy Terminal age' (UP2105) which can be found here: <http://online.positiveimagesuk.com/unum/Images/UP2105.pdf>

Cover can cease at any pre-agreed point within the month during which the member reaches Terminal Age, such as the last day of the month. Unless otherwise stated cover will cease at 23:59 on the day prior to the member reaching Terminal Age.

## B. Statutory conditions for a Relevant Life policy

### Background

- A "relevant life policy" is defined in subsection 393B(4) of the Income Tax (Earnings and Pensions) Act 2003 ("ITEPA") as:
  - (a) an excepted group life policy as defined in section 480 of Income Tax (Trading and Other Income) Act 2005,
  - (b) a policy of life insurance the terms of which provide for the payment of benefits on the death of a single individual and with respect to which:
    - (i) condition A in section 481 of that Act would be met if paragraph (a) in that condition referred to the death, in any circumstances or except in specified circumstances, of that individual (rather than the death in any circumstances of each of the individuals insured under the policy) and if the condition did not include paragraph (b), and
    - (ii) conditions C and D in that section and conditions A and C in section 482 of that Act are met, or
  - (c) a policy of life insurance that would be within paragraph (a) or (b) but for the fact that it provides for a benefit which is an excluded benefit under or by virtue of paragraph (a), (b) or (d) of subsection (3) of ITEPA s. 393B.

### So the conditions to be met if a policy is to be a relevant policy within the "single life" category set out in (b) are:

- Condition A in section 481 of the Income Tax (Trading and Other Income) Act 2005 ("ITTOIA") - that "under the terms of the policy a sum or other benefit of a capital nature is payable or arises on the death in any circumstances of [the individual] insured under the policy who dies under an age specified in the policy that does not exceed 75.
- Condition C in section 481 - that "the policy does not have, and is not capable of having, on any day:
  - (a) a surrender value that exceeds the proportion of the amount of premiums paid which, on a time apportionment, is referable to the unexpired paid-up period beginning with the day, or
  - (b) if there is no such period, any surrender value."

- Condition D in section 481 - that “no sums or other benefits may be paid or conferred under the policy, except as mentioned in condition A or C”.
- Condition A in section 482 of ITTOIA - that “any sums payable or other benefits arising under the policy must (whether directly or indirectly) be paid to or for, or conferred on, or applied at the direction of:
  - (a) an individual or charity beneficially entitled to them, or
  - (b) a trustee or other person acting in a fiduciary capacity who will secure that the sums or other benefits are paid to or for or conferred on, or applied in favour of, an individual or charity beneficially.”
- Condition C in section 482 - that “a tax avoidance purpose is not the main purpose, or one of the main purposes, for which a person is at any time:
  - (a) the holder, or one of the holders, of the policy, or
  - (b) the person, or one of the persons, beneficially entitled under the policy.”

## C. Our requirements for a Supplementary Relevant Life policy

We must currently insure the associated Registered Group Life and Dependants’ Pension policy for the insured member.

We require written confirmation from the employer before we assume risk that:

- benefits payable under the policy will be paid to the Trustees
- the policy is not to be taken out with the main purpose of avoiding the payment of tax.

## D. Your commitment as the Policyholder

Your commitments under this policy are the same as your commitments as policyholder of a Registered Group Life and Dependants’ Pension policy.

## E. Risk factors

The risk factors under this policy are the same as the risk factors under a Registered Group Life and Dependants’ Pension policy.

## F. How does the policy work?

- Please refer to the associated Registered Group Life and Dependants’ Pension policy
- The benefit formula for the Supplementary Relevant Life policy must mirror that of the Registered Group Life and Dependants’ Pension policy insured with Unum. The Supplementary Relevant Life policy will provide lump sum benefit over the Lifetime Allowance (LTA) or a member’s personal LTA, if applicable.

- As this policy will provide benefits in conjunction with a Registered Group Life and Dependants’ Pension policy which is insured with Unum, the eligibility conditions for this policy will reflect the eligibility conditions of the associated Registered Group Life and Dependants’ Pension policy.

### Special cover options under the policy.

The Supplementary Relevant Life policy must mirror the special cover options under the associated Registered Group Life and Dependants’ Pension policy.

## G. Product details

### 1. What factors should be considered in deciding what benefits to provide?

#### 1.1 Who can be covered?

Membership is restricted to members who are insured under the associated Registered Group Life and Dependants’ Pension policy insured with Unum.

##### 1.1.1 Conditions of eligibility

As this policy will provide benefits in conjunction with a Registered Group Life and Dependants’ Pension policy which is insured with Unum, the eligibility conditions for this policy will reflect the eligibility conditions of the associated Registered Group Life and Dependants’ Pension policy.

Where benefits are insured over the LTA, this must apply to all members of that membership category

##### 1.1.2 Discretionary entrants.

The same conditions apply as under the associated Registered Group Life and Dependants’ Pension policy.

##### 1.1.3 Early Entrants.

Cover for Early Entrants will be provided up to the FCL subject to being AAW and the candidate member is joining at their first opportunity on joining the company and by agreement during recruitment as documented in their terms of employment. Medical evidence will be required in all other circumstances and no cover is provided until we issue acceptance terms.

##### 1.1.4 Late entrants.

We are prepared to consider cover for late entrants subject to the provision of satisfactory medical evidence.

##### 1.1.5 Actively at Work

No separate AAW declaration is required for members of the Supplementary Relevant Life policy.

### 1.1.6 Switch Terms

The same conditions apply as under the associated Registered Group Life and Dependants' Pension policy.

### 1.1.7 When will cover commence?

We will provide Conditional Cover on receipt of:

- written instructions from your intermediary to assume risk from the commencement date,
- confirmation of the Relevant Life Policy status of the policy from the Policyholder, and
- satisfactory written answers to any Risk Relevant caveats and any Price Relevant caveats that were included in our quotation.

This is subject to receiving a fully completed QAAF signed by the Policyholder during the period of Conditional Cover. The QAAF incorporates a Direct Debit mandate that should be signed by the Policyholder and a Customer Verification Statement that, if requested, should be signed by your intermediary.

In order to continue cover after the period of Conditional Cover, in addition to the fully completed QAAF, we require membership data at the commencement date and a completed AAW declaration if applicable.

## 1.2 When will cover cease?

### 1.2.1 Under normal circumstances

We cannot cancel the policy unless:

- premiums are overdue, or
- you fail to disclose all the information we ask for when applying for the policy, administering the policy, or when claiming for benefit in respect of a member
- you cancel the associated Registered Group Life and Dependants' Pension policy in which case the Supplementary Relevant Life policy will be cancelled at the same time as the Registered Group Life and Dependants' Pension policy.

You can cancel the policy at any time, provided you do so in writing. Cover will then cease and you will not be liable to make payments for any period after this date. Cancellation cannot be backdated.

If the policy is cancelled, we will still consider and pay valid claims that arose while cover existed up to the date of cancellation, provided that there are no premiums outstanding.

Cover for any member will cease on whichever is the earliest date if:

- they retire early (unless cover has been included in the policy for members who have taken early retirement), or
- they reach the Terminal Age (unless Extended Cover is included), or
- they reach age 75, or
- they leave the employer's service (unless cover for members who have been made redundant has been included).

### 1.2.2 Ceasing Conditional Cover

All the information and data we require to set up the policy, including the fully completed QAAF, must be provided as requested within the 30 day period of Conditional Cover. Cover will cease if these items have not been provided within this period.

A premium will be charged for the 30 day period of Conditional Cover provided. The premium will be calculated on a pro-rata basis based on the time we have been on risk.

## 1.3 What types of cover are available?

### 1.3.1 Lump sum benefit

- The Supplementary Relevant Life policy will provide lump sum benefit over the Lifetime Allowance (LTA) or a member's personal LTA, if applicable.
- As this policy will provide benefits in conjunction with a Registered Group Life and Dependants' Pension policy which is insured with Unum, the eligibility conditions for this policy will reflect the eligibility conditions of the associated Registered Group Life and Dependants' Pension policy.

### 1.4 Are any special cover options possible under the policy?

Yes, the special cover options under this policy are the same as the special cover options in the associated Registered Group Life and Dependants' Pension policy.

## 2. Setting up the policy

### 2.1 Process for setting up the policy

The same requirements apply as for the associated Registered Group Life and Dependants' Pension policy with Unum.

### 2.2 Free Cover Limit

A Free Cover Limit is not provided.

### 2.3 What happens if death occurs before we have agreed full cover?

Where a member's benefit is subject to underwriting because it exceeds the FCL, we provide Temporary Cover for a maximum period of 3 months in respect of the amount being underwritten.

During this period, any benefit that exceeds either the FCL or the employee's benefit level as insured immediately before the commencement of the policy will be subject to a pre-existing conditions exclusion. This means benefit will not be paid on death arising from any medical condition which the member has had during the 5 years immediately preceding their entry date (or date of increase in the case of an increase in benefits).

In the case of a valid claim, we pay the full benefit amount where the total sum assured does not exceed £3 million across all group life policies insured with Unum (including capitalised dependants' pension benefits, if applicable). Where the total sum assured in respect of a member exceeds this limit, the benefit payable is restricted to £3 million.

- The temporary cover starts from:
  - either the date the member joins the policy with benefits above the FCL, or;
  - the effective date of an increase in sum assured above FCL.
- The temporary cover ceases on the first date either of the two following events occur:
  - we issue acceptance terms following completion of medical underwriting, or;
  - the 3 month period of temporary cover expires.
- If a member dies after the temporary cover period and before we have agreed full cover, benefit is restricted to:
  - **In the case of existing business**  
The amount on risk with us immediately prior to the effective date of the increase currently being underwritten.
  - **In the case of new business**  
Either our quoted FCL or, if the scheme was previously insured, any higher amount that the member was covered for and which we have agreed to accept without additional medical underwriting, as set out in Section G 1.1.6. "Switch Terms".

Temporary cover pending underwriting is not provided to:

- any member who was not AAW;
- discretionary entrants;
- early entrants;
- late entrants;
- any member requiring Extended Cover, who cannot meet the AAW requirement at the Terminal Age or at age 70;
- any member that has been subject to special or restricted terms imposed either by us, or by a previous insurer or who has self-restricted their level of benefit by not completing medical underwriting requirements.

A new member of a policy that has no FCL is treated as a discretionary member for the purpose of underwriting. Once we have agreed full cover, a discretionary member is treated the same way as an ordinary member the next time underwriting is required for an increase in cover.

## 2.4 Evidence of insurability to be provided before candidate members are covered

All benefits provided under a Supplementary Relevant Life policy will be subject to satisfactory evidence of insurability.

## 3. What premiums will be charged for the cover?

### 3.1 How will premiums be calculated?

#### 3.1.1 What factors determine the rate used to calculate premiums?

The premium charged will depend on a number of factors. These include the nature and level of the benefits to be provided and details of the members to be insured, such as, but not limited to:

- level of benefits
- eligibility and entry conditions
- age and gender of the eligible members
- occupation, industry and locations of the eligible members
- claims history over the last five years, if the cover has been insured previously
- an eligible member's annual business mileage, if in excess of 20,000 miles per annum
- our then current minimum annual premium.

#### 3.1.2 Single Premium costing

Premiums will be calculated for each member according to our current age-related premium rates. Premiums are recalculated at each policy accounting date and are dependent on the age of the member then. Premium rates increase with age.

The underlying rate table usually guaranteed until the second policy accounting date following commencement unless a shorter guarantee period is stated and are subject to review thereafter. A new rate table may apply at the end of this period.

### 3.2 Will there be any unexpected extra premiums?

You may be asked to pay additional premiums if you have members who have been subject to medical underwriting. These additional premiums may, for example, be due to a particular medical condition or some unusually hazardous pursuit the member may undertake. If applicable, these additional premiums will become payable from the date the decision is made.

### 3.3 Is there a discount for good claims experience?

Past claims experience is not usually a factor in assessing the Single Premium cost applicable to the policy. Hence, no discount applies for good claims experience.

### 3.4 What commission is allowed for in the premium?

Any commission paid to your intermediary is a percentage of the gross premium paid; the premium shown in our quotation includes the level of commission payable.

## 4. How does the policy accounting work?

The policy usually operates on a 1 year policy accounting period. Premiums are normally paid annually or monthly by Direct Debit.

Our quotation states an estimated first year cost assuming an annual premium is paid and that all members can be accepted for their full benefit entitlement at ordinary rates. The annual premium shown in our quotation excludes any additional premiums as a result of medical loadings for members whose cover is subject to special terms due to adverse medical underwriting and non-medical loadings for members with hazardous pursuits.

Our quotation also states the expected first monthly premium assuming payment is monthly by Direct Debit, and that all members can be accepted for their full benefit entitlement at ordinary rates.

There is a standard adjustment of 3% for all non-annual payments. Our preferred payment method is by Direct Debit

### Adjustments for all non-annual payments:

Frequency	Payment by Direct Debit	Payment by Standing Order
Monthly	3%	3%
Quarterly	3%	3%
Half-Yearly	3%	3%

### 4.1 What information is required for policy accounting purposes?

At commencement date and at each policy accounting date, the following data will be required:

- name
- date of birth
- gender
- salary or earnings
- sum assured
- membership category
- address and postcode of workplace(s)
- occupation
- date of joining or date of leaving (if applicable)

### 4.2 How are accounts adjusted for members who join or leave?

A premium adjustment will be calculated reflecting the level and duration of cover we provided during the policy accounting period. Any premium adjustment for members who join or leave is applied at the next policy accounting date.

Details of new entrants will be required at the time of joining if they are not joining within the normal eligibility conditions of the policy.

## 5. Claiming benefits

This section deals with common questions that arise following a member's death.

### 5.1 Notification of Death

Please notify us of a member's death as promptly as possible by telephoning our Customer Care department on telephone number: 01306 873243

We will issue you the appropriate Notification of Death forms.

### 5.2 Claims processing

Upon receipt of all the necessary documentation, we will process your claim.

Payments will be made to the Trustees of the policy.

### 5.3 What happens to claims in respect of members based overseas?

Any claims in respect of members based abroad, and foreign nationals, are still paid in Sterling to a UK account of the Trustees.

### 5.4 How to complain about a claim decision

In the event of the claim decision not being to the policyholder's satisfaction, the policyholder may refer the matter to the Customer Feedback Department. This is a separate Department, independent of the Claims Department that will review the claim decision afresh and in line with Unum's complaint handling process. The Customer Feedback Department will issue Unum's final decision on the claim. If the policyholder remains dissatisfied The Financial Ombudsman Service provides an independent dispute resolution service for eligible complainants. Where you remain dissatisfied with the outcome of your complaint, you can contact the Financial Ombudsman Service at the address below within 6 months of Unum's final decision being made. Your legal rights and those of the member are not affected if this organisation is contacted.

The Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

Tel: 0800 023 4567

## 6. What is not covered?

There are no exclusions in the policy. All causes of death, including suicide, are covered.

However, there are limitations to the overall cover of the policy due to accumulation of risk considerations in the event of a catastrophe and specifically in respect of members travelling together on business as a group.

### 6.1 Our maximum liability in the event of a catastrophe

The maximum liability of Unum for a Policyholder group in respect of more than one death (irrespective of the date and place of death) attributable directly or indirectly to a catastrophe shall be as advised in your quotation.

Where the catastrophe is a result of a group of members travelling together on business, the maximum liability will be £25 million or, if higher, the total of the 4 largest benefits in respect of the members who died in the catastrophe.

Policyholder group is defined as the companies, entities, Partnerships or Pension Fund Trustees which are all part of the same group of companies, entities, Partnerships or Pension Fund Trustees as the Policyholder during the period of the policy which includes but is not limited to the Policyholder and its associated subsidiary or affiliated companies, entities or Partnerships and any Pension Fund Trustees associated with the Policyholder that may exist from time to time.

### 6.2 What is a catastrophe?

A catastrophe shall be defined as one originating cause, event or occurrence or a series of related originating causes, events or occurrences, which results in more than one death, irrespective of the period of time or area over which such originating causes, events or occurrences take place. Unum shall be the sole judge as to what constitutes a catastrophe.

### 6.3 How will we deal with notification of multiple deaths?

Allocation of benefits under the Policyholder group resulting from more than one death, attributable directly or indirectly to a catastrophe and thus subject to the maximum liability limit, shall be in the chronological order of the dates upon which written notification of each death claim is received by Unum. Insofar as more than one such written notification is received by Unum on the same day and in total, the amount would cause the maximum liability limit to be exceeded, Unum shall be entitled in its sole discretion to pay such claims on a reduced pro-rata basis according to the remaining balance of the maximum liability limit such that Unum's total liability for such claims shall not exceed the maximum liability limit.

### 6.4 How will we include Dependants' pensions?

Please refer to the associated Registered Group Life and Dependants' Pension policy.

## 7. Can cover be provided for a member who is not in the UK?

We are prepared to cover members travelling or working overseas or seconded to other organisations, provided that:

- they meet the eligibility conditions of cover for the policy, and;
- employees have a contract of employment with a UK registered company (which is covered by the policy), and;
- they continue to be declared in the membership data and premium continues to be paid in respect of them, and;
- all premiums must be paid in sterling.

For lives based overseas the nationality and countries worked in need to be declared for each employee at policy commencement and review.

Benefits will be paid in sterling to a UK account of the Trustees.

## 8. Taxation

### 8.1 Payment of premiums

Premiums paid by employers are considered by their Local Inspector of Taxes under the "wholly and exclusively" provisions relating to business expenses.

Premiums paid by employers are not assessable for tax as a benefit in kind for members.

There is no tax relief on the premiums paid by an equity partner.

### 8.2 Payment of benefits by the Trustees

In the event of a claim, the lump sum death benefit is paid free of Income Tax.

Discretionary Trusts are subject to normal inheritance tax charging rules, with the possibility of exit and periodic charges of up to 6% of the value of the fund.

Benefits do not count towards a member's Lifetime Allowance.

**This information is based on our understanding of current UK tax legislation and HMRC practice at the time of going to press. However, employers should refer to their intermediary for specific advice on the tax implications for their company. The tax treatment detailed above may not apply to overseas members of the policy.**

## 9. Continuation option

This option is not available.

## 10. Third Party Rights

Third Party Rights under the Contracts (Rights of Third Parties) Act 1999 do not apply.

## 11. Surrender value

The policy does not acquire a surrender value.

## 12. Complaints handling

We want you to be entirely satisfied with your Supplementary Relevant Life policy. If you do have a query or complaint, then in the first instance please contact the intermediary who arranged the policy for you. If there was no intermediary, please contact Unum directly.

If this does not resolve the matter then please write to:

Technical Complaints Team Leader  
Unum  
Milton Court  
Dorking  
Surrey  
RH4 3LZ

Tel: 01306 887766

If you are still dissatisfied, you have the option to contact the Financial Ombudsman Service at the address below up to 6 months after our final decision. Your legal rights are not affected.

The Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

Tel: 0800 023 4567

## 13. Compensation

If we cannot meet our liabilities you may, subject to eligibility, be entitled to compensation under the UK Financial Services and Markets' Act 2000. Information about this is available on request from us.

## Further information

### About Unum

Unum is one of the UK's leading providers of financial protection with more than 40 years' experience.

Unum helps employers protect their workers by providing access to financial protection, safeguarding employees from the consequences of serious illness, injury or death.

At the end of 2013, Unum protected almost 1.6 million people in the UK and paid claims of £320 million - representing in excess of £6 million a week in benefits to our customers - providing security and peace of mind to individuals and their families.

In the UK, Unum has a financial strength rating A- (Strong) from Standard & Poor's with stable outlook.

Its US parent company, Unum Group, traces its history back to 1848 and is one of the leading providers of employee benefits products and services, and the largest provider of group and individual disability insurance in the United States. Premium income for Unum Group and its subsidiaries totaled \$7.6 billion in the year ended 31 December 2013, with reported revenues for the group totalling \$10.4 billion. Total assets were \$59.4 billion at 31 December 2013.

For more information please visit [www.unum.co.uk](http://www.unum.co.uk).

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## Financial Protection

Unum specialises in forward-thinking, imaginative financial protection benefits (Income Protection, Life cover and Critical Illness cover). We work with advisers and their clients to deliver solutions that make these invaluable benefits accessible to all UK employees.

Financial protection benefits are essential when you need them and provide peace of mind when you don't. They provide crucial financial support to employees and their families in the unfortunate event that they can't work or earn an income. And companies that offer them can create a more motivated and engaged workforce, achieving a sustainable competitive edge in today's challenging business environment.

Because everyone  
needs a back-up plan



**Income Protection** :: **Critical Illness** :: **Life Cover**

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**Registered office:**  
Milton Court  
Dorking  
Surrey RH4 3LZ

**Unum Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.** Registered in England 983768.  
We monitor telephone conversations and e-mail communications from time to time for the purposes of training and in the interests of continually improving the quality of service we provide.

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