

Group Income Protection

An employer's guide to managing absence and the support we can provide.



Introduction

This guide is designed to help explain the process to follow when your employee covered by our **Group Income Protection (GIP)** policy is absent from work due to illness or injury. We've outlined how we'll help your employee where it's appropriate, so they're able to return to work as quickly as possible. Our policy documentation provides more details of what we do and don't cover and how we assess claims.

What is GIP:



Group income protection (GIP) is a type of insurance that provides financial support to employees who are unable to work due to illness or injury, offering a percentage of their salary as a benefit.



You as the employer, and policyholder, pay a regular monthly or annual premium. Subject to the claim meeting the criteria outlined in the policy, we will pay a percentage of the employee's salary to you, which you should then process through payroll.



We also have several wellbeing providers and services that may be appropriate to help your employee back to work once we have been notified of the absence. To ensure we can provide the best holistic care we use a multidisciplinary team (MDT), who follow the biopsychosocial model. Our clinical team includes Nurses, Occupational Therapists, Physiotherapists, Occupational Health Advisers, Occupational Health Physicians – all working in conjunction with our specialist providers, and the treating specialists. This again enables us to treat the whole person and create a tailored care pathway around the individual.



Contents

Be Well Helpline	4	Absences driven by non-medical factors	10
How to claim and When to claim	5	Definition of incapacity	11
What is the absence notification process?	6	What kind of support is there for my absent employee?	12
Vocational rehabilitation	7	What if my employee is able to return to work on reduced hours/duties?	13
Deferred period	8	Contact us	14
Linked absences	9		



Be Well Helpline

If you don't know where to turn for advice when an employee is struggling with their **physical** or **mental health**, our helpline can provide early intervention advice and support, helping you proactively manage the situation.

Early access to appropriate advice can help to keep a valued employee in work, continuing to contribute to the success of your organisation, reduce or prevent short-term absences and support the overall wellbeing of your employee and organisation. Reducing absences and ultimately claims will also help to reduce your insurance premiums.

Our expert in-house team of clinical specialists draw from backgrounds in clinical nursing, occupational health, physical therapy and occupational therapy.



Be Well Helpline

Please call our helpline for advice if your employee is struggling to remain in work, carry out their full range of duties or showing signs of stress.

0370 333 0011

BeWellHelpline@landg.com

Monday to Friday 9.00am to 5.00pm
with option to leave a voicemail



How and when to claim

If an employee who is insured by the GIP policy is absent from work due to an injury or illness, please tell us as early as possible. You should aim to send this form to us within four to six weeks of your employee's absence so that we can quickly establish whether any early intervention support can be considered. Earlier notification also gives us more time to conduct the claims assessment.

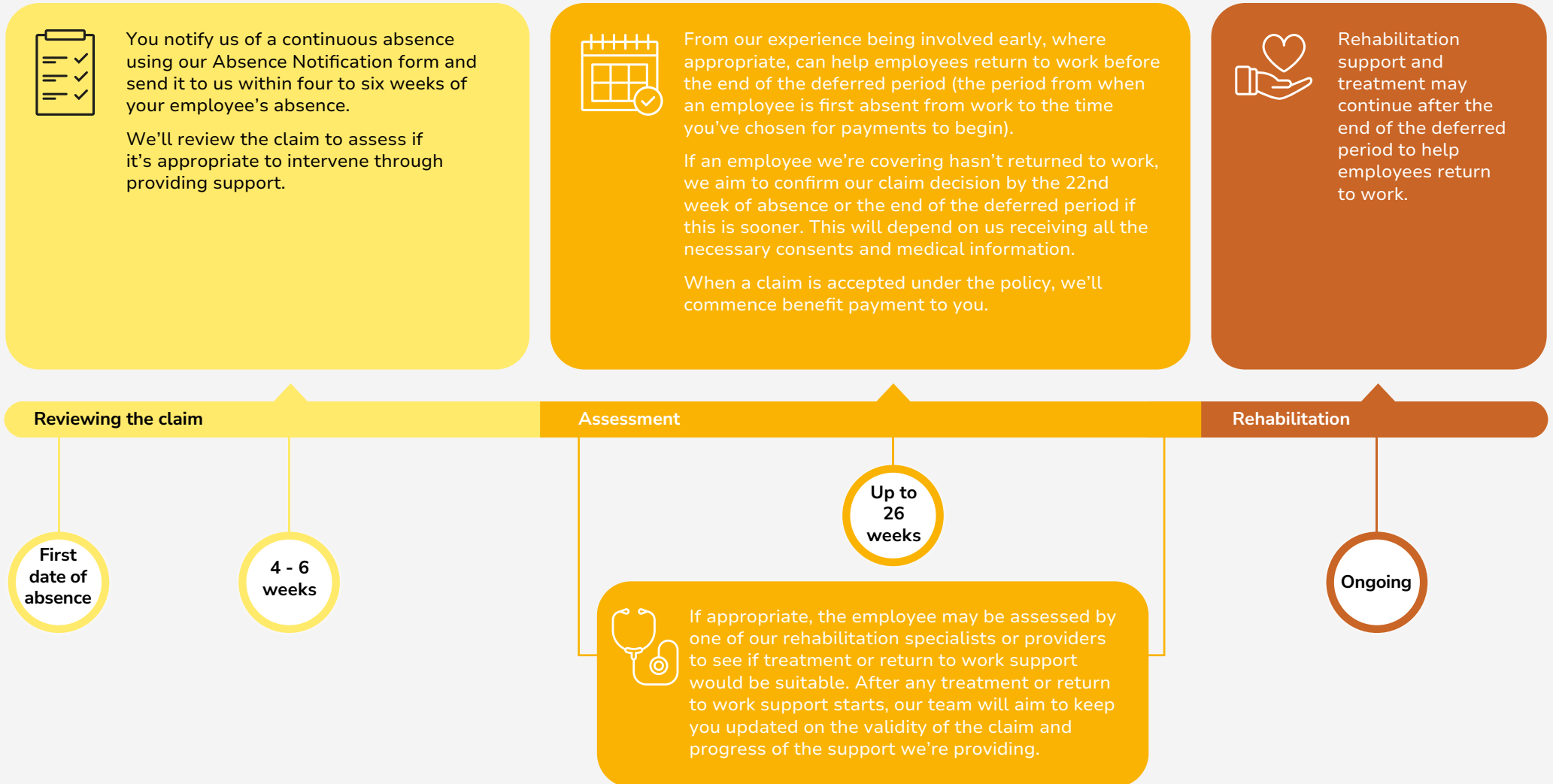
To notify us of an absence you should send us a completed absence notification form. The form can be either a [PDF](#) sent to Groupprotection.benefitsmanagement@landg.com or using our [online form](#). If the absentee is an equity partner or has dividends insured under the GIP policy, please instead contact us at the mailbox listed above.

Once received, we'll issue a members statement to your employee for them to complete and return. This will include consent for your employee to sign.

If your employee's absence is due to mental health, musculoskeletal or fatigue related conditions, they will automatically be referred to our clinical team for assessment – without the need to wait for a completed Member's Statement. This is so we can understand the absence in more detail and to find out if it's appropriate to adopt a clinical case management approach. We'll also decide if it's appropriate to refer for treatment via one of our fully funded care pathways.



What is the absence notification process?



This process is based on a typical deferred period of 26 weeks. Deferred periods normally range from a selection between 13 and 104 weeks.

Vocational rehabilitation

Vocational rehabilitation helps individuals overcome hurdles to maintaining or returning to work after a period of illness, injury or disability.

Who provides this support?

To ensure we can provide the best holistic care we use a multidisciplinary team (MDT), who follow the biopsychosocial model. Our clinical team includes Nurses, Occupational Therapists, Physiotherapists, Occupational Health Advisers, Occupational Health Physicians – all working in conjunction with our specialist providers, and the treating specialists. This again enables us to treat the whole person and create a tailored care pathway around the individual.

Our specialists have the authority to start treatment as soon as it is recommended. Treatment will normally start during the deferred period which is the time between when the employee is absent from work due to illness or injury, and the time you've chosen for us to begin to pay benefits. The policy documentation will confirm the chosen deferred period.

We utilise our in-house team once we have been notified of an absence from work.



Deferred period

The deferred period starts when your employee becomes unable to work their full occupation, we often refer to this as their date of first absence or event date. Your employee then needs to be absent for the defined deferred period before any benefit would become payable.

During the deferred period, the group income protection claim goes through our early intervention and assessment process whereby L&G will obtain relevant medical information.

The earlier we can be notified of a claim during the deferred period, i.e. 4 to 6 weeks, the better, as there will be more chance of us being able to help the individual return to work. In the event they cannot return to work we aim to be able to make a decision before the end of the deferred period.

The terms and conditions, as well as the benefit applicable to the claim, will be set at the date of first absence.

Sometimes the deferred period can be made up of short periods of absence and/or reduced working, known as a partial absence. These are covered in the next section.



Linked absences

If an employee has a number of shorter absences we may be able to link these and consider them under one claim. To link absences they must be for the same or related condition; for at least 5 consecutive days; and occur within a 52 week period.

If you find you have an employee who has a number of short absences that fit this criteria it may be beneficial to notify us of a claim and supply us with absence records. If the claim is not required it can be withdrawn. To link any absences we would need medical evidence that supports that the conditions are related and that they prevent your employee from working.

During our assessment, we may identify potential linked absences so we may reach out to confirm whether these are to be considered or not.

By linking absences, the potential acceptance date of the claim will be moved closer to the initial absence.



Partial absence

If an employee has to reduce their hours or duties (which results in a lower salary being paid) due to a medical condition we can consider this as a partial absence and can form part of the deferred period. We would require medical evidence to support that your employee is prevented from carrying out their full role. If this partial working requirement remains medically supported, we would consider paying the claim on a partial basis. Our benefit calculation would be reduced to reflect the hours the employee is working.

If an employee became fully absent, we would start paying full benefit on the claim, providing the claim is medically supported. This is explained in more detail on a later page.



Absences driven by non-medical factors

What we see:

We use our clinical team to identify the core reason for absence using the biopsychosocial model. During the early period of an individual's absence, they may approach their GP for a fit note which may cite the reason for absence as a result of stress, burnout, anxiety, depression.

As part of our claims assessment, we will understand through conversations with our clinical team whether the absence is medical or non-medical in nature.

Where absence is primarily driven by non-medical factors, it is unlikely that your employee will satisfy the definition of incapacity, which requires that they are unable to work due to illness or injury. In such cases, we aim to support both your employee and you in identifying the underlying causes of the absence.

Where possible, we provide them with appropriate tools or signposting to help address these issues and hopefully lead to a positive outcome and return to work.

Types of claims we see:

- Personal stressors which may include;
 - Caring responsibilities
 - Divorce proceedings
 - Illness within the family
- Work related stressors which may include;
 - Burnout
 - Changes within the business
 - Relationship with line manager/colleagues
 - Poor performance

For claims where these are the primary driver, we are unlikely to obtain additional medical evidence and may make the decline decision quite early. We do this so that an employer can then support the absence and try to resolve the root cause of the non-medical absence before it turns into a long-term absence.

Our view on stress:

Stress can be defined as a state of worry or mental tension caused by a difficult situation. Stress is a natural human response that prompts us to address challenges and threats in our lives. Everyone experiences stress to some degree. The way we respond to stress can make a difference to our overall wellbeing.

We want to support individuals who are experiencing stress, but this does not necessarily mean paying out a Group Income Protection claim.

How we support:

For work and personal stress, we can help in a number of ways and empower employers to support their staff to prevent an absence or during a stress related absence in helping them return to the workplace.

We have a helpline for employers which means a clinical specialist is available during working hours which can be contacted on the phone or via email (contact details can be found within this guide). We can provide supportive documents such as stress risk assessments and wellness action plans for employers to support keeping employees in the workplace.

Through our [Spark app](#), we offer:

- An employee assistance programme (EAP) through Spectrum.Life
- A virtual GP, advance nurse practitioner and physiotherapy service through Spectrum.Life
- Care concierge – to support those with caring needs
- Connect Plus – an app with support available for chronic conditions
- Perci Health – cancer support

There is also generalised support available and information on adjustments for employees with pre-existing conditions which can be affected by increased workplace stress.

Definition of incapacity

L&G currently offer 3 different definitions of incapacity. This is the basis of how a claim is assessed. L&G will obtain evidence to determine whether the employee is experiencing a medical illness or injury which is preventing them from being at work. The two common definitions are own occupation and suited occupation.

The definition of incapacity will be stated in your policy schedule and in order for a claim to be paid, the employee would have to continue to meet this definition throughout the deferred period and beyond.

Own Occupation

This refers to the employee's ability to carry out the essential duties of their occupation.

Suited Occupation:

This refers to all jobs which are considered to be appropriate to their experience, training or education.

Progressive:

This combines both own and suited occupation; year one and two are assessed on own occupation; year three and four are assessed on suited occupation; and year five onwards is assessed on activities of daily working. This means that there are two sections of criteria whereby the employee is assessed as being unable to do certain activities across these sections; for example walking, communication, reaching in section one and severe mental illness or organic brain disease or injury in section two.

Medical evidence

In most cases, we will require medical evidence to assess the claim. We will request the evidence from the employee's treating specialist and/or their GP, dependent on the circumstances. We may also utilise our in-house clinical team to contact the employee directly and obtain a medical update.

Medical evidence is typically the biggest contributor to delays during the assessment process, as the GP/specialist may take some time to complete our request. We would always encourage that the employee assists in the

chase process to expedite the information being sent to us. In some circumstances we will ask your employee to provide us with medical letters throughout the process. On occasion we may ask your employee to attend an independent medical examination by an appropriately qualified medical practitioner. If this is required, L&G will fund the cost of both the assessment and any travel to/from the assessment within the UK.



What kind of support is there for my absent employee?

It's important that your employee feels valued and supported during their absence. We would encourage you to maintain regular contact as this ensures that they still feel part of the team.

We can provide support where appropriate, in the form of treatment during their absence and continued help during their return to work.

We'll give your absent employee information about what's going to happen. Plus they'll continue to have access to our Spark app which has a number of services including **Employee Assistance Programme**, **Virtual GP** and other early intervention support services.

Return to work

We aim to provide support and solutions to help break down the barriers of a return to work. We can:

- advise on a return to work plan
- conduct workplace assessments
- arrange employer case conferences
- work with all relevant health care professionals involved in your employee's care
- provide relapse prevention support and advice
- consider paying a reduced benefit if your employee comes back to work on a part-time basis during their return to work
- recommend reasonable adjustments



What if my employee is able to return to work on reduced hours/duties?

An employee does not always need to be fully absent from work in order for us to pay benefit. If an employee is unable to perform their contracted hours/duties, we may be able to pay partial benefit.

If your employee is working reduced hours/duties and we deem there is a medically supported illness or injury preventing the employee from being able to carry out their contracted hours/duties, we may pay the claim on a partial benefit basis.

The idea behind partial benefit is that we would expect the employee to be paid for the hours/duties they are able to work, and then we would

pay the benefit based on the days/hours they're unable to work.

Essentially, the employee on partial benefit would be financially better off than if they were fully absent and on full benefit, but would not be receiving as much income if they were working full time. This is designed to provide an incentive for the employee to return to work full time.

A very basic example of a calculation looks like this:

Contracted full time salary: **£75,000**
 Full benefit: **£50,000**
 Contracted hours: **35hpw**
 Partial hours: **21hpw**
 Hours being worked: **60%**
 Hours not being worked: **40%**
 Partial benefit:
40% of £50,000 = £20,000

We would expect that the employer would be paying the employee for the 21hpw that they are working and then we would pay £20,000 for what they are unable to work. The salary plus the benefit would equate to more than £50,000 but not as much as £75,000

Our terms & conditions also allow for us to amend partial benefit based on a reduction in salary, for example if an employee returns to a lesser role. These are calculated slightly differently.



Contact us

Group Protection Claims Team

Please use these contact details when making or checking the progress of a claim.

0345 026 0094 option 3

groupprotection.benefitsmanagement@landg.com

Monday to Friday 9.00am to 5.00pm.

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