



Group income protection Welcome Guide

Everything you need to know
about your new policy.



Welcome to L&G and thank you for placing your business with us.

By choosing our Group income protection, you can help your employees to be well, get better and be supported. This guide holds all the information you need in one place so that you can understand how Group income protection works and make the most of this valuable support for your employees. Any specific details about your policy will be found in your policy documents and the Group income protection [technical guide](#).



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1 Group income protection – an overview

Our Group income protection is designed to provide both you and your employees with financial protection.

If an employee is unable to work due to a long term illness or injury, and their absence meets our policy definition of incapacity, we'll provide them with a regular income. As well as financial support, we can also fund a variety of treatments if needed. Our vocational rehabilitation services provide personalised treatment plans – without the need for a GP referral – to help employees get better and enable a quicker return to work. This provides your employees with peace of mind and can help protect your business from the cost of absence.



A wealth of wellbeing services from day one

A healthy workforce is a productive one. So, as well as financial protection, from day one your employees and their immediate family will have access to a wide range of wellbeing and health support services. For example, our Employee Assistance Programme (EAP) provides free, on demand access to:

- **a confidential counselling helpline**
- **medical helpline**
- **legal and financial information**
- **digital gym**
- **fitness and nutritional information**

As well as the EAP, we provide a wide range of health and wellbeing services at no extra cost to you or your employees. Employees can book a telephone or video appointment with a GP through our Virtual GP service, complete a digital assessment to understand their personal cancer risk, and access expert online physiotherapy. There's also dedicated support for child mental health, plus much more – all designed to help your team stay healthy, supported, and empowered.



2 Introducing your Employer Toolkit

In this section:

- Be Well Helpline for HR and line managers
- Be Well Hub
- Wellbeing Advisory Board
- HR Toolkit
- Fruitful for wellbeing insights

You'll find a comprehensive range of information that can help you not only meet your duty of care to your employees, but also manage long term sickness absence and look after employee wellbeing as soon as your cover starts.

From a wide range of resources for employees, to a Be Well Helpline for you, we can provide support whenever you need it.



Be Well Helpline for HR and line managers

It can be difficult to know who to turn to if you see an employee struggling at work.

Our Be Well Helpline provides early intervention advice and information to help HR and line managers support employees who are showing signs of stress or who are finding it difficult to cope at work.

Your call will be answered by one of our in-house team of vocational clinical specialists – with backgrounds ranging from clinical nursing, occupational health, physiotherapy and occupational therapy.

With early intervention advice and information, the helpline can assist HR and line managers to proactively manage an employee's condition at an early stage.

Early intervention not only supports employees' health and wellbeing but can also help protect the cost of future premiums by reducing the risk of claims.



You can either call or email us.

Call the helpline on

0370 333 0011

from 9am to 5pm, Monday to Friday.
You have the option to leave a voicemail.
We may record and monitor calls
for training purposes.

Or, Email us at

BeWellHelpline@landg.com



Be Well Hub

Our Be Well Hub for employers, gives you access to a range of wellbeing resources designed to help you actively manage your employees' wellbeing. The resources include:

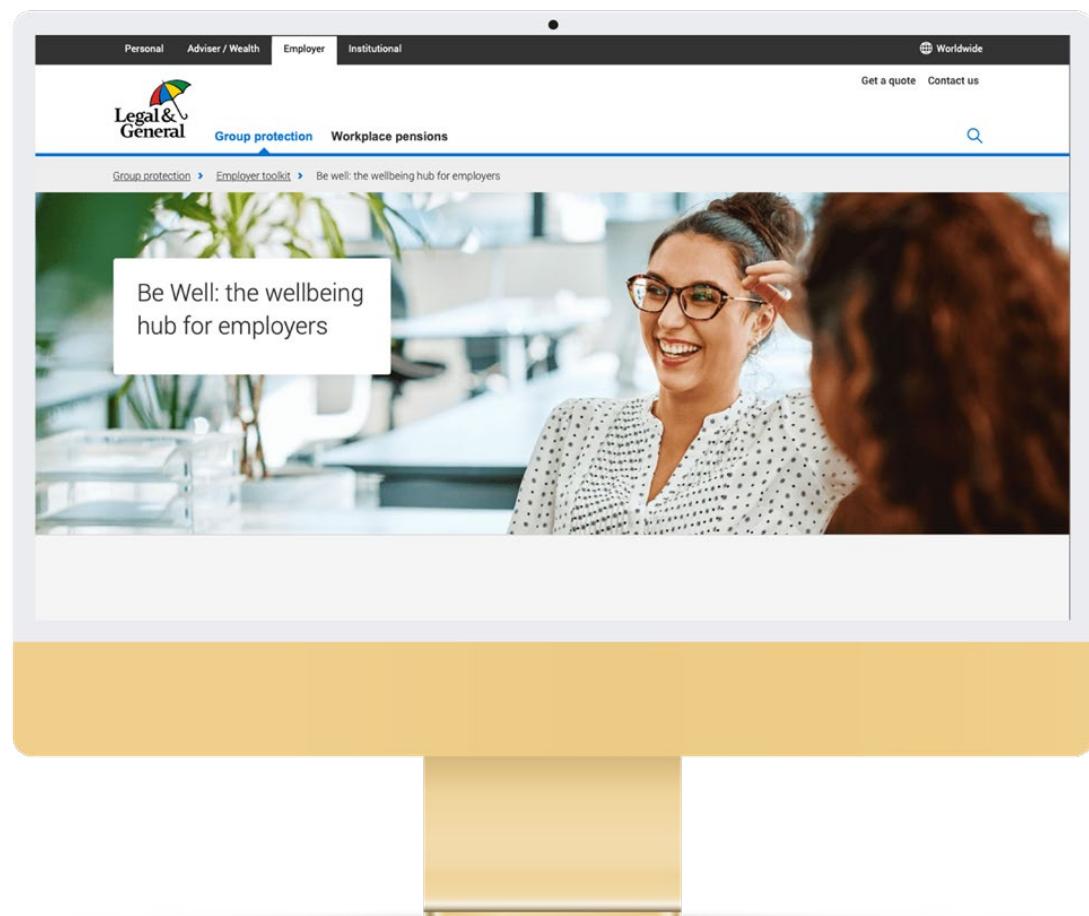
- Tools to help you create or update your wellbeing policies
- Free wellbeing resources for your employees
- Practical ideas, guides and links to other organisations
- A reminder of the wellbeing services available to you within our Group Protection products

[You can find out more here](#)

Wellbeing Advisory Board

Our board is comprised of specialists with backgrounds ranging from clinical nursing, occupational health, physiotherapy and occupational therapy. Our aim is to do the heavy lifting for you and provide summaries and clear information on the health and wellbeing issues that matter today.

[You can find out more here](#)



Fruitful for wellbeing insights

We've partnered with Fruitful Insights who provide an analytical tool that measures the impact of employee wellbeing on productivity.

This tool can provide insights to help design, manage and communicate a workplace wellbeing strategy. Contact your adviser for more information.

This is available if your cover was arranged with the help of an adviser and the policy covers at least 100 employees.



3 Employee Support

In this section:

- Employee Assistance Programme (EAP)
- Virtual GP & Advanced Nurse Practitioner (ANP)
- Cancer Awareness & Support
- Children's Mental Health Support
- Long-Term Condition Support
- Second Medical Opinion
- Everyday wellbeing tools
- Adult & Elder Care
- Structured Counselling
- How to access Spark



Support for your employees

Our Group income protection is much more than just a financial safety net. It's also a gateway to a wide range of essential wellbeing services, designed to help your employees stay healthy, feel supported, and thrive – both in and out of the workplace.

Here's what's included:

Employee Assistance Programme (EAP)

If any of your employees are facing challenges with their mental health or wellbeing, they can speak confidentially with a trained counsellor – anytime, day or night. The 24/7 telephone helpline offers a safe space for support when it's needed most. Whether it's emotional support or practical advice on legal, financial, or medical matters, help is always just a call away.

All services are easily accessible through Spark, our digital hub for health and wellbeing. And most of these benefits extend to your employees' immediate family too – at no extra cost.

Virtual GP & Advanced Nurse Practitioner (ANP)

Round-the-clock access to expert care. Employees can book an appointment to speak to a GP or ANP (a highly trained nurse with advanced qualifications) anytime, without the wait. Both GPs and ANPs can prescribe medication, provide private referrals and issue sick notes.

Online Physiotherapy

Quick, convenient access to qualified physiotherapists – no GP referral needed. Appointments can be booked Monday to Friday 9am to 5pm for employees and their families by phone or video.

Cancer Awareness & Support

Employees can undertake a digital assessment to understand their personal cancer risk. They also have access to expert care if they are diagnosed with cancer or are in treatment or recovery. Experienced cancer care nurses are available to help every step of the way by phone or video call.

Children's Mental Health Support

Tailored support for children aged 6-16. Includes an initial parental consultation and where suitable, followed by a 60 minute assessment for the child. A report will then be prepared for the parent with treatment recommendations and signposting to resources and self-help therapies.



Long-Term Condition Support

Tools and resources to help manage long term conditions such as Cancer, Stroke, MS, Type 2 Diabetes, Long Covid, Rheumatoid Arthritis, Heart Health, and Menopause.

Second Medical Opinion

Peace of mind when it matters most. Employees can consult a UK-based specialist for a second opinion on a range of diagnosis or treatment plans.

Everyday Wellbeing Tools

From a digital gym and fitness tips to mindfulness exercises, wellbeing podcasts, and webinars – there's something for everyone to support a healthy mind and body.

Adult & Elder Care

Navigating care options can be confusing. Our dedicated care experts offer one-to-one support to help employees find care for themselves or their loved ones aged 18+.

Structured Counselling

If deemed appropriate by a clinician, employees we're covering, could receive up to eight structured counselling sessions, in a format that suits them – face to face, by video or by phone.



How to access Spark

Your employees can access Spark by downloading the

Spectrum.life app

from the Apple or Google Play stores or by going online at

landg.spectrum.life

They'll need to register by providing some details and an organisational code (which is your L&G Group Protection policy number, beginning with a G). Here's our handy employee registration guide

Find out more

Supporting absent employees

Vocational rehabilitation funded by us.

We have our own in-house expert team who are all clinically trained. Our focus on expert care for the employee aims to reduce the length of absence enabling a quicker return to work which is a great support for businesses and the reason many employers choose to work with us.

Where appropriate, the team provide an end-to-end service. The clinician works with the employee at the beginning of their absence and the team stays in touch throughout their treatment to facilitate a smooth transition back to work. You will be kept up to date throughout the process.

How it works

Our in-house clinical specialists will develop a tailored care pathway with both you and your employee, without the need for a GP referral. Any treatment we recommend is fully funded by us, with no additional cost to you or your employee. Our team may also signpost your employee to other support such as the Employee assistance Programme (EAP) or specialist charities.

We provide a variety of different pathways - for example, cancer, work-related stress, mental health, long-covid, musculoskeletal plus a neurodiversity pathway which provides quick and easy access to a range of resources.

Financial protection

For employees who can't return to work because of long-term sickness or injury and who meet the policy definition of incapacity, we'll pay out a regular income to help financially support them through this difficult time. Payment is made through your company's payroll for distribution to the employee.

Return to work help

Where appropriate, we can create a plan with you and your employee to support them back to a return to work.

Relapse prevention

Employees with mental health conditions can benefit from our relapse prevention programme which can help them to stay healthy and well.



4 Communicating with your employees

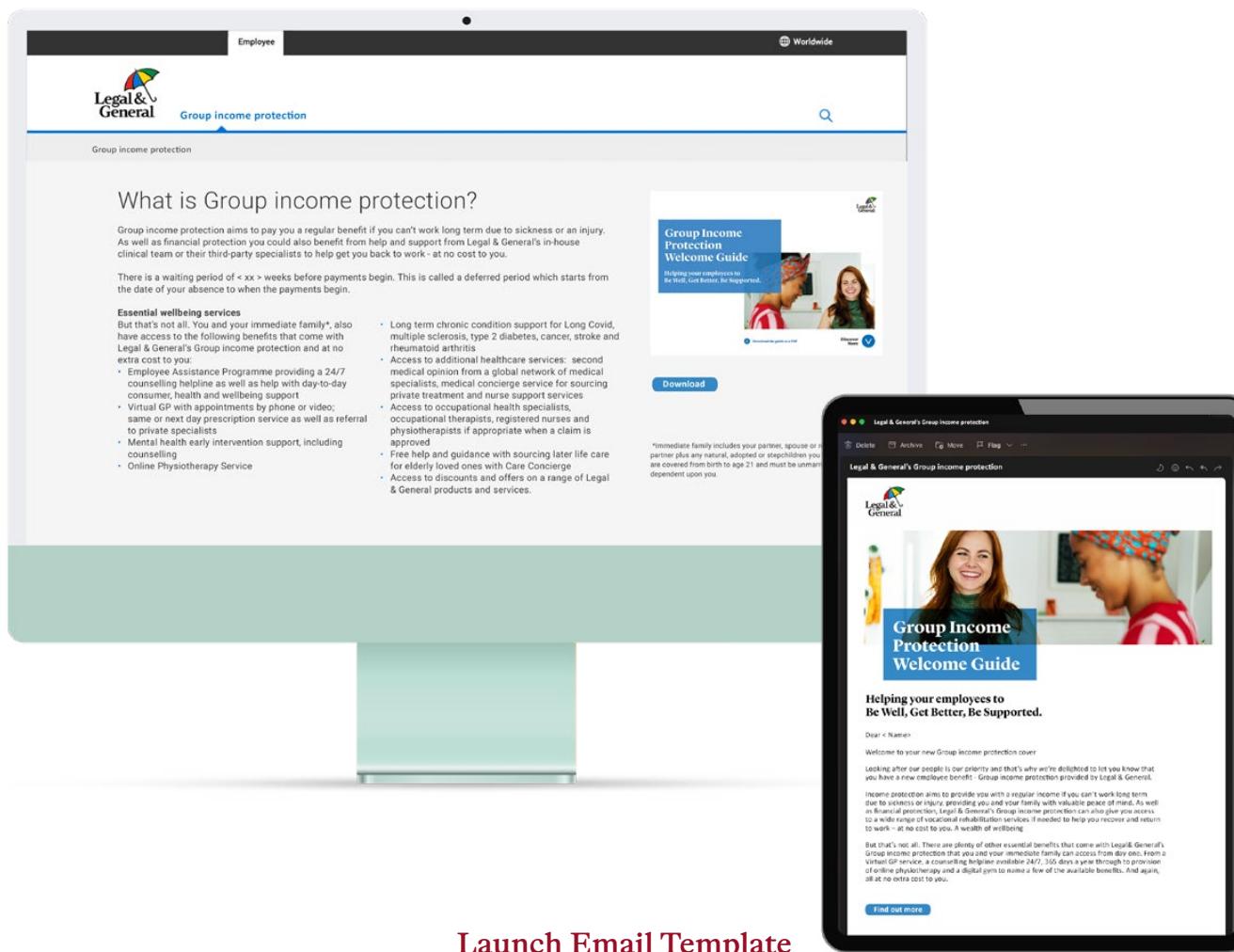
In this section:

- Intranet copy template
- Launch email copy template
- Spark Warm Up Comms pack
- Spark Playbook for employers and advisers
- Employee brochure
- Practical Guide to Communicating your Employee Benefits
- Poster



Communicating with your employees

Intranet Copy



What is Group income protection?

Group income protection aims to pay you a regular benefit if you can't work long term due to sickness or an injury. As well as financial protection you could also benefit from help and support from Legal & General's in-house clinical team or their third-party specialists to help get you back to work - at no cost to you.

There is a waiting period of <xx> weeks before payments begin. This is called a deferred period which starts from the date of your absence to when the payments begin.

Essential wellbeing services

But that's not all. You and your immediate family*, also have access to the following benefits that come with Legal & General's Group income protection and at no extra cost to you:

- Long term chronic condition support for Long Covid, multiple sclerosis, type 2 diabetes, cancer, stroke and heart attack.
- Access to additional healthcare services: second medical opinion from a global network of medical specialists, medical concierge service for sourcing private treatment and nurse support services.
- Access to occupational health specialists, occupational therapists, registered nurses and physiotherapists if appropriate when a claim is approved.
- Free help and guidance with sourcing later life care for elderly loved ones with Care Concierge.
- Access to discounts and offers on a range of Legal & General products and services.

Launch Email Template



Spark Warm up Comms pack



Spark Playbook for Employers and Advisers

Communicating with your employees



Employee Brochure



A practical guide to communicating
your employee benefits



Poster

5 How to claim

In this section:

- Tell us about an absence
- The claims process
- Vocational rehabilitation
- Payment
- Ongoing support



Tell us about an absence

You, as the employer, will need to complete an Absence Notification Form and send it to us within four to six weeks of your employee's absence. Your employee will need to complete a Member's Statement which is our claim and consent form which we will send to them.

Once we receive the completed Absence Notification Form from you, any employees with mental health, musculoskeletal, long-covid or cancer conditions will automatically be referred to our clinical team for assessment - without the need to wait for the

completed Member's Statement. This is so we can understand the absence in more detail including activities of daily living, medical management plans, treatment pathways, whether it is appropriate to adopt a clinical case management approach and also whether it is appropriate to refer for L&G funded treatment with our care pathways.

Absence Notification Forms

We have three different forms:

- [Employer's Absence Notification form](#)
- [Absence notification for Directors with insured dividends](#)
- [Absence notification for Equity Partners and LLP members](#)



We'll need to know:

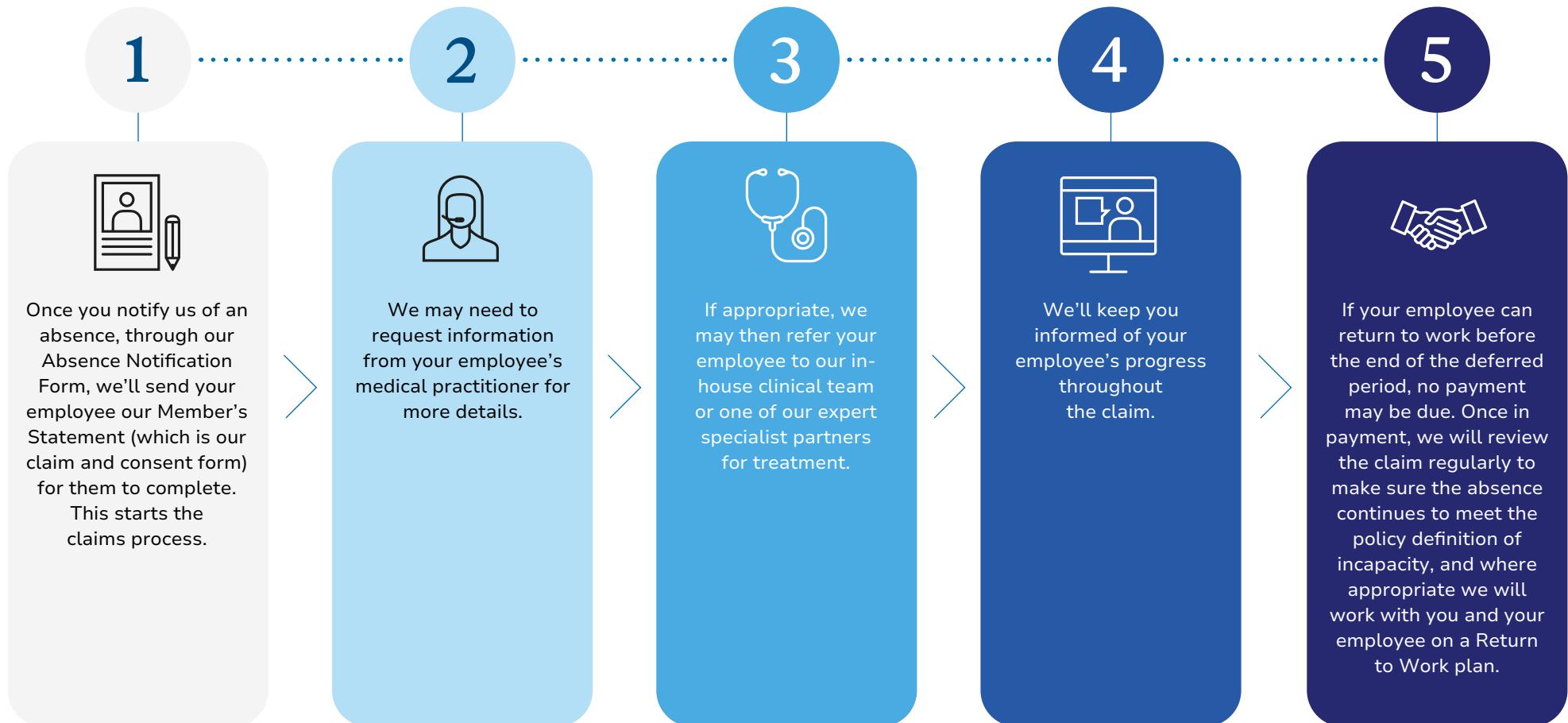
Your company details
Details about the employee
Information about the employee's absence
Their employment details and their earnings

If you have any employees who are absent and have an eligible claim, you can give them our

[Help is at Hand leaflet](#)



The claims process



Vocational rehabilitation and our expert partners

We don't just look at an individual's physical or mental illness. We'll give equal consideration to their health and their social circumstances, including work, as all these factors play an equal and significant role in an individual's health and wellbeing. This person centred approach is known as the **Biopsychosocial Model** and is the foundation of our vocational rehabilitation framework.

Once we've assessed a claim, if appropriate, we may refer the employee to our in-house multi-disciplinary clinical team to discuss what support we can provide and to help them return to work. A full range of vocational rehabilitation services is available including support for mental health problems, work related stress, long-covid, musculoskeletal issues and cancer. We can start an employee's treatment as soon as we agree it's beneficial, without the need for a referral from their GP. We may also refer your employee to one of our specialist partners for treatment.

This means a quicker diagnosis and early treatment, giving employees the best chance for a successful recovery and return to work.



Payment

When you took out the policy, you'll have chosen what proportion of salary an absent employee will receive.

You'll also have chosen the deferred period - a waiting period (such as 26 weeks) from when your employee is first unable to work to when we start making payments. If your employee is able to return to work before the end of the deferred period then, depending on individual circumstances, we may not make any payments or the employee may receive a reduced amount.

If medical information supports the absence, and the claim meets the definition of incapacity on the policy, we'll start making payments when the deferred period ends. Payment will be made to you monthly in arrears for you to pass on to your employee via payroll.

We will need to take into consideration any other income the employee will receive from other insurance policies.

We'll continue to make payments until the first of the following occurs:

- The benefit termination date set out in the policy is reached
- The employee no longer meets the policy definition of incapacity
- The employee dies
- The end date of a limited term (that you've asked for under our policy) is reached



Ongoing support

Our clinical team will aim to support your employee throughout their claim and review their condition regularly to see if any more support is needed to help them to return to work – allowing you to concentrate on running your business.



If you have any questions or queries, you can contact the Group income protection claims team

on:

0345 026 0094 and choose option 3.

We may record or monitor calls.

Or email:

groupprotection.benefitsmanagement@landg.com

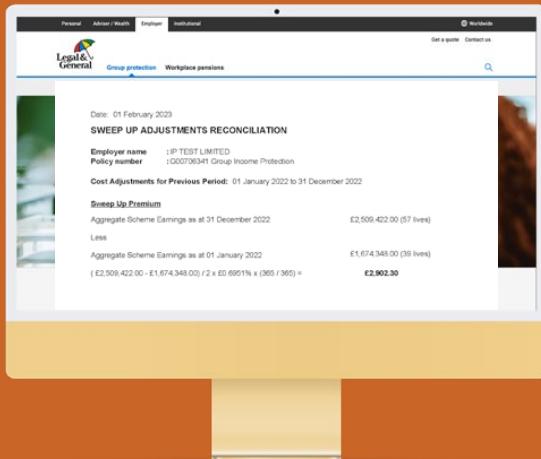


6 Information we need from you

In this section:

- **Information we need from you**
- **Important note for our customers with flexible cover**
- **For all schemes**

Each year we'll refresh our policy records with up to date details of the insured employees. Once confirmed, we'll send you an account that will look like this:



Your actual accounts will depend on the accounting basis for your policy.



Information we need from you

Each year on the policy renewal date, we'll need to receive up to date information to tell us about any employees who leave or join. This is important so that we can make sure we're providing the cover you require.

The information that you or your adviser, if you have one, will need to send us for each employee is:

- Name
- Gender
- Date Of Birth
- Salary
- Occupation
- Work postcode
- Policy Category (if there are more than 1)
- Date of joining
- Long Term Absentees
- Date of leaving (for leavers)

Plus any other information regarding benefits such as pension contributions or National Insurance contributions or overseas cover.



Information we need from you

Important note for our customers with flexible cover

If your policy is on a flexible basis, we will need data on a monthly basis. The monthly data fields are:

- Employee ID
- Surname
- Date Of Birth
- Cover option e.g. 75%
- Flex Benefit Amount
- Category number
- First name
- Gender
- Salary
- Core Benefit Amount
- Employee Premium

If your policy is a flexible policy then please ask your intermediary or platform provider to send us the benefit webtext and platform file specification so we can check that everything is set up correctly. Please re-send this each year, 3 to 6 months prior to the renewal date so that any changes can be made in time for the renewal window.

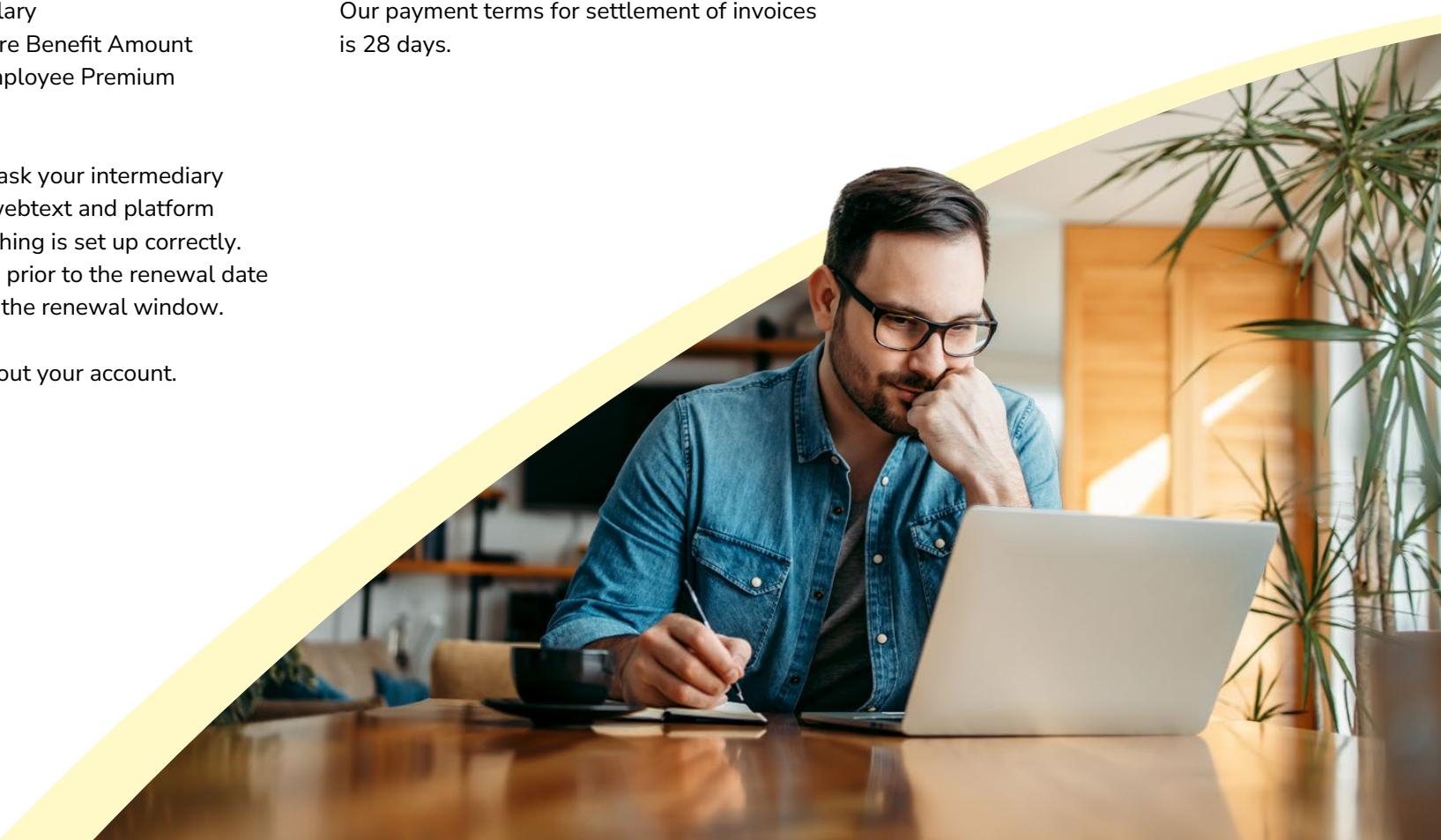
Please contact us if you have any queries about your account.

[See the technical guide for details.](#)

For all schemes

You can choose to set up a direct debit for us to take payments and if you have a purchase order reference that you need us to quote on invoices please let us know.

Our payment terms for settlement of invoices is 28 days.



7 Frequently asked questions



Frequently Asked Questions

How am I classified as a client?

As we're regulated by the Financial Conduct Authority (FCA), we are required, under their rules, to categorise all clients we deal with. As you're acting within your trade or profession when discussing your group protection needs with us, we are categorising you as a Commercial Customer.

What it means to be a Commercial Customer?

The way we work with Commercial Customers is set out within the [FCA Rules](#). Being classified as a Commercial Customer will not affect your rights to raise a complaint to the Financial Ombudsman Service (FOS). The Financial Ombudsman have separate eligibility criteria for making complaints. Further details of the service we offer, and our complaints procedure can be found in our terms of business.

What to do if you feel you shouldn't be classified as a Commercial Customer?

If you feel you should not be classified as a Commercial Customer, please let us know. An alternative to a Commercial Customer is a Retail Consumer, the differences are set out in the [FCA Rules](#).

When do I tell you about leavers and joiners?

You don't normally need to tell us when an employee meets the agreed eligibility conditions, or tell us when someone leaves. Instead we'll ask you to supply an up to date list of the insured employees once a year at the annual renewal date. The annual renewal date is shown on your policy and is normally the anniversary of when the policy starts. If you have a flexible benefit scheme, we'll ask you for a list of insured employees once a month so that we can track changes to the cover each employee may have made.

However if someone joins whose cover exceeds the Free Cover Limit shown in the policy, it's best to tell us straight away so that we can start our medical underwriting process. We've included more details on the next page about what happens if someone's cover exceeds the Free Cover Limit.

If I don't tell you about leavers and joiners how do you know about them to charge us?

We've simplified our accounting processes so that you don't need to keep on telling us about changes. The accounting method we use is confirmed in your policy document.

We normally use our 'sweep up' accounting method where we ask you to confirm the employee list data totals at the end of the year, and use them to work out a simple premium adjustment that assumes all the changes happened in the middle of the policy year.

This means we'll pay you a refund if the total cover has reduced over the year, or we'll ask you top up the premium if cover has increased.

If we've used our 'no change' accounting method, our scheme underwriters have allowed for people leaving and joining in line with the policy eligibility conditions when they worked out the unit rate we use to calculate premiums.

If we've used our 'monthly change' accounting method, we'll ask you to supply up to date data each month and update the premium based on it.

Our [Technical Guide](#) contains more details, to help explain the differences between our accounting processes.

Frequently Asked Questions

What happens if someone's cover is above the Free Cover Limit?

You or your adviser will need to ask the employee to complete medical underwriting. We will provide temporary cover for up to 90 days to allow for this process. Your employee will need to fill in this [online form](#). Alternatively they can opt for a telephone interview or complete a paper form. If they do not complete underwriting after the 90 days, then their cover will be restricted to the Free Cover Limit.

Will you change your premium rates?

We normally guarantee the unit rate, or other premium rates, that we use to work out cover until at least the second annual renewal date. After which we'll review and guarantee them usually for a further two years. However, if at an annual renewal date the employee data totals have changed by more than 25% since we last reviewed the premium rate, we may change it sooner.

We confirm the guarantee expiry date and our rate guarantee terms with our quotes and our policy. Our rate guarantee terms aim to help you budget, and allow for timely reviews to fairly reflect changes to the insurance risk.

Can I make changes to the policy?

Our scheme underwriters will confirm if you can make the change and how it will affect the policy and premiums. We won't update the policy until you've had a chance to review our terms and we've received an instruction to go ahead.

If you don't have an adviser, you can come to us directly, putting your request in writing to Group.protection@landg.com

If I have a flexible benefits scheme, when can employees make changes to their cover?

They can increase their cover by one level at a time - either at the annual renewal date, or if we agreed to allow changes, following a defined lifestyle event. An employee may have a further opportunity to increase cover by one level during the policy year. Employees have a once a month opportunity to decrease cover by any number of levels provided it doesn't go below the minimum core benefit.

Employees need to meet the 'actively at work' conditions before they can increase cover. 'Actively at work' means the employee is in full active employment, and physically and mentally able to perform all the duties associated with their normal job on the day the increase in cover is due to start.

What happens if an employee is having benefits paid and they die?

Please let us know if this happens and we will let you know the process.



8 How to contact us

Please get in touch if you have a query about any of our group protection products and services.

General queries:

Telephone: **0345 072 0751** Lines are open from 9am to 5pm Monday to Friday. We may record and monitor calls.

Email: group.protection@landg.com

Address: Group Protection, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS

Claims queries:

Telephone: **0345 026 0094 – Option 3** Lines are open from 9am to 5pm Monday to Friday. We may record and monitor calls.

Email: groupprotection.benefitsmanagement@landg.com

Address: Group Protection, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS

