





Group Income Protection

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.



Absence notification

It's important that you inform us early as possible about all absences for employees covered by our GIP policy, by sending us a completed **absence notification form**.

You'll need to send this 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.

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 a completed Member's Statement. This is so we can understand the absence in more detail and whether it's appropriate to adopt a clinical case management approach and whether it's appropriate to refer for treatment via our care pathways which are fully funded by us.



Group Income Protection

What is the absence notification process?

You notify us of a continuous absence using our Absence Notification form and send it to us within four to six weeks of your employee's absence.

We'll review the claim to assess if it's appropriate to intervene through providing support.

From our experience being involved early, where appropriate, can help employees return to work before the end of the deferred period (the period from when an employee is first absent from work to the time you've chosen for payments to begin).

If an employee we're covering hasn't returned to work, we aim to confirm our claim decision by the 22nd week of absence or the end of the deferred period if this is sooner. This will depend on us receiving all the necessary consents and medical information.

When a claim is accepted under the policy, we'll commence benefit payment to you.

Rehabilitation support and treatment may continue after the end of the deferred period to help employees return to work.



Ů

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 is whatever helps someone with a health problem return to work.

Who provides this support?

Vocational rehabilitation is delivered through our in-house team of expert vocational clinical specialists, and selected independent third-party providers. The main goal is to provide support and where appropriate fund treatment that helps a return to work.

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.



Group Income Protection

What if my employee cannot return to work?

In some cases, the employee may not be able to return to work before the end of the deferred period. After we've accepted a claim, we'll start to pay benefits to you until the employee recovers, returns to work or reaches the agreed date for benefit to end. The agreed date for benefit to end will be confirmed in the policy documentation under: benefit termination date.

Before paying benefit to the employee, you'll need to make the usual payroll deductions for national insurance contributions and income tax.

We'll advise you when we intend to next review the claim and provide you with updates on any changes that may affect benefit payments.

How are payments made?

Payments are made direct to you as the employer each month in arrears. The first payment shall be made one month after the acceptance of the claim or within five working days of the claim being accepted if the acceptance date and first payment date is in the past. Benefit payments will continue to be paid on a monthly basis whilst the claim remains valid.



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.





Group Protection General Queries

Please use these contacts for any other queries relating to your Group Income Protection policy.



0345 026 0094



group.protection@landg.com



legalandgeneral.com

Monday to Friday 9.00am to 5.00pm.



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

We may record and monitor calls. Call charges will vary.

Legal & General Assurance Society Limited

Registered in England and Wales No. 00166055 Registered office: One Coleman Street, London EC2R 5AA

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

