

Treating Clients
Fairly



Group Benefit **Solutions**





Our **strength** comes from our **expertise** which is evident in our product range and services.

Tailored solutions wherever you are in the world...

Treating Clients **Fairly**

Group Benefit Solutions

Whether a small business with just a few employees or a much larger business with operations and staff in multiple countries, employee benefits are an integral part of attracting and retaining talent in today's highly competitive and increasingly mobile global economy.

Companies can face significant challenges establishing attractive and competitive employee benefits while at the same time needing to control costs. For companies operating in multiple countries, seeking to provide consistent benefits for employees of the same grade in all locations, the challenge is even greater. Unlike other insurers, we do not have any restrictions with covering expats or local nationals and can even offer coverage to groups entirely comprised of local nationals.

As a global insurance solution provider, Unilife (a subsidiary of Unisure Limited) has strong business relationships with multinational companies, SME businesses along with multiple re-insurance partners. Our global experience, our partner network and unique approach to Group Benefits enables us to customize benefits for most clients.



Financial Strength

Since the foundation of the first company in 1973, the focus at BMI Financial Group has been an ongoing process of growth and expansion.

The BMI main philosophy of sustained growth for the group and the unfailing pursuit of excellence have made BMI a company with a history of financial strength and a long record of success throughout the years.

BMI is rated A- by AM Best, the global leader in the evaluation of insurance companies.

Our reinsurance panel includes 3 of the 5 largest global re-insurers. These established relationships allow Unilife Group Benefits to offer bespoke solutions tailored specifically for each corporate customer with benefits determined by their employee protection needs.



This document is intended to provide an overview of our Group Benefits solutions for information purposes only and does not constitute financial or insurance advice. The terms governing any policy in force are defined by the Terms and Conditions of that policy and not by any information included in this document.

Typical Solutions our clients ask for

The most commonly provided employee benefit provided is Group Life or Death by Accident and Illness. Additional benefits can be included in addition to Group Life.

What follows is a brief overview of typical Group Benefits solutions our customers ask for.

Group Life

This benefit is typically provided either for death by any cause or death by natural causes only.

Employers can link the level of cover to their employees' earnings by offering a multiple of salary, or they can set a specific sum assured for each employee grade or group.

Accidental Death

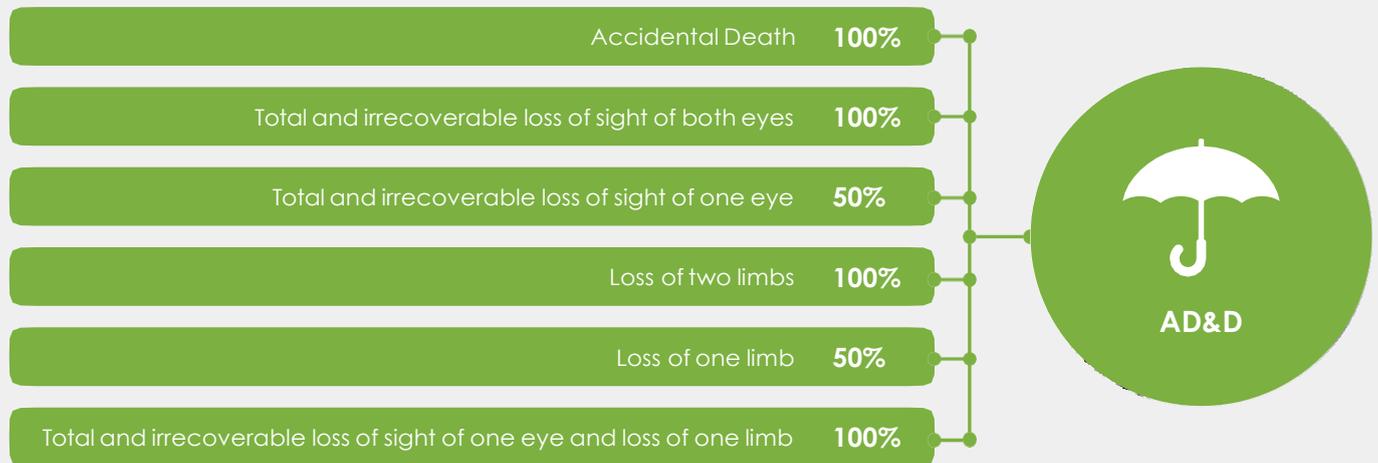
By adding Accidental Death as a rider benefit to Group Life, double the sum assured is paid out in the event of death by accident. This is known as a double indemnity benefit.

It is also possible to offer Accidental Death as a standalone benefit instead of Group Life.

Accidental Death and Dismemberment (AD&D)

Available either as a rider benefit to Group Life or as a standalone benefit, AD&D provides cover for employees in the unfortunate event of the loss of a limb or the loss of sight.

The benefit would pay out in the following proportions, up to 100% of the value of the benefit:



Note that if AD&D is included as an additional rider benefit to Group Life, it is a double indemnity benefit. This means that if death results from an accident, the accidental death benefit pays out in addition to the sum assured for death by any cause.

It is also possible to provide for a more comprehensive scale which determines the amount paid depending on the injury sustained.



Typical Solutions our clients ask for (continued)

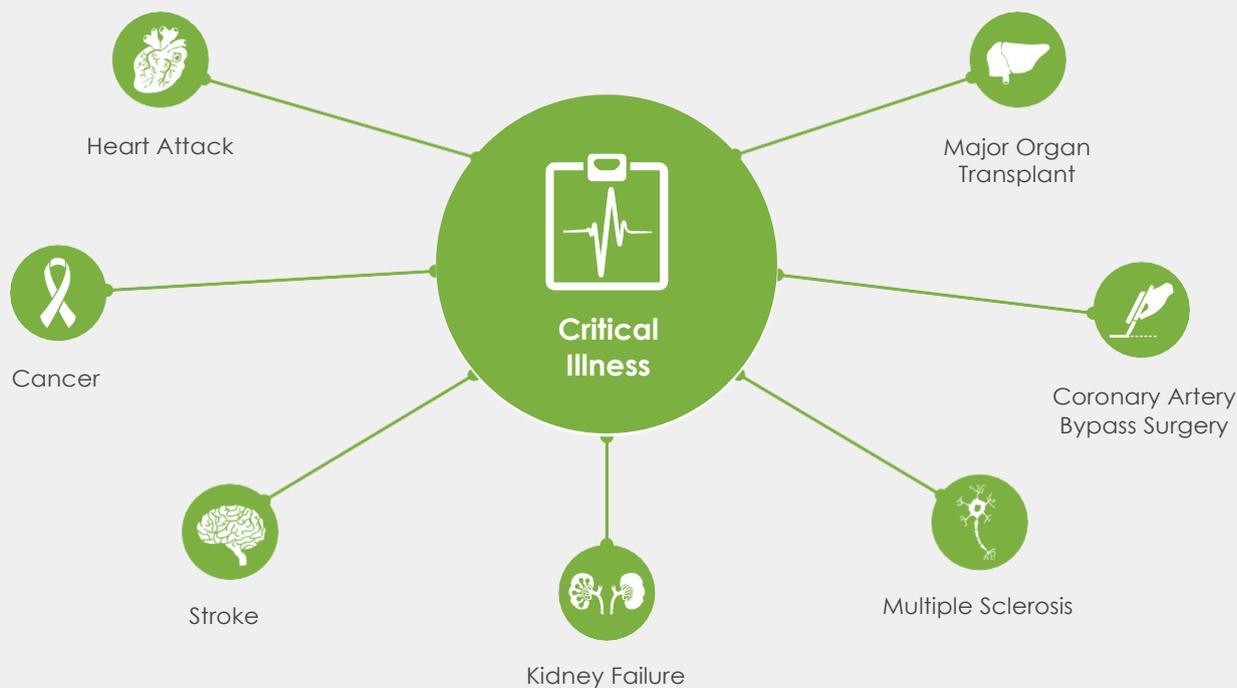
Critical Illness

With the rising costs of healthcare, dealing with a serious illness can be financially challenging.

Critical Illness cover is an effective way to mitigate these expenses as it provides a lump sum to the employee on the first ever diagnosis of a specific insured condition.

At the outset of the plan, the employer can decide the conditions which would be covered under this benefit.

We can offer cover against a variety of Critical Illness perils. The example below lists the most serious conditions which would typically be included by an employer.



This benefit can be provided on either a standalone basis or as a rider benefit on Group Life.

Permanent and Total Disablement (PTD)

The PTD benefit provides for a lump sum to be paid out in the event that an employee is permanently and totally disabled for a period of 12 months and medically considered beyond hope of recovery. Employers may choose whether this benefit is based on the employee being unable to perform their own previous occupation or any occupation whatsoever.

As with Group Life, the benefit amount can either be a multiple of each employee's salary, or a specific sum for each employee grade or group. Employers may choose to provide this benefit for disablement by any cause or by accidental causes only. PTD can be provided on either a standalone basis or as a rider benefit on Group Life.

Long Term Disability (LTD)

Available as a standalone benefit, Long Term Disability cover provides employees with an income should they become unable to work due to illness or injury, for an extended period, or possibly to the normal retirement age of the company.

As disabilities are much more likely to occur than death, employers recognize the importance of providing this benefit to global employees, executives and managers. A disability benefit can differentiate an employee benefit program from others.

As determined by the employer, the LTD benefit may commence after a waiting period of typically 13, 17, 26 or 52 weeks of disability and replaces a percentage of the employee's salary, from that time until recovery, retirement or death - whichever occurs first.

Note that it is not possible to simultaneously provide both LTD cover and PTD cover to the same employees.

Next Steps

Whether you already provide employee benefits and want to discuss how we may help you manage your costs or enhance the benefits package you provide; or you are an employer considering Group Benefits for the first time, we can provide you with expert guidance and assistance to review or develop a solution which matches your budget, as far as possible, and gives your employees both peace of mind and an additional sense of value.

Obtaining a Quotation

In order to prepare an accurate, useable quotation, we request the following information which can be provided by completing our census data form, in Excel format. Your Insurance Advisor or Broker will assist with this process.

 1 Name of the company and the sector the company operates in	 2 Details of any existing group policy already in place Including claims experience if possible	 3 A list or description of benefits the employer is seeking cover for	 4 Benefit level and the preferred currency Multiple of salary or a set sum assured per person or employee grade	 5 Eligibility criteria Which employees qualify and is their enrolment mandatory or voluntary?
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For each person to be insured we require the following:

 Name or employee number	 Date of Birth	 Gender	 Nationality
 Country of Residence or Work Location We may also request the name of their town or city	 Job Title or Occupation	 Annual Salary Including Currency	

Additional information or confirmations may be required to finalise a quotation.

Bound Risk Confirmation

Once a quotation has been accepted, we will require, from the company HR department, a completed and signed Actively at Work Warranty form and a signed Census Data Confirmation (as required) representing the employee population, and other warranties, at the start date of the policy.

Once these are received and cover is confirmed, we will provide the company with a Bound Risk Confirmation which defines the final terms of the policy.

Underwriting and Free Cover Limit (FCL)

Most groups (unless those with very few employees) qualify for a Free Cover Limit which is the benefit level covered without the requirement for any medical evidence.

The FCL would be stated as a specific sum for any employee younger than the normal retirement age of the company.

While a policy, which has a Free Cover Limit, is being implemented all employees younger than retirement age are automatically covered up to the FCL amount for all causes.

For any employee whose benefit requirement and cover level exceeds the FCL, or who is older than the retirement age of the company, cover for the additional amount is provided on an accident only basis. Each of these employees would be required to complete an Underwriting Questionnaire for our underwriters to assess in order to consider offering all causes cover. Our underwriters may request further medical as part of this assessment.

Claims Settlement

All admitted claims will be dealt with efficiently, ensuring that benefits are paid promptly, according to the terms of cover, to avoid any further distress to either the employee or their dependants. Where the benefit is an ongoing income, this will be settled monthly in arrears, after the waiting period has ended.

If you require any further details, please ask your Insurance Adviser or Broker.

Alternatively, please contact your nearest Unilife office, details of which are available on our website, or contact us on administration@unihealthandlife.com for further assistance.



Experienced **dedicated**
underwriting, actuarial
and claims departments...

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