

LIFE AND DISABILITY

IARC DEATH AND DISABILITY BENEFIT PLAN

MEMBER EXPLANATORY BOOKLET

May 2023



ISSUED BY
UTMOST WORLDWIDE LIMITED

A WORLD *of* DIFFERENCE

utmost[™]
CORPORATE SOLUTIONS

CONTENTS

PLAN OUTLINE	3
INTRODUCTION	3
ABOUT UTMOST CORPORATE SOLUTIONS	3
WHY UTMOST CORPORATE SOLUTIONS	3
ELIGIBILITY	4
EVENTS COVERED UNDER THE PLAN	4
DEATH IN SERVICE	5
ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)	5
LONG TERM DISABILITY (LTD)	7
MAINTENANCE OF OTHER BENEFITS WHILST LTD CLAIM IN PAYMENT	8
EXCLUSIONS	8
TERMINATION OF COVER	8
ENROLMENT IN THE PLAN AND ADMINISTRATIVE PROCEDURES	9
FREE COVER LIMIT	9
THE UNDERWRITING PROCESS	9
THE PERSONAL HISTORY QUESTIONNAIRE (PHQ)	10
THE PERSONAL MEDICAL ATTENDANT'S REPORT (PMAR)	10
THE MEDICAL EXAMINER'S REPORT (MER)	10
PAYMENT OF MEDICAL UNDERWRITING COSTS	11
COVER WHILST UNDERWRITING IS PENDING – 180 DAY PERIOD OF TEMPORARY COVER	11
UNDERWRITING DECISIONS	11
COMMUNICATION OF AN UNDERWRITING DECISION	12
CONFIDENTIALITY	12
CLAIM PROCEDURES AND BENEFIT PAYMENTS	13
IN THE EVENT OF DEATH	13
IN THE EVENT OF ACCIDENTAL DEATH	13
IN THE EVENT OF ACCIDENTAL DISMEMBERMENT	13
IN THE EVENT OF LONG-TERM DISABILITY	14
COMMUNICATION AND FORMS – ALL CLAIM TYPES	14
CLAIM REVIEW PROCEDURES FOR LONG TERM DISABILITY CLAIMS	14
CHANGES IN THE LONG-TERM DISABILITY BENEFIT AMOUNT	15
RECURRENCE OF DISABILITY AFTER GETTING BACK TO WORK	15
ADDITIONAL INFORMATION REQUIREMENTS	16
CONTACT US	17

PLAN OUTLINE

INTRODUCTION

The purpose of the IARC (International Agricultural Research Centers) Death and Disability Benefit Plan (the Plan) is to provide eligible employees, other personnel, and their families with adequate protection in the event of death, dismemberment or disability.

Group Life, Accidental Death and Dismemberment, and Long-Term Disability insurance is provided through Utmost Worldwide Limited in Guernsey, trading as Utmost Corporate Solutions and referred to as Utmost Corporate Solutions in this booklet.

Business Travel Accident Insurance does not form part of this document.

The Plan Currency is US Dollars and all benefits are paid in US Dollars. The insurance premium for this Plan is fully paid by the Plan Trustee on behalf of the member Centers.

ABOUT UTMOST CORPORATE SOLUTIONS

Utmost Corporate Solutions is a leading international insurer in the employee benefits market.

The Utmost Group of Companies has significant operations in the Channel Islands, Ireland and Isle of Man focused on:

- › group life and disability plans covering life, disability and critical illness,
- › group retirement and savings solutions and individual wealth accumulation and protection solutions using unit-linked life assurance.

Utmost Corporate Solutions is a partner of the Generali Employee Benefits (GEB) Network, the largest global network of employee benefit providers covering more than 100 countries worldwide and serving the needs of more than 1,500 multinational companies.

Being part of this global network also means that we work closely with employee benefit specialists in all locations throughout the world, imparting this knowledge and expertise to the clients with whom we work.

WHY UTMOST CORPORATE SOLUTIONS

- › A leading international specialist provider of exceptional group risk solutions and group savings and retirement solutions.
- › Over 30 years experience in the cross-border life insurance investment market.
- › Knowledgeable and diligent staff delivering truly personal service, supported by unrivalled technical expertise.
- › Flexible investment choices.
- › Extensive international capacity can often facilitate single employee benefit solutions.
- › Robust and tested claims management procedures.



ELIGIBILITY

All individuals employed and nominated by the Participating Centers in accordance with the rules of the Plan are eligible to participate in the Plan. Additionally employees' dependants are eligible to participate in the Plan if the dependant is:

- › the lawful spouse or non-married partner in accordance with the employee's Center policy, or
- › an unmarried child under the age of 26, or
- › a child with a disability of any age.

IMPORTANT NOTE

This document does not form part of a contractual arrangement. It is intended as a guideline only providing you with jargon free general information about the Plan and does not cover every exception or possibility. This booklet does not in any way override the Rules of the Plan or the Policy Documents between the Plan Trustee and Utmost Worldwide Limited, which constitute the legal documents that govern the operation of the Plan. Whilst the information in this brochure is correct as at May 2023, Utmost Corporate Solutions cannot be held responsible for future changes.

EVENTS COVERED UNDER THE PLAN

The following events are covered under the Plan for the following categories of staff:

	ACCIDENTAL DEATH	ACCIDENTAL DISMEMBERMENT	DEATH IN SERVICE	LONG TERM DISABILITY
FULL TIME EMPLOYEES	✓	✓	✓	✓
PART TIME EMPLOYEES	✓	✓	✓	✓
LONG TERM CONSULTANTS	✓	✓	✓	
SHORT TERM EMPLOYEES/ CONSULTANTS	✓	✓	✓	
VERY SHORT-TERM EMPLOYEES	✓	✓		
DEPENDANTS OF FULL AND PART-TIME EMPLOYEES	✓	✓		
DEPENDANTS OF LONG TERM CONSULTANTS	✓	✓		
DEPENDANTS OF SHORT TERM EMPLOYEES/ CONSULTANTS	✓	✓		
DEPENDANTS OF VERY SHORT TERM EMPLOYEES	✓	✓		

Additional voluntary coverage is not available.

DEATH IN SERVICE

A Life Insurance benefit is payable in the event of a death in service of an eligible employee due to any cause, subject to the exclusions stated on page 9.

For a full- or part-time employee, or long-term consultant, the death in service benefit is effective five days prior to the official date of his or her employment and ends 25 days (the grace period) after his or her termination of employment from the Center.

For a short-term employee or short-term consultant, the death in service benefit is effective on the date of his or her employment and ends on the date of his or her termination of employment from the Center.

A very short-term employee is not eligible for the death in service benefit.

The death in service benefit offered to eligible members of the Plan is equal to 3 or 5 times your annual base salary¹, rounded to next higher US\$1,000, or a flat fixed amount as determined by your employment status with the Center as described below:

ELIGIBLE EMPLOYEE STATUS	AGE OR CATEGORY	GROUP LIFE BENEFIT
Short term Employee/ Consultant		USD 50,000 or USD 100,000
Long term Consultant		USD 50,000 or USD 100,000
Full-time Employee and part-time Employee ²	Under 70	Full benefit: 3 or 5 times salary ¹
	70 up to 74	75% of full benefit
	75 up to 79	50% of full benefit
	80 and over	No benefit

NOTE: Cover in excess of Free Cover Limit is subject to provision of medical evidence as described below.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

For a full- or part-time employee, or long-term consultant and his or her eligible dependants, the AD&D benefit is effective five days prior to the official date of the member's employment and ends 25 days (the grace period) after the termination of the member's employment from the Center.

For a short-term or very short-term employee or short-term consultant and his or her dependants, the AD&D benefit is effective on the official date of the member's employment and ends on the date of the member's termination of employment from the Center.

The Accidental Death and Dismemberment Benefit is provided in case of death or dismemberment occurring within 180 days of an accident. In the unfortunate event of your death due to an accident, your beneficiary(ies) will receive a lump sum (Accidental Death) payment equal to your annual base salary multiplied by 3 or 5 depending on your Center, rounded to next higher US\$1,000, or a flat fixed amount as determined by your employment status with the Center as described below.

STATUS	AGE OR CATEGORY	AD&D BENEFIT
Short term Employee/Consultant or Very short-term Employee		USD 50,000 or USD 100,000
Long term Consultant		USD 50,000 or USD 100,000
Full-time Employee and part-time Employee ²	Under 70	Full benefit: 3 or 5 times salary ¹
	70 up to 74	75% of full benefit
	75 up to 79	50% of full benefit
	80 and over	No benefit
Dependants of: - full-time or part-time Employees, - long term Consultants, - short term Employees/Consultants - very short term Employees	Spouse/partner	50% of Employee's benefit
	Child	5% of Employee's benefit

¹ The multiple of salary as determined by the policy of your Center and agreed in advance with Utmost Corporate Solutions.

² The salary of Part-time Employees shall be deemed as the pro-rated salary as paid by your Center.

Please note that the AD&D Benefit is additional to life cover. If death results from an accident for which dismemberment has already been paid, however, the amount of the dismemberment benefit is then deducted from the death benefit payable.

In the event of you suffering an injury or disabling loss (Dismemberment) due to an accident, then you would receive a lump sum Accidental Dismemberment Benefit determined as a percentage of the full Accidental Death Benefit. A wide range of medical injuries and losses are covered by the Plan, as set out in the table below.

IN THE EVENT OF LOSS OF:		PERCENTAGE OF FULL BENEFIT
Life		100%
Total and irrevocable loss of sight, both eyes		100%
Loss of both arms or both hands		100%
Complete and permanent deafness of both ears, of traumatic origin		100%
Removal of lower jaw		100%
Permanent loss of speech of traumatic origin		100%
Loss of one arm and one leg		100%
Loss of one arm and one foot		100%
Loss of one hand and one foot		100%
Loss of one hand and one leg		100%
Loss of both legs		100%
Loss of both feet		100%
Head		
Loss of osseous substance of the skull in all its thickness	surface of at least 6 sq cm	40%
	surface of 3 to 6 sq cm	20%
	surface of less than 3 cm sq	10%
Partial removal of the lower jaw, rising section in its entirety or half of the maxillary bone		40%
Loss of one eye		40%
Complete and permanent deafness of one ear		30%
Upper Limbs		Right Left
Loss of one arm or one hand		60% 50%
Considerable loss of osseous substance of the arm (definite and incurable lesion)		50% 40%
Total paralysis of the upper limb (incurable lesion of the nerves)		65% 55%
Total paralysis of the circumflex nerve		20% 15%
Shoulder Anchylosis		40% 30%
Elbow Anchylosis		
in favourable position (15 degrees round the right angle)		25% 20%
in unfavourable position		40% 30%

IN THE EVENT OF LOSS OF:	PERCENTAGE OF FULL BENEFIT	
Extensive loss of osseous substance of the two bones of the forearm (definite and incurable lesion)	40%	30%
Total paralysis of the median nerve	45%	35%
Total paralysis of the radial nerve at the torsion cradle	40%	35%
Total paralysis of the forearm radial nerve	30%	25%
Total paralysis of the hand radial nerve	20%	15%
Total paralysis of the cubital nerve	30%	25%
Anchylosis of the wrist in favourable position (straight and in pronation)	20%	15%
Anchylosis of the wrist in unfavourable position (flexion or strained extension of supine position)	30%	25%
Total loss of thumb	20%	15%
Partial loss of thumb (ungual Phalanx).	10%	5%
Total Anchylosis of thumb	20%	15%
Total amputation of forefinger	15%	10%
Amputation of two phalanges of forefinger	10%	8%
Amputation of the ungual phalanx of forefinger	5%	3%
Simultaneous amputation of thumb and forefinger	35%	25%
Amputation of thumb and a finger other than forefinger	25%	20%
Amputation of two fingers other than thumb and forefinger	12%	8%
Amputation of three fingers other than thumb and forefinger	20%	15%
Amputation of four fingers including thumb	45%	40%
Amputation of four fingers excluding thumb	40%	35%
Amputation of the median finger	10%	8%
Amputation of a finger other than thumb, forefinger and median	7%	3%
Lower Limbs		
Amputation of thigh (upper half)	60%	
Amputation of thigh (lower half and leg)	50%	
Total loss of foot (tibio-tarsal disarticulation)	45%	
Partial loss of foot (sub-ankle bone disarticulation)	40%	
Partial loss of foot (medio-tarsal disarticulation)	35%	
Partial loss of foot (tarso-metatarsal disarticulation)	30%	
Total paralysis of lower limb (incurable nerve lesion)	60%	
Complete paralysis of the external popliteal sciatic nerve	30%	

IN THE EVENT OF LOSS OF:	PERCENTAGE OF FULL BENEFIT
Complete paralysis of the internal popliteal sciatic nerve	20%
Complete paralysis of two nerves (popliteal sciatic external and internal)	40%
Anchylosis of the hip	40%
Anchylosis of the knee	20%
Lower Limbs	
Loss of osseous substance from the thigh or both bones of the leg (incurable condition)	60%
Loss of osseous substance of the knee-pan with considerable separation of the fragments and considerable difficulty of movements in stretching the leg	40%
Loss of osseous substance of the knee-pan while the movements are preserved	20%
Shortening of the lower limb by at least 5cm	30%
Shortening of the lower limb by 3 to 5 cm	20%
Shortening of the lower limb by 1 to 3 cm	10%
Total amputation of all the toes	25%
Amputation of four toes including big toe	20%
Amputation of four toes	10%
Anchylosis of the big toe	10%
Amputation of two toes	5%
Amputation of one toe, other than the big toe	3%

The total compensation payable in respect of several disablements due to the same accident is arrived at by adding together the various sums, but shall not exceed the Accidental Death Benefit. If the Employee is left-handed, the percentages set out above for the various disabilities of the right upper limb and left upper limb will be transposed.

Permanent Disabilities not mentioned above shall be compensated in accordance with their seriousness as compared with that of those mentioned, the occupation of the Employee not being taken into consideration.

The partial or total 'functional' disablement, not specifically dealt with in the Schedule, of a limb or an organ is treated like the partial or total loss of the said limb or organ.

LONG TERM DISABILITY (LTD)

For a full- or part-time employee, the LTD benefit is effective on the official date of his or her employment and ends on the official date of his or her termination of employment from the Center.

A Long-term consultant, short-term employee/consultant or very short-term employee is not eligible for the LTD benefit.

Long Term Disability is a monthly benefit payable in the event that, due to either sickness or accident, you are totally unable to perform your usual occupation and, after 30 months, any suited occupation. Once the claim has been validated by Utmost Corporate Solutions, payment of the LTD benefit starts at the expiry of the deferred period. Deferred period means 180 days starting from the effective date of the Member's Incapacity until the date the LTD Benefit first becomes payable.

STATUS	AGE OR CATEGORY	LONG TERM DISABILITY BENEFIT
Short term Employee		No benefit
Long term Consultant		No benefit
Part-time Employee	Up to age 65	70% ³ of pro-rated monthly salary earned prior to disability less any other income as described below, subject to a maximum of USD 210,000 per annum, plus Employer Retirement Plan contributions for those Centers participating in the International Agricultural Research Centers Retirement Plan.
Full-time Employee	Up to age 65	70% ³ of monthly salary earned prior to disability less any other income as described below, subject to a maximum of USD 210,000 per annum, plus Employer Retirement Plan contributions for those Centers participating in the International Agricultural Research Centers Retirement Plan.
Dependant of Full-time or part-time Employee	Spouse/partner Child	No benefit

NOTE: Cover in excess of Free Cover Limit is subject to provision of medical evidence as described below.

³ LTD claims that both occurred and led to absence from work prior to 1 January 2010 are paid at 60% of monthly salary.

MAINTENANCE OF OTHER BENEFITS WHILST LTD CLAIM IN PAYMENT

Pension Contributions

If you actively participate in the IARC Retirement Plan by your Center making contributions on your behalf, your pension contributions will be paid by the Insurer in addition to the disability benefit payment that you will receive.

Death in service and Accidental Death & Dismemberment (AD&D) cover

If you become disabled before the age of 65 and are still employed by your Center, your life cover and AD&D cover will be maintained at the level in force before you became disabled whilst you remain an LTD claimant.

EXCLUSIONS

Please note that you will not be covered if your claim under the Plan is resulting from:

For all covers:

- › any intentional violation of the law;
- › active participation in a war or in warlike operations (active member of armed forces).

Coverage is not excluded when terrorist activity is involved as long as you are not an active participant.

Under AD&D cover:

- › intentional self-inflicted injuries;
- › use of drugs (except as prescribed under medical advice) or excessive use of alcohol.

Under LTD cover:

A Claim for mental or nervous conditions will cease after 24 months of benefit payment unless the Member is confined as an inpatient to a hospital for treatment.

There are no other limits imposed under the Plan.

TERMINATION OF COVER

Please note that cover under the Plan will cease automatically in the following circumstances:

Under LTD Cover:

- › on termination of employment

Under Death in Service Cover:

- › on 25th day after termination of employment for full time and part time employees
- › on date of termination for short-term employees and consultants

Under AD&D Cover:

- › on 25th day after termination of employment for full time and part time employees
- › on date of termination for short-term/very short-term employees, consultants and their dependants

The following age restrictions apply, and cover will cease on the following Termination Age:

COVERAGE	TERMINATION AGE
Death in Service Accidental Death and Dismemberment	At age 80
Long Term Disability	At age 65 or early retirement date

NOTE: There is no continuation option under the Plan once you leave the service of a Center or cease to be eligible.

ENROLMENT IN THE PLAN AND ADMINISTRATIVE PROCEDURES

Cover for eligible employees and dependants starts from the day you are accepted as an eligible member by the IARC Plan.

You will be given a Beneficiary Designation Form by your Center for completion. On this form, you will be required to indicate the name of your beneficiary(ies) to whom any plan benefits should be paid in the unfortunate event of your death.

Please note it is your responsibility to keep the form up to date especially in case of change in your family status (marriage, birth...) to ensure that the correct details are held. Please advise your Center and AIARC should you wish to make any change.

FREE COVER LIMIT

The Plan is offering a level of free cover to which you are entitled without the need to provide Utmost Corporate Solutions with any evidence of health.

This means that:

- › If your benefit does not exceed the maximum Free Cover Limit, you are immediately accepted under the Plan for full benefits.
- › If your benefit exceeds the maximum Free Cover Limit, you will need to follow the underwriting process as described below.

The maximum Free Cover Limit available under the Plan is as follows:

COVER	FREE COVER LIMIT
DEATH IN SERVICE	US\$1,500,000 of benefit
LONG TERM DISABILITY	US\$300,000 per annum of base salary

THE UNDERWRITING PROCESS

To be considered for your full benefit above the Free Cover Limit, you will need to provide medical information to Utmost Corporate Solutions' Chief Underwriter who will review your case and confirm the terms, which may be offered.

Your Center will provide you with a form called "Personal History Questionnaire" (PHQ), which you will need to complete and return to your Center who will forward it to Utmost Corporate Solutions' Underwriters.

Alternatively, you may send your PHQ directly to Utmost Corporate Solutions:

by email to underwritingandclaims@utmostworldwide.com or by post to Utmost Corporate Solutions, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.



THE PERSONAL HISTORY QUESTIONNAIRE (PHQ)

The PHQ is the first stage of the underwriting process. It primarily reviews your age, occupation, general habits, your personal medical history and family history.

Please complete all fields of the PHQ in full, as delay in the process will be incurred if this not done correctly. Should the form be incomplete, Utmost Corporate Solutions will contact you directly at the contact address you indicated on your PHQ (usually e-mail) to obtain further details.

The PHQ relies on an element of utmost good faith and it is assumed that any relevant personal details are declared honestly and accurately. Failure to do so could result in any claim being reduced or refused.

It is essential that you sign the consent form on the PHQ to enable Utmost Corporate Solutions to seek further medical evidence if required. Please note that an unsigned PHQ would be considered invalid.

If Utmost Corporate Solutions' Chief Underwriter is satisfied with the information contained in your PHQ and does not require any further medical evidence, a decision will be conveyed to AIARC who will notify you.

THE PERSONAL MEDICAL ATTENDANT'S REPORT (PMAR)

After review of your PHQ, our underwriters may need additional evidence to assess your case and may request the completion of a PMAR.

This report is completed by your regular medical practitioner based on your medical history. It is often used to clarify an issue declared on the PHQ or to confirm past medical history.

The PMAR is sent directly to your doctor as indicated on your PHQ. The doctor completes the form, using their records of your medical history, and returns it via Henner, our medical agents.

Should your doctor fail to respond, Utmost Corporate Solutions may contact you directly to assist them so that you may explain to your doctor the importance of a prompt response.

In the event that you do not have a regular doctor, Utmost Corporate Solutions would request that you attend a medical examination, which would be as described under the Medical Examiner's Report below.

THE MEDICAL EXAMINER'S REPORT (MER)

The MER is an independent medical examination, which provides details of your current state of health. This Report and/or specific laboratory tests may be required by our Chief Underwriter:

- › based on the details in your PHQ during the initial case review, or
- › if your sum assured exceeds the Free Cover Limit, or
- › if our Chief Underwriter requires more information following a PMAR.
- › The examination, which might include laboratory tests, will be arranged through our medical agents with an Utmost Corporate Solutions' approved doctor, (not your own doctor).

Our medical agents will advise you directly, using the contact details provided on your PHQ, of the name of the doctor and details of the medical facility (clinic) in order for you to make an appointment at a convenient time.

For your convenience our medical agents may ask you to provide the name of a clinic or hospital closer to your work where the examination and/or laboratory tests can be completed.

Our medical agents will deal directly with you throughout this process and AIARC will not be involved.

PAYMENT OF MEDICAL UNDERWRITING COSTS

Bills in respect of medical examinations will normally be paid to the medical facility directly by our medical agents (Henner), subject to the clinic being recommended by Henner and within their network of clinics. In the event that you choose to attend an alternative clinic not within Henner's network, then you are likely to have to pay the medical bill yourself at the time of the examination. You can then obtain a refund by sending the medical invoice and receipt to Henner, who will reimburse you directly. Please email all documents to prevention@henner.com.

Please note that costs will only be reimbursed for medical tests requested by Utmost Corporate Solutions or our medical agents. Any other tests or costs incurred shall not be reimbursed.

Should you experience any issues with the reimbursement, please email Utmost Corporate Solutions at: underwritingandclaims@utmostworldwide.com

COVER WHILST UNDERWRITING IS PENDING – 180 DAY PERIOD OF TEMPORARY COVER

Whilst underwriting is in progress you will be covered for full benefits with pre-existing medical conditions excluded for a period of 180 days. This is called the period of Temporary Cover.

Should the necessary medical evidence not be obtained after the 180-day period, underwriting will be suspended and your cover will be limited to the Free Cover Limit or a pre-existing medical condition exclusion will be imposed for benefits above the Free Cover Limit as explained below.

UNDERWRITING DECISIONS

Our Underwriter will confirm acceptance terms, when your full benefits exceed the Free Cover Limit, which may be one of the following:

- › Accept on standard terms - this means that you are accepted for full benefits.
- › Accept with an exclusion - this means that you are accepted for full benefits except the medical condition(s) detailed in the exclusion.
- › Accept with a pre-existing medical condition exclusion: In this case no benefit will be payable if the claim is as a result of any medical or related condition for which symptoms have appeared and which were first diagnosed, treated, advice sought or known to be in existence prior to the completion of the PHQ.
- › Postpone cover: This means that cover is restricted to the Free Cover Limit, but you have the option to request that Utmost Corporate Solutions reconsiders their decision at a later date. This decision may be applied for a variety of reasons, e.g. if you have recently begun treatment for a condition which is under review (such as high blood pressure), or if you have suffered a serious illness. Utmost Corporate Solutions will advise you of either a timeframe or the extent to which the medical condition needs to be fully diagnosed and stabilised or treatment completed, after which you may choose to request that we reconsider our decision. You will need to contact Utmost Corporate Solutions' Chief Medical Officer CMO@utmostworldwide.com in writing to request a review and provide up to date medical evidence at your own expense. You may be required to complete a new Personal History Questionnaire form.
- › Restricted to the Free Cover Limit - this means that cover above the Free Cover Limit is declined.

Please note that these Underwriting Decisions only relate to benefits in excess of the Free Cover Limit. If your benefit is within the Free Cover Limit, then you are immediately accepted under the Plan for full benefits.

Once this process has been done and acceptance terms have been confirmed, you will not need to be underwritten again unless you have a salary increase of over 20% in any twelve-month period and if this increase brings your benefit above the Free Cover Limit.

Underwriting may be required if you move to a new Center and your benefit entitlement goes above the Free Cover Limit.

COMMUNICATION OF AN UNDERWRITING DECISION

Acceptance terms as described above are communicated to AIARC by our Chief Underwriter. In the event that you are accepted on standard term then AIARC will advise you of Utmost Corporate Solutions' decision. In the event that your cover has been restricted or an exclusion has been applied, then Utmost Corporate Solutions' Chief Underwriter will advise you of this decision in writing, in a confidential sealed letter that is sent via the AIARC office.

Please note Utmost Corporate Solutions does not communicate any decision directly with you unless a non-standard decision has been made.

In the event that your cover has been restricted or an exclusion has been applied, our Chief Underwriter's letter will offer you the option to contact our Chief Medical Officer should you wish to seek clarification regarding this underwriting decision. You will be invited to write to the Chief Medical Officer (CMO), at CMO@utmostworldwide.com or Utmost Corporate Solutions, Utmost House, Hirzel Street, St. Peter Port, Guernsey GY1 4PA, Channel Islands.

Correspondence will be directly between yourself and the CMO and will not involve AIARC or your Center in any way. Any response which involves medical information will be provided to your doctor as disclosed on the PHQ, and not directly to yourself.

Your doctor is invited to comment on the decision or provide additional information. The original underwriting decision would then be reviewed.

CONFIDENTIALITY

Utmost Corporate Solutions' underwriting team deals with the collection of the medical information and uses the services of contracted medical agents, who have global networks of recommended independent doctors. The medical forms (PMAR, MER etc.) are issued by our underwriter (or via our medical agents) directly to your medical practitioner or independent doctor and these forms should be returned to the Chief Medical Underwriter (or the medical agents if issued by them) to ensure complete confidentiality.

CLAIM PROCEDURES AND BENEFIT PAYMENTS

Utmost Corporate Solutions aims to deal with all claims efficiently and equitably to ensure that all benefits are paid on time and any further distress to you or your dependants is minimised. All claims are to be filed through AIARC. Originals or original certified copies need to be provided.

IN THE EVENT OF DEATH

In the unfortunate event of your death whilst in service, your beneficiaries will be required to supply AIARC with the following information:

- › A Physician's Confidential Statement of Death Form.
- › A Death Certificate.
- › A medical report if the Death Certificate is insufficient to validate the claim.
- › Member's Proof of Age such as Birth Certificate, ID card or passport.
- › A Marriage Certificate (where death certificate or proof of ID shows maiden name).

Once the validity of the claim has been established, the death benefit shall be paid by Utmost Corporate Solutions as a lump sum to the Plan Trustee who will then distribute the benefit amount between the beneficiaries named on your Beneficiary Designation Form.

IN THE EVENT OF ACCIDENTAL DEATH

In the unfortunate event of your Accidental Death or the Accidental Death of one of your Dependants, the evidence required for the death claim, as mentioned above, shall be supplied to AIARC plus:

- › An accident or police report.

As with the death claim, once the validity of the claim has been established, the benefit shall be paid by the Plan Trustee to your beneficiaries or, in the event of your dependant's death to yourself unless otherwise notified.

IN THE EVENT OF ACCIDENTAL DISMEMBERMENT

In the event of Dismemberment, the following evidence shall be required to be submitted to AIARC:

- › Group Accidental Dismemberment Claim Form – Employee's Notification
- › A Medical Report to confirm the extent of the incapacity
- › An accident or police report.
- › Member's Proof of Age such as Birth Certificate, ID card or passport
- › A Marriage Certificate (where accident report or proof of ID shows maiden name)

Once the dismemberment claim has been reviewed and accepted by Utmost Corporate Solutions, the benefit shall be paid as per instructions given by the Plan Trustee on the claim form.

IN THE EVENT OF LONG-TERM DISABILITY

In the event of sickness or injury, which may lead to an LTD claim as you are unable to perform your “own occupation”, you shall be requested by your Center to provide the following information to AIARC:

- › Group Long Term Disability Claim Form – Employee’s Notification.
- › A Group Long Term Disability General Practitioner’s Report (GPR).
- › Member’s Proof of Age such as Birth Certificate, ID card or passport.
- › A Marriage Certificate (where proof of ID shows maiden name).
- › Medical certificates to indicate periods of absence from work.
- › A copy of your most recent job description.

It is important that notification of the claim is made to AIARC as early as possible, so as not to delay the review and acceptance of the claim. Once the claim has been validated by Utmost Corporate Solutions, payment of the LTD benefit starts after the expiry of the deferred period. All the claim information is required to be submitted to AIARC at least 30 days prior to payment of the claim. Failure to do so will cause delays and will extend the deferred period until the claim is reviewed and accepted by Utmost Corporate Solutions.

Every effort will be made by Utmost Corporate Solutions to arrive at a decision by the end of the Deferred Period for a Long-Term Disability claim. In some instances, particularly if there have been delays in receiving the requested evidence, a decision within this time may not be possible. Should Utmost Corporate Solutions be unable to reach a decision at the end of the Deferred Period, and should the claim subsequently be accepted, the first payment will cover the period of time from the end of the Deferred Period to the date the claim is admitted.

The LTD claim is paid monthly as per instructions provided by the Plan Trustee. It should be noted that the benefit payments will be made gross from Utmost Corporate Solutions and it is your responsibility to ensure that any tax liability is met.

COMMUNICATION AND FORMS – ALL CLAIM TYPES

Your Center will provide you or your beneficiaries with all the necessary forms. These documents should be sent to AIARC by your Center.

Having investigated the facts of the potential claim, Utmost Corporate Solutions will advise AIARC of the acceptance or declination of the claim. In the event of death or accidental death, your Center is then responsible for advising your beneficiaries of this decision. In the event of an accidental dismemberment claim, your Center is then responsible for advising you of this decision. In the event of a Long-Term Disability claim, Utmost Corporate Solutions will advise AIARC of its decision to accept or decline the claim.

CLAIM REVIEW PROCEDURES FOR LONG TERM DISABILITY CLAIMS

- › When the claim is first accepted Utmost Corporate Solutions will advise your Center of the date when your claim must next be reviewed.
- › The objective of the medical review is to assess the continued validity of the Long-Term Disability claim in payment.
- › Your medical results will need to reach us on the review date so that your disability can be assessed without delay and payments can be maintained as applicable. As a consequence, you will need to organise the medical examination with your doctor or independent consultant, as required in advance of that date.
- › You will incur the medical costs in respect of the medical review.
- › Utmost Corporate Solutions may require additional tests to be performed. In this case, these would be organised in the same way as the MER above and medical fees shall be paid directly or reimbursed to you by Utmost Corporate Solutions.
- › Please note that if you do not provide Utmost Corporate Solutions with evidence that you are still incapacitated within the required timeframe, payment of the claim shall be suspended.

In addition, you may be required to undergo a medical so Utmost Corporate Solutions may obtain a Medical Report confirming the extent of your incapacity.

CHANGES IN THE LONG-TERM DISABILITY BENEFIT AMOUNT

Increase in benefits - Indexation

The benefit follows an indexation and is increased by 5% each year.

Reduction in benefits – Receipt of other Income related to your disability:

If you receive an income from other sources, this will need to be disclosed initially under the Employee Claim form and in writing should your circumstances change at any point in the future as these will be offset against the benefit paid.

These other sources could include:

- › National Insurance or Social Security benefit.
- › Other insurance policies, loan protection agreements, which can provide the claimant with an income.
- › Pension and or a salary.
- › Other income from any source.

Should you return to work in a limited capacity and suffer from loss of earnings consequent to this incapacity, you will receive the difference between your reduced earnings and the disability benefit that would have been paid had you not returned to work.

Termination of benefits

The circumstances under which benefit payments will stop are:

- › You return to work on a full-time basis.
- › You are able to perform any occupation after 30 months on LTD benefit
- › You reach Normal Retirement Date.
- › You die.

RECURRENCE OF DISABILITY AFTER GETTING BACK TO WORK

If you return to work and become incapacitated again as the result of the same cause as the original claim and within two months of getting back to work, the LTD benefit will continue to be paid as of the date of that relapse. Further evidence may be required to show that you continue to meet the definition of incapacity.



ADDITIONAL INFORMATION REQUIREMENTS

Should you have any further questions, please contact your
Center or AIARC:

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Utmost Corporate Solutions is the trading name
used by Utmost Worldwide Limited and a number
of Utmost companies.

A WORLD *of* DIFFERENCE

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No. 27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

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