JULY/AUGUST 2026
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ROUNDTABLE

WORKPLACE BENEFITS UNDER PRESSURE

- FINDING MOMENTUM IN THE PROTECTION MARKET
- PRODUCT INNOVATION TO DELIVER BETTER OUTCOMES

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FROM PROTECTION TO PRODUCTIVITY

Advisers could be forgiven for thinking that much of the hard work is done when it comes to promoting the benefits of workplace health and protection to employers

John Greenwood
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The sector has grown considerably in recent years, with employers becoming far more conscious of the value of health and wellbeing benefits following the pandemic. This message has been reinforced by rising levels of long-term sickness among working-age adults, and ongoing pressures accessing NHS services. Against this background, it is not hard to see why both larger and smaller employers are looking at insurance-led solutions to reduce absence and support the health and wellbeing needs of their staff.

But as Corporate Adviser's latest Workplace Protection and Wellbeing report shows, the market is becoming more challenging, with affordability once again becoming a defining issue. Premium increases, higher employment costs and continuing economic uncertainty mean employers are now scrutinising every pound they spend. Employers still value workplace protection, but they now also want advisers and providers to demonstrate exactly what their investment delivers.

This is where the hard work starts. The debate is no longer simply about what product employers can afford: private medical insurance, group income protection, life assurance or a cash plan product? As the providers and advisers attending this round table event made clear, the conversations they have with employers are now more narrowly focused on how these various products can help reduce absence, improve productivity and support employees back into work.

Historically, group risk products were viewed primarily as insurance policies that paid claims when something went wrong. Today, much of their value lies in the early intervention and digital health services and helping those out of work back into work, via specialist clinical support and rehabilitation services.

This shift from protection towards prevention explains why discussions about digital engagement, AI, genomics and integrated wellbeing services are just as important as those around premiums. Technology is allowing providers to identify health issues earlier, engage employees more effectively and support return-to-work outcomes, through virtual GPs, mental health services, cancer care pathways or AI-assisted health management. But innovation alone is not enough, it needs to be backed by evidence that these services deliver results.

Employers are starting to understand that rising sickness absence is a critical business issue, not solely an HR concern. But those at board level still find it difficult to quantify the financial value of a range of prevention measures. Advisers can explain the range of support services available, but it is harder to calculate the costs avoided as a result of such services. But finance directors will increasingly want to see evidence around this, be it better data around rehabilitation outcomes, utilisation of early intervention services or successful return-to-work rates.

This may require advisers to aggregate evidence across client books and translate complex health outcomes into business metrics that resonate with employers. Without this, innovation risks becoming another cost rather than an investment. The protection market has developed a whole range of services to meet the needs of today's workplace. But in a more constrained economic environment, future success will depend less on who offers the longest list of added-value services, but who can demonstrate that these services genuinely improve outcomes for employees and employers alike.

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FINDING MOMENTUM IN THE PROTECTION AND WELLBEING MARKET

The industry is firmly behind the Keep Britain Working review, but acknowledges its recommendations are unlikely to be a silver bullet for the group protection market. John Lappin hears more

The Mayfield Review team "absolutely gets" what the group income protection sector does and also wants to explore what more it can do.

Katharine Moxham, the spokesperson for industry body Group Risk Development (Grid), made this assertion at a recent Corporate Adviser round table event, titled 'Workplace benefits under pressure: balancing costs, care and outcomes.'

Officially known as the Keep Britain Working Review and chaired by former John Lewis chief Sir Charlie Mayfield, the Review was launched by the UK government in 2024 and looks to tackle issues related to chronic workplace absence.

Panellists suggested that the Review's final recommendations, published in November last year, should give the sector a huge opportunity to design products for SMEs to help them manage absence, but also pointed out that the Review could not do everything for them, with some product and distribution challenges for the sector still to resolve.

Moxham said that the Review doesn't mean that group income protection will be recommended as the sole solution, or employers will end up being compelled to buy these insurance products.

She said: "An employer has lots of things in their kit bag. Group income protection is one of them. Some employers will use other means, and I think the Review doesn't want to point anyone particularly to one thing or another. But there is merit in exploring further with them how we can support things."

Panellists were also realistic about what might be recommended.

Canada Life UK head of product and proposition strategy Chris Morgan said: "They will not do our job for us. But there's a good chance that our products will be endorsed or we will be able to design our products so that they meet the needs that the government policy will likely set out.

"It is a fantastic opportunity for us to present to a small business that income protection, packaged well and with a few tweaks, can provide a simple solution for an employer to help manage sickness absence. The reality is that small companies just don't have the resources. They don't have the capability. They don't have the knowledge to manage it."

Rally behind Mayfield

Panellists called on the industry to rally behind the Review.

David Williams, head of group risk at Everywhen, said: "As an industry, we have to rally behind it because it's a significant piece of research, which could really change how we work."

He added: "The reality is that employers will be encouraged, at the very least, to better support their employees, to stay in work and return to work. They will have a choice between insurance and non-insurance conventional health services. I think that the costs in that comparison will be much more obvious in the future. We are moving away from a world where benefits are bought in silos."

Others said the Review provided a huge opportunity to keep insurance on the agenda, especially as the surge of interest in the product post-Covid has begun to fade.

Terry Froment, head of group risk at Brown and Brown said: "It's keeping it on the agenda. We had the Covid bubble. Everyone realised that we're mortal and we're going to get sick. There was this great surge of interest in what we did, which is just starting to lose momentum because we're four or five years past it now. We've all gone back to being invincible and never going to die. Keep Britain Working has come along at just the right time to keep [workplace protection] on the agenda."

Government help

Morgan stressed that while the Review panel is doing important work, clear recommendations to employers are yet to be forthcoming.

"Neither has (the Review) talked about how they're going to compel or encourage employers who are not already doing this stuff to do it. We're still at the early stages, but from what I'm seeing, I think it's really positive for our market, but we will need to

step up to that in terms of product development and distribution. In terms of distribution the government isn't going to solve that problem.

"We still need to be there for companies which need help managing sickness absence. And our products can potentially provide a solution for that. But we need to find new ways of reaching new customers at greater scale than we do now."

Titan Wealth corporate benefits consultant Ian Lewer also urged continued industry focus on this issue, particularly given there is now a new prime minister in charge. He said: "We've got the spotlight, but it's very easy for that to move on, especially with a new government. Things can change and priorities move. If you're not careful, you're the one that gets dumped by the wayside, when something new, jazzy and interesting comes along."

Some advisers also hold out hopes of a snowball effect among smaller employers.

AJ Gallagher senior health and risk consultant Amanda Gill said: "For something such as income protection or absence support, if one SME is doing it, then the competitor will be driven to do it. It's a massive retention tool, so that will probably drive more interest within different industries. There's a lot of the feedback we get from bigger clients saying: 'Well, our competitors are offering this, we're losing people because of this. So, we need to up our game'."

Adviser opportunity

Morgan expressed that there was "definitely a role for us to help an employer manage the broader sickness absence question, which the product does, by and large at the moment, though there are still some gaps."

He continued: "The likelihood is those recommendations are not going to say to each individual employer, you must do

this. What they're going to say is 'we want you to encourage this kind of outcome'. That will give enough flexibility to individual employers to do slightly different things relevant to their workforce. For advisers, the nature of the advice you provide will probably change when you get into sickness absence proper and business productivity rather than just employee benefits."

It was asked at the round table whether the government needed to do more, potentially even providing tax breaks or auto-enrolment, but Moxham conceded that this was very unlikely to happen.

Price point

A recurring theme for the round table was price sensitivity in this market. Williams said that while there was opportunity for more SMEs to buy protection, it needs to be "at a decent price point" because of the economic challenges employers face now.

"In a way, the timing is unlucky because it suggests putting the employer right in the middle of the whole employee health issue, just at a time when employers don't have a lot of cash," he said.

MetLife UK deputy CEO Adrian Matthews also claimed that an absence management tool could hold great appeal.

"This tool is for particularly the 20 per cent of businesses who don't monitor their absence whatsoever. The other 80 per cent will probably say I don't want another virtual GP. I've already got an all-singing, all-dancing one. But Mayfield will put the employer in the middle, but also put the onus on employees to accept responsibility as well."

There was also a call for more data around outcomes, with both providers and advisers sharing more information with


Kevin Grant

employers. Williams said: "Obviously with the added benefits of digital usage, we can track who's registered and used services like the virtual GP. But can we also track the outcomes of this, so if someone's had a mental health episode and used this service what was the outcome? We know they might have made six calls, but are we tracking the actual health outcomes?"

Also at the round table, it was explored how confidentiality may stymie some data sources. Matthews said: "If you have an an early intervention service that signposts people towards various early intervention services this should have a positive impact. But it's hard to get the data on these end results because of confidentiality around who's called the EAP."

Gill said : "It would be good to get data where people have contacted the EAP. And then at the end of their sessions find out whether they are still in work."

Communicating better outcomes

There was also a lot of discussion at the round table about the use of data and technology, and how this could be applied to improve understanding and communication.

YuLife chief revenue officer Keith Bale said it was important to start with key outcomes that employers want to see. "As a first step, you could show the value employers have seen that year, via an annual value statement. Let's say if they've spent five thousand pounds and got back a return of eight thousand pounds. If I'm an employer and I see that, I go 'great, that's that's a good return'. Why would I not continue?"

Froment suggested that insurers might commit to sending a value statement along with a renewal and telling employers the engagement they had. Matthews added that this already occurs with certain sized companies, but suggested that this is a problem if there is a company of 10 people and three use an EAP counselling service, as people could easily be identified.

Froment suggested aggregating data to tell employers the benefit that companies of their size are getting. Bale suggested there was nothing to stop an adviser doing so as well.

He said: "You could aggregate it for your book and you could say, I know the value of an EAP. Or you could work with MetLife and Canada Life. You could find the value of an EAP, the return on investment, and you could do it across your book and say, we're going to have our own value statement that goes out to our employers. It's not just the insurer. It's on both insurers and advisers. You do it for the large employers. There has to be an easy pathway for SMEs." ■


Chris Morgan


Caroline Katnoria


David Williams

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Stop paying for sickness. Start preventing it.

70%

of employees using YuLife **reported improved chronic-pain symptoms**

Source: *YuLife internal data, Knowledge Transfer Partnership (KTP), 2023, 26 month research collaboration with the University of Esse x , part funded by Innovate UK using*

96%

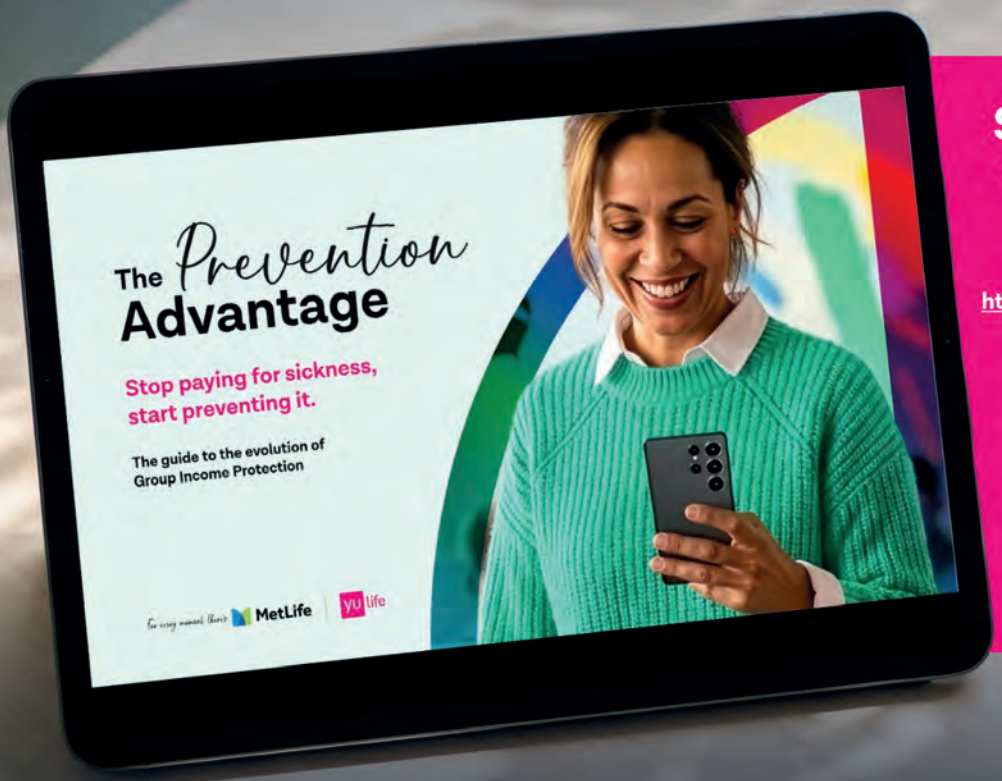
stay in or return to work when early intervention happens within four weeks

Source: *MetLife UK, UK Early Intervention service data, 2025*

48p

back for every £1 you're losing to sickness with prevention-led GIP

Source: *The Prevention Advantage Guide, 2026*



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WORKPLACE BENEFITS UNDER PRESSURE ROUND TABLE

PRODUCT INNOVATION UNDER COST PRESSURES

AI, genomic testing and new mental health and clinical pathways are delivering for more cost-conscious employers amid a tougher economic background. **John Lappin** reports

The group protection and wellbeing sector has been challenged to find ways to innovate in an environment where employers are incredibly cost conscious.

Advisers believe that there needs to be a huge push on employer understanding of the value insurance can deliver. But they also admitted that their practical experience showed how difficult it could be to overcome such misunderstandings.

YuLife chief revenue officer Keith Bale, noting the headwinds facing employers over the minimum wage and national insurance increases, stressed the importance of advisers and insurers getting the story and the data across about how beneficial group income protection can be in a "really crisp way", because "every pound matters to an employer right now".

Cutting absence - a business imperative

MetLife UK deputy CEO Adrian Matthews said: "The average employee is now taking almost 10 days off a year, making for around £200bn in absence costs overall. That's costing everyone in the country. And that's before we start talking about presenteeism.

"Absence is often talked about as a HR problem, but it's not. This is a business imperative. It's costing businesses hundreds of thousands of pounds every day. We have a chance of moving things. We're very good at paying claims, and we've got to move it towards prevention."

There were concerns about employers not understanding income protection and indeed how costs could be held down.

Caroline Katnoria, senior consultant for risk & healthcare at PIB Employee Benefits, said: "Some employers think that income protection should be paid to termination age. But as we know, you can have a limited payment term. Employers also don't see all the other added benefits with the early intervention services and rehab, though it is an affordability issue as well."

Titan Wealth corporate benefits consultant Ian Lewer also raised the issue that some employers think GIP is about "encouraging people to take time off".

"Yet we know it prevents people from taking time off and in many cases reduces absences. I've seen that with my own eyes, but I can tell that to some clients until I'm blue in the face and they won't believe me. They say: 'No, if I have GIP, more people will take time off because they think they are going to get paid.'"

He also argued that it was also important for the government and the legislature to better understand the product.

Katharine Moxham, the spokesperson for industry body Group Risk Development, suggested that policymakers do now "get what we do and see the benefit of it, particularly for smaller employers" echoing her position on the Mayfield Review.

Brown and Brown head of group risk Terry Froment suggested that even when the client understands this product, "you still have this struggle of communicating that the real return on investment on income protection is not the amount of people that go to claim. It's the amount of people that don't. How do you present that back to a finance director? You've spent money on this and everyone is still at work."

David Williams, head of group risk at Everywhen described where a client might take out critical illness over income protection because "it's a list of illnesses which have to be visible to claim to get the money".

He added: "That is missing the point. It's not just about having the money. The money is the support, but there's all the other stuff about prevention but that is the challenge we face."

14 weeks is too late

Froment also pointed out another related misconception. He said: "I'll still get called at 14 weeks of absence with the employer saying we've had somebody off for 14 weeks, and asking don't they have this protection thing. They think that employees have to be off for three months before they contact us. It doesn't matter how many times we ask them to inform us as early as possible about staff absences to make the most of the early intervention tools and support services. In the nicest sense, we don't work like other insurance. It goes against the grain of everyone's experiences of the wider insurance industry."

AJ Gallagher's senior health and risk consultant Amanda Gill said: "When we discuss absence with clients that don't have income protection, smaller companies say: 'It's fine. It's just still on the payroll and we'll just manage it'. It is the value adds and the early intervention and the rehab and all that support that needs to really come to the surface more."

Isio Workplace health and wellbeing senior manager Kevin Grant said that communication is key to selling income protection, but there is difficulty in getting that ROI. "Information is easier in group CI or group life because it pays out. It's tangible. But with income protection, it's less tangible. We're trying to convince the finance director about the value of having it in the first place. Well, how do you do that? Maybe we need to get better at being able to communicate that to employers."

Katnoria asked: "Could they [insurers]

give advisers an example of the cost of all the added value benefits, as if you took it out separately? If you break down all the costs of the EAP, the mental health counselling, that would really help us to sell the product."

Matthews added: "For GIP, we absolutely want people to engage with early intervention tools. If you were to take the early intervention out, you're missing the point of GIP."

He also pointed out that if you started unbundling costs it opens up employees and employers to P11D charges.

Measuring engagement

Froment also suggested that people may not engage with things they don't pay for.

Bale added a twist on that: "You don't value what you don't engage in. What I see is if employers or their employees don't engage with the benefit or the extra services added by the insurers, then the churn rate does go up significantly. We've got a traffic light system. If they're not engaged in those benefits straight away, then we can look at ways to address this. We can start to unlock that by giving more information on usage that employees have had. Often this can make a real difference."

Winning over financial directors

Gill said: "There is a role for advisers to make sense of all the value adds, because some HR departments are limited in their time and what they can manage because their costs have been cut too. If you've got income protection with one provider, life with another, and PMI with another, it's hard to see the wood for the trees. As advisers we can sit down with clients and discuss what their aims are. Maybe it is not about all products for all employees. It is about building a programme and clearing a lot of the noise away."

Lewer explained that a priority was helping HR people who don't have benefits backgrounds, as firms are being paid to provide this support. There was talk of going beyond the HR manager in terms of absence management.

Bale said technology will help. "Rather than relying on line managers to flag illness, we've got AI coming now. This is going to help us all. If we make smart use of that, you can then use the technology to do the job for you. Engage people, get those flags built in, and the whole thing becomes a lot more seamless. A big part of our answer comes in there."

Grant says: "It would be great if we could show some kind of journey for somebody who's gone off sick, compared to if they engaged in the intervention services.

"What does that look like for an employer if they did engage and what if they didn't, what was the outcome? What was the actual spend? What if you had to get cover, get somebody else to do the extra work that this person couldn't do? That would be an easier sell to a finance director in terms of showing that journey. Once you have that you can see the tangible benefit."

Williams said: "It's often the indirect absence costs that get missed. The direct cost is paying sick pay, that's quite obvious. But you've also got to consider people coming in to cover that role, or the extra hours the HR team are doing to support a return to work. This interaction is often missed with an absence.

Gill added that there needed to be more frequent engagement than just at renewal. "Say you've got someone new in your HR team. Shall we get MetLife to have a chat with you about what the services are? Should we get the EAP provider in to run through that with you? It's this engagement that's needed, outside of those peak periods."

Bale also noted the benefits of a champion within the business and how to help them. "When you find a champion at the customer end, who believes in the product and wants to get it conveyed to their employees, then you make it really easy for them. Be that technology, be that however you do it, you make it very easy for them. You give them the tools to be able to disseminate that on a regular, ongoing basis and engage their employees."

Katnoria added: "Some of the insurers have introduced claims relationship managers for the bigger clients as well. That works really well with my clients where they can have regular meetings once a month where we run through all the claims, absences and everything. That really helps the HR team. She pointed out that issues around mental health are "through the roof" but said it's clearly demonstrated that people are returning to work quite quickly by using these support services. This contrasts to those who don't have this support.

Those at the events agreed that evidencing this helps when having conversations with employers, and also when talking to governments. Moxham said: "This is vital for discussions with policy makers. We say we get people back to work and they reply, show us. What are the numbers? But we are now demonstrating what we can do as an industry" ■

OPINION

SUPPORTING EMPLOYEES WITH SPECIALIST CANCER CARE

» **Chris Morgan**, head of product and proposition strategy, protection, Canada Life

The cancer landscape is changing. More working-age people are being diagnosed, but survival rates are improving. The consequence is that more people in the workforce are living with the long-term effects of cancer treatment. A diagnosis touches every aspect of an employee's life – physical, psychological and practical – and can affect absence, productivity, team stability and long-term workforce resilience. Nearly 70% of our Group Critical Illness claims last year were for cancer[1] and, while financial protection provides essential security, treatment and recovery are complex and extend far beyond hospital appointments.

Recovery is frequently under-supported; fatigue, pain, anxiety, loss of confidence and work-related challenges can persist without structured rehabilitation or access to specialist care. Research shows that 1 in 3 people living with and beyond cancer continue to experience severe unmet needs[2].

We have introduced Specialist Cancer Care with Perci Health to support customers after a cancer diagnosis. It gives employees or an eligible loved one* access to dedicated cancer experts through a seamless digital service from diagnosis, through treatment and beyond.

Dedicated Cancer Nurse Specialists

Employees get access to a dedicated Cancer Nurse Specialist (CNS) who provides support for up to 12 months. Support is delivered via video or telephone appointments, with secure messaging between sessions. The CNS explains the diagnosis, creates a personalised care plan, prepares employees for hospital appointments, helps manage side effects, offers emotional and practical support, and assists recovery and return to work, where appropriate.

Access to a team of specialist cancer clinicians

Employees can also access up to three additional sessions with a team of specialist clinicians. Where more complex needs arise, the CNS coordinates experts in oncology rehabilitation, such as physiotherapists, dieticians, psychologists, menopause specialists and pain or neuropathy experts. These targeted interventions complement NHS or private treatment, help manage side effects and support rehabilitation and recovery.

Seamless digital experience

Cancer care is often fragmented and administratively heavy. The Perci Health platform is oncology-specific technology designed to enhance specialist care, reduce repetition and stop members having to retell their story. It connects employees and clinicians with a shared electronic health record and personalised step-by-step guidance through treatment and beyond. The CNS aligns clinicians to avoid mixed advice, whilst employees can access notes, care plans and trusted, tailored information in one place.

What this means for advisers

This service gives you a clear, practical way to enhance client conversations and benefit strategies by introducing structured, specialist cancer care alongside existing benefits. Positioned as part of a wider wellbeing and protection offering, it enables more informed discussions on absence management, return-to-work planning and sustainable workforce participation. All of which are potential new consulting opportunities for workplace advisers. Traditional healthcare excels at diagnosis and treatment but often cannot provide ongoing, wrap-around support, leaving gaps across diagnosis, treatment and recovery. The National Cancer Plan promises earlier detection and personalised care plans, but delivery of services such as psychological support, physiotherapy and nutritional advice is constrained by pressures on the NHS. Specialist Cancer Care helps bridge these gaps, ensuring people not only receive a personalised care plan but also access to the specialist support needed to act on it.

For you, this means moving conversations beyond the pay out, demonstrating structured clinical care at claim, consulting on cancer support in the workplace, amongst a wider wellbeing agenda, and helping employers address concerns about recovery, absence and workforce impact. For your clients, it is a chance to act now – ahead of the ten-year Cancer Plan – by offering additional support so employees receive comprehensive, personalised care from day one and by shifting the focus beyond financial protection to practical support for the increasing numbers of working-age employees affected by cancer. ■

Find out more: https://tinyurl.com/4ejy35da

1Canada Life Data as at 31 December 2025
2 Macmillan Cancer 2015 https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/14735-10061/hidden-at-home-march-2015

*This service is available for employees claiming under a Group Critical Illness policy, or the employee's spouse/partner making a critical illness claim on the policy, or an immediate family caregiver providing care for the employee, spouse, partner, or child. These services cannot directly support anyone under the age of 18.
This service is a non-contractual benefit provided through Canada Life and can be altered or withdrawn at any time.

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OPINION

GROUP INCOME PROTECTION IS MORE THAN JUST GROUP INCOME PROTECTION

» **Keith Bale**, chief revenue officer at YuLife, and **Adrian Matthews**, deputy CEO at MetLife UK

The Keep Britain Working review landed in November and, for anyone working in protection, it confirmed what the data had been signalling for a while. Sickness absence is at a 15-year high, economic inactivity due to poor health is costing the UK £212bn a year, and the government is now outwardly sharing the responsibility with employers. The policy direction is set. What's less settled is whether the protection industry is moving fast enough to meet it.

Right now there is a significant gap between what GIP can deliver and what most clients think they're buying.

Most businesses still think of GIP as a payout mechanism. Something sits dormant in the benefits package, activates when an employee goes off sick long-term, and covers the income replacement cost. That function is real and valuable. The GIP market paid out £633.6m in claims in 2024, with an average claim of £27,206. Nobody is arguing against the safety net. The more interesting question is what happens to all the risk that never becomes a claim, and whether the policy is doing anything about it.

The answer, in most cases, is nothing. And that is where the commercial conversation gets interesting.

A 25-person business where employees take the current UK average of 9.4 sick days a year is losing roughly £28,200 in short-term absence costs alone, before a single long-term claim is ever made. Add the statistical likelihood of one long-term absence per year for a business that size and the total cost of doing nothing reaches £48,935. That number never appears on an invoice. It just erodes margin, disrupts delivery and quietly exhausts the people left holding things together. For every £1 lost to sickness, a prevention-led GIP model returns 48p. That is the number advisers should be putting in front of clients, because it reframes the entire conversation from cost to investment.

Here is what most clients miss: the early support is already there. Early intervention has been part of GIP for years, and MetLife UK has run an early intervention facility provided by HCB Group for well over a decade. Triggering support within the first four weeks of someone showing signs of ill health results in 96 per cent of employees staying in or returning to work. Without it, only 30 per cent do. The issue is that too often someone becoming unwell goes undetected. Employees don't know the support is there, or don't flag the issue to their manager until the situation has already escalated.

This is where engagement and data change the equation. Gamification tackles the engagement problem head on. By building healthy habits into something that feels more like a daily experience than a corporate HR initiative, the YuLife app generates sustained engagement that actually moves health outcomes. A 26-month randomised controlled trial with the University of Essex found the gamified group saw a 20 per cent reduction in long-term health risk, 14 per cent fewer high-stress days and a 37 per cent improvement in task focus. Just as importantly, that daily engagement connects the two halves of the product. It keeps employees and employers active in the process, so early signs surface sooner and the early intervention pathway is triggered with MetLife UK before a claim is ever made.

The practical implication for advisers is a set of questions most annual reviews are not asking. Is engagement high enough that people are picked up before absence begins? Is the policy set up to connect employees to clinical support without waiting for a line manager to notice? Can the insurer feed anonymised, population-level health signals back to HR, so emerging risk is visible before it becomes an absence trend?

The industry spent decades perfecting the payout. The real opportunity now is preventing the claim in the first place, by making sure the early support already built into GIP actually reaches people in time. Advisers who lead that conversation aren't just renewing policies. They're helping protect the businesses their clients have spent years building, supporting the UK economy while doing so. This is the future of GIP. It's more than just GIP. ■

The Prevention Advantage guide is available now. Download it here: https://go.metlife.ly/bKyQ6B