

UK Benefit 2025 – Important information and FAQ's

Important information

- The Annual Enrolment Window opens 4th until 20th March (11:59pm). The benefit selections made in this window will run from 1st April 2025 – 31st March 2026.
- Log onto [MyBenefits](#) to review your benefits and make selections.
- We strongly encourage you to review your selections, as several of them will carry over to avoid any breaks in coverage.
- All colleagues will be auto enrolled into private medical insurance. You must take action to opt out if you do not wish to be enrolled effective 1st April 2025.
- Please ensure your Beneficiaries are up to date which you can access on the top right-hand corner of the screen on MyBenefits.
- Complete the checkout process to secure your selections. An email will be issued to your work email address to confirm your selections.
- Renewal packs and policies, where applicable, will be issued by 25th of April.

Annual Enrolment Events

- We are hosting various benefit related information sessions and events from 4th until 18th March. We encourage you to participate in these sessions to learn more about your benefits and ask any questions you may have.
- All event invitations have been sent directly to your inbox from S&P Global People Updates.
- Please note [Recordings & Videos](#) will expire after 60 days.

General

If I have an issue with the MyBenefits platform, who do I contact?

Helpdesk Tel: 0203 435 7925

Email: helpdesk@mercermarshbenefits.com

Can I adjust my selection once I have completed the checkout process?

Yes, you can complete the checkout process as many times as required during the window.

Will my current selections continue?

Yes, several of them will carry over to avoid any breaks in coverage. We encourage you to review your selections before the window closes on the 20th March.

The annual pay review is effective 1st March, will my benefits be calculated on this value?

Yes, salaries effective 1st March as part of the annual cycle will be used to calculate your benefit costs.

Can I change my benefits throughout the year?

Some benefits can be selected and amended throughout the year, for further information view 'UK Benefits Selection TaxNI Treatment' within the [Support & Resources](#)

The Global Wellbeing Support programme allowance reset in January; do I still use MyBenefits to submit my claims?

Yes, Wellbeing Support claims can be submitted via the 'Spending account' on the [MyBenefits](#). The Global Wellbeing Support programme runs from 1st January to 1st December, each year. The amount for the UK is £800 per year.

What is the eligibility for the Global Wellbeing Support Programme?

Colleagues who were hired on or before 30th September are eligible to receive the full annual Wellbeing amount in the year they join. Colleagues who were hired on or after 1st October are eligible for the full annual Wellbeing amount starting 1st January of the following calendar year. Interns, contractors, and temporary employees are not eligible for the Global Wellbeing Support program.

Medical

Will the change in medical premium be added automatically?

Yes, the new premiums, benefit level and those covered on the policy will be automatically rolled over into the new benefit year to ensure coverage continues, commencing 1st April 2025. We encourage you to review your selections within the window as the costs are changing on 1st April.

I have the company funded single cover, is there a cost to me?

S&P pay the premium cost; however, this is classified as a Benefit in kind (BIK) and therefore tax is due on the company funded amount.

If I opted out of the medical benefit last year, will I be in the benefit this year?

Yes, at the start of every year we will include all UK team member as standard, however you will have opportunity to opt out during the annual window.

The excess has increased to £250, what is the reason for this?

Within the UK market, utilisation and spend on medical benefits has seen a significant increase over the past 18 months. This is resulting in significant premium increases across the market, which impacts S&P Global UK. It is important that we manage this increase as effectively as we can to ensure the benefit remains affordable but also as comprehensive as possible and an excess is one way of managing the health risk without having to diminish the cover provided under the arrangement.

I have pre-authorized treatment plan that will continue into the new benefit year, will I be required to pay the higher excess, given it was approved before the change?

Yes, the medical plan is renewed annually, and therefore the policy ends on 31st March and restarts effective 1st April which means the excess is required from 1st April onwards on any pre-authorized treatments.

If the medical treatment is lower than £250, will I be expected to pay the full excess?

No, you are required to pay the first £250 of any pre-authorized treatment under the medical plan and therefore if your bill is below, you will be required to pay that payment in full. The remaining excess will be deducted should you have a further treatment within the same benefit until the full amount has been deducted. It is important that you submit any expenses, even if less than the excess amount, as claims, to ensure they are offset against your excess

What measures have you taken to ensure to this is the best option for members?

As part of our extensive renewal process, we have negotiated firmly to secure the best terms and cover possible, exploring various options. It was felt that the excess was the best way of minimising cost increases, whilst maintaining a highly comprehensive benefit offering. An excess offering will also only impact those who claim whilst maintaining a cost-effective plan, especially for those who value the benefit but maybe don't utilise as much as others.

Are there any options to ease the burden of the excess increase?

The Health Cashplan, should you select that, has an offering that allows for reimbursement of a medical excess up to certain limits, in addition to other benefit offerings. So utilising dual benefits could be beneficial and minimise the excess impact. The Health Cashplan is a voluntary benefit therefore you would have to pay a monthly premium to avail of it. This may work well for individuals who would prefer a monthly deduction from payroll rather than paying the £250 excess as one lump sum payment.

Is the medical plan the same, or are there any changes we need to be made aware of?

We maintained the current level of benefits and not included any cover restriction or limits.

Can I add a dependant to my medical plan later in the year?

No changes can be made during the year unless you qualify for a 'change in circumstance' details of this can be found on the MyBenefits platform.

What does non-open referral mean? How is it different from the default open referral available now?

The non open referral option will provide cover under Bupa's participating network of facilities as opposed to the open referral network, giving wider access to non-open referral approved consultants, healthcare professionals and facilities. Facilities, specialist and healthcare professionals must still be Bupa recognised but they do not have to be open referral approved.

If you select this option, please note:

1. You can only select this option at the enrolment or a new joiner window or in the event of a qualifying life event.
2. You and any dependents on your policy will all have to be on the non-open referral option.
3. There are no variances in the benefits provided, just in the access to wider healthcare professionals and facilities.

If I selected 'Open referral' last year, can I go back to the default and stop the additional cost?

Yes, your select will be set to the cover level selected last year, however, you can adjust this in the annual window.

Which amount do I pay tax on? Do I need to pay tax on the amount I contribute for my dependants?

Benefit in kind (BIK) tax is due on the company funded amount only.

What is the Bupa contact number?

Bupa Helpline number: 0345 600 2226

Car Scheme

How do I find out more about the car scheme?

Please visit the SG Fleet Motorchoice Website for full details including range of models available, personalised quotes and frequently asked questions.

- Go to <https://motorchoice.sgfleet.com/register>.
- Complete your details in the register section on the right-hand side.
- If prompted, enter your unique referral code – **638733**
- Select the register button to submit your details.
- A verification email will be sent to your inputted email address.
- Follow the links in the email to complete the registration process.
- Use your new details to sign in.

If you have any questions in regard to accessing the website, contact the consumer team on **0344 85 45 161** or **Consumer@sgfleet.com**.

SG Fleet will be on site at the London benefits fair on 5th March, and a virtual information session has been arranged for 6th March which will appear in [Recordings & Videos](#). Please note the recording will expire after 60 days. SG Fleet FAQ document is stored with [Support & Resources](#).

When is the earliest I can receive a vehicle using the Salary Sacrifice Car Scheme?

The earliest date you can take delivery is 6th April as the official registration of the scheme commences within the 2025/26 tax year.

What are the advantages of having a salary sacrifice car scheme?

The agreement amount is taken from gross salary, resulting in both tax and NI savings. There is a BIK due based on the vehicle value and government set percentages which will be processed via payroll monthly and therefore no P11d will be produced.

Can I sign up to the car benefit later in the year, or is it just during the annual window?

This benefit will be available at any time as it managed outside of the monthly benefit window.

Is there any eligibility to qualify for the car scheme?

You need to have passed your probation period and have earnings above national minimum wages after all other salary sacrifice amounts are taken.

What if leave S&P before the end of my agreement?

The contact with SG Fleet is a personal agreement and therefore the car will continue to be your responsibility, and you don't have to worry about handing it back and making other arrangements.

Group Pension Plan

Is anything changing to the Pension Benefit in 2025/26?

No, we are continuing with Aviva, with the same default contribution structure

Level	Employee Contribution	Employer Contribution
Opt Out	0%	0%
Default	3%	6%
Optional	3 - 4.99%	6%
	5 - 5.99%	8%
	6% (or more)	10%

How do I join the pension scheme?

If you are over 22 years of age, you will be automatically enrolled into the pension scheme on the 1st of your second full month of employment. You will be enrolled at 3% employee and 6% employer contribution (calculated using reference salary). You will have the option to contribute a percentage of your salary and the company's contribution will increase alongside your personal contribution, up to a maximum of 10%.

If you do not wish to be part of the pension scheme, you will need to opt out. You will have a 30-day window to opt out after being auto enrolled, and this can be done on [My Benefits](#).

Changes to personal contributions can be made via the MyBenefit system, which also holds further information about the Annual Allowance and how this is impacted by levels of taxable income.

Please note that for individuals with total earnings more than £260,000, alternative arrangements are available to ensure compliance with Annual Allowance restrictions.

How is my pension contribution treated via payroll?

The cost of this benefit is deducted from your gross pay (i.e. before tax/NI). Please note this is a salary sacrifice arrangement.

Can I transfer my previous pensions into my Aviva account?

Yes, if you have a pension from a previous employer, you may be able to transfer this into the S&P Global UK Pension Plan.

Aviva have a short video link to support the process; <https://bcove.video/3Vt5wfR>

How can I access my pension account?

You can access your pension account on the MyBenefits platform, click on more links, there is an SSO link to your workplace dashboard. Alternatively, you can register directly with Aviva using their App or URL. More details can be found in 'Person My Workplace registration' with the [Support & Resources](#).

How do I notify Aviva of my chosen beneficiaries?

You can do this via your online account, Aviva have provided a [support video](#)

I would like to update my investments; how do I do this?

Review this [support video](#) provided by Aviva to help with updating your investments.

What is the Aviva contact information?

Email: mymoney@aviva.com Call: 0345 604 9915

MyFamilyCare – Emergency Backup Care

Emergency Care benefit is new to me, can you explain the benefit?

In the event of unforeseen circumstances and emergencies, we offer a comprehensive benefit to support you by providing backup care sessions for childcare, eldercare, and pet care during

working hours. Permanent team members are eligible for this benefit. We provide up to a maximum of 15 sessions per calendar year, based on availability. Please be aware that there is an approved global county allocation for this benefit, and once reached, the benefit will no longer be available for the remainder of the year.

How do I register for this benefit?

More detail on the benefit and how to register can be found on the homepage on the MyBenefits platform.

To register visit [Work+Family Space | S&P Global](#). You will require your Workday ID, Name and work email to register for this service.

If I am having difficulty registering, who do I contact?

MyFamily Care membership team on the spgl@myfamilycare.co.uk

If you require emergency assistance prior to being able to access, then please do call the membership team directly on: 0345 241 5306

Employment Assistance Programme (EAP)

Who is the provider and what services do they offer?

Telus Health provide our EAP service which is designed to help resolve life issues that may affect health, family life, or work life. Telus Health provides free and confidential expert guidance, practical work-life services, and assessment/referral services to team members and their family members. Telus Health offers consultation and emotional support, as well as online support and connections to community resources.

How do I make contact?

Access Telus Health at <https://spglobal.one.telushealth.com>. At the **Log In** prompt, Username: **SPGgb** and use password: **S&P Global** or download their 'Telus Health One' app for free on android or iOS.

Health Assessments

What am I entitled to?

S&P global team members are entitled to a company funded Life 4 screen. You can also select to upgrade your screen or include a dependant screen; the additional cost will be taken from salary deductions.

How often can I attend a screen?

You can only attend a screening once in every 12 months; therefore, you will not be invited to book your next screen until 10 months has passed since your last visit.

What will this benefit cost me?

There is no cost or tax liability associated with the core funded level, life 4. If you select an upgrade or partner assessment this will be deducted via Payroll.

Once I have selected the benefit in the platform what happens next?

You will receive an email from corporatehealthassessments@nuffieldhealth.com to book your Health Assessment. If you have not had a health assessment in the last 12 months you will receive an email by the end of April.

If you have attended your health assessment in the last 12 months, they will reach out to you after 10 months to invite you to book your assessment.

If I am having trouble booking my Health Assessment or have any questions, who do I contact?

Please review Nuffield Health's [FAQs](#) or contact them on **03452 302 040** (Monday to Friday 8am to 8pm).

