

# Employee health and benefits market insights (UK)

The latest pricing, claims,  
and legislative trends.

October 2025



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This document is interactive, please click below to jump topics of interest.

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# Welcome

The UK employee health and benefits market remains highly dynamic, reflecting a period of significant change and challenge for organisations. Today's landscape is shaped by escalating health risks, rising costs linked to sickness absence, tightening regulatory requirements, and increasingly constrained budgets. In this complex environment, organisations must navigate the delicate balance between effective cost control and the imperative to invest in the health and wellbeing of their workforce. This report explores these critical trends and offers insights to help employers make well-informed decisions that support their people while managing financial pressures.



**David Bourne**

Market Development Leader, Mercer Marsh Benefits



# Market conditions



# 1. Private Medical Insurance (PMI)

In Q1 2025, UK private hospital and clinic admissions reached 240,730 — the second highest quarterly total on record — despite a 1% decline compared to Q1 2024.<sup>1</sup> Meanwhile, NHS England reported 7.4 million patients were waiting for treatment as of July 2025,<sup>2</sup> reflecting ongoing pressures on the public healthcare system. Over 4 million employees are now covered by group private medical insurance (PMI) or corporate healthcare trusts,<sup>3</sup> highlighting the vital role of private healthcare in supporting employee wellbeing.

## Pricing<sup>4</sup>

# +13.4%

**median average in all claims-rated renewals completed in 2025.**

**Claims-rated** pricing for large corporate clients continues to rise, though at a slower pace than before. Renewal rate changes vary widely, with many plans increasing between **3.3%** and **26.3%**. The mean average increase is slightly higher at **18%**, influenced by a small number of clients experiencing increases of over **200%**.

**Age-rated** schemes for small and medium-sized clients are also experiencing significant renewal increases. While two of the largest providers report medical inflation at around **16%**, many clients — especially those with high claims — are seeing renewal prices well above this level.

**Action:** If you're experiencing high renewal pricing, consider a market review in search of more affordable terms or increasing excess amounts and reducing outpatient benefits.





## Claims<sup>5</sup>

**+5%**

**cost per claimant increase (excluding GP costs).**

**£1,855**

**average cost per claimant.**

**1.71**

**conditions per member.**

Claim volumes are rising across both age-rated and claims-rated schemes, mainly due to mental health, cardiovascular, and musculoskeletal conditions. Claim severity is increasing in claims-rated schemes, driven by cancer, cardiovascular, and digestive issues, while cancer is the main cost driver in age-rated schemes.

Before the COVID-19 pandemic, one in four members filed a claim annually; this has risen to one in three. Even without GP service use, overall utilisation is at a record high. Claims surged by 24% in 2023/24, with growth now slowing but expected to stabilise. This sustained demand is the main driver of medical cost inflation.

The average cost per claimant increased slightly from £1,822 in 2021 to **£1,855** by July 2025, a figure that includes low-cost virtual GP services. When excluding GP costs, claimant expenses have grown by approximately **5%** annually, reflecting true inflation in treatments such as knee replacements and cardiac surgery.

**A word on mental health:** Between July 2024 and July 2025, mental health service use experienced the highest growth. Since 2021, mental health claims have risen sharply, with associated costs increasing from 8.1% to 9.5% of total healthcare spend (a 17% rise). Providing mental health support through employee assistance programmes (EAPs), cash plans, and group income protection may help lower PMI costs.

Before the pandemic, claims involved an average of 1.59 conditions per member; this has since risen to **1.71**, indicating that members are increasingly seeking treatment for multiple conditions in a single claim.

## Service<sup>6</sup>



Volume of calls are **decreasing**. No changes to average call wait times.



**No changes** to volume of digital claims.



Member use of apps is **increasing**.

These trends reveal a growing adoption of provider apps to initiate the claims process, alongside a rising utilisation of structured claims pathways.



## 2. Group protection

According to a 2025 Swiss Re Report, the number of group protection policies rose by 3.2% to 94,675 in 2024.<sup>7</sup> Group life saw a 3.1% increase, group income protection a 2.6% increase, with group critical illness seeing a 7.8% increase.<sup>7</sup> The number of people insured under these policies rose by 3.7% up to 15,662,500.<sup>7</sup>

### Pricing<sup>8</sup>

**+0.6%**

median average rate  
change across group  
life.

Mercer Marsh Benefits (MMB) data shows that group life rates have a median change of **0.6%**, with most adjustments ranging from a 2.8% decrease to an 11.5% increase. The mean average increase is 10%, skewed by a few clients with large rate hikes.

Group income protection (GIP) rates are mostly stable, with a median held rate and changes typically falling between a **5.6%** decrease and a **5.4%** increase. The mean average

**+/- 0%**

median average rate  
change across group  
income protection.

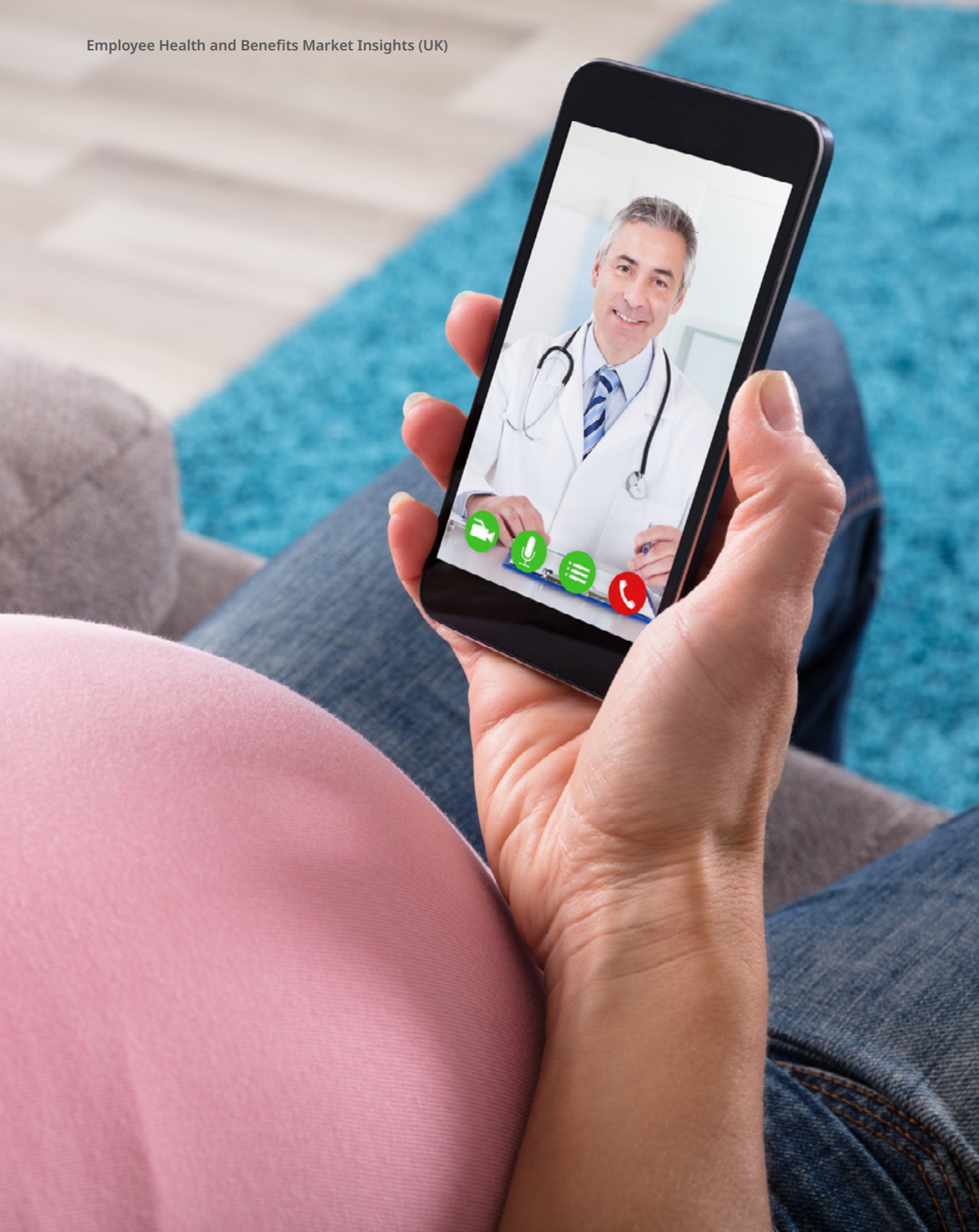
increase is **2%**, with fewer outliers compared to other products. Insurers report a rise in enquiries about limited-term schemes and fewer GIP membership expansions, likely reflecting clients' efforts to manage budgets amid rising costs such as National Insurance contributions and PMI, rather than diminished interest in benefit expansion.

For group critical illness, the smaller market size means averages can be skewed, but overall pricing remains stable.

**+/- 0%**

median average rate  
across group critical  
illness.





## Claims<sup>9</sup>

Group life assurance claims volumes **declined** for both small and medium enterprises (SMEs) (under 250 employees) and corporate schemes (over 250 employees). While claim values are **decreasing** for SMEs, they are **rising** among corporate clients. Heart and cancer claims remain **steady**, but stroke claims **increased** for SMEs. Both SMEs and corporates are seeing a **rise** in claims related to suicide.

Group income protection claims volumes remain **steady** overall. Mental health claims are **falling** for SMEs, possibly reflecting earlier support from insurers. Cancer claims are **rising** for SMEs, matching trends seen in the PMI market, but are **decreasing** among corporates. Claims for musculoskeletal conditions **decreased** across all scheme sizes, potentially reflecting the positive effect of early intervention programs.

There was **no change** to group critical illness claims volumes or values reported by our insurer partners.

## Ancillary services

Use of virtual GP and employee assistance programme (EAP) services **increased** in both SME and corporate sectors. Some clients may be promoting these services under protection policies to mitigate higher costs in PMI, where usage has stayed steady. We recommend reviewing benefits carefully to ensure a fair comparison. App usage has also **grown** in both segments.

## Market consolidation

The transfer of AIG's group life, income protection, and critical illness policies to Aviva, and Generali's renewal rights to Unum, will reduce the number of insurers by two. Despite this, the market remains competitive, and clients continue to benefit from premium savings through market reviews.

## 3. Dental<sup>10</sup>

The demand for and use of private dental treatment continues to grow.

**+5.5%**  
increase  
in claimants.

In 2024, Bupa saw unprecedented demand for its dental policies, with a **5.5%** increase in the number of claimants and a **7.8%** rise in the frequency of claims made by customers. This surge contributed to a big jump in the total value of claims, which soared to £650,000 in 2024 — an increase of nearly 86% compared to the £350,000 recorded in 2022.

**+7.8%**  
rise in how often  
claims are made.

Alongside this growth, the cost of claims also rose. Provider fees increased by **9%** last year, and Bupa expects these costs to keep climbing into 2025. On average, customers paid £360 for restorative dental treatments in 2024, reflecting a **7.3%** increase in the amount paid per claim.

**+9%**  
rise in  
provider fees.

To keep dental care affordable and meet customer needs, private dental providers have been proactive. They have updated benefit allowances to keep pace with inflation, focused on preventative care as well as treatments, and used the latest technology to make the claims process quicker and easier for everyone.



## 4. Cash plans

Corporate cash plans saw the fastest growth among all workplace health and protection products.

**+14.8%**  
increase in employee  
coverage reported  
in 2023.

**70%**  
of full-time  
employees lack  
medical coverage.

The latest industry figures from Corporate Adviser stated that during 2023 employee coverage rose by **14.8%**<sup>11</sup> with nearly two million employees now benefiting from these plans.<sup>9</sup> 2024 data is yet to be realised, but industry conversations elude to continued growth.

Despite this progress, our 2025 Health on Demand research shows that **70%** of full-time employees still lack medical coverage.<sup>12</sup> This highlights an opportunity for affordable, easy-to-access options, like cash plans, to help bridge the gap.

With Unum entering the cash plan market and providers continually improving their offerings to better meet employee needs, this sector is well placed to provide products and services that address the varied needs of most employers.



# Navigating the market



## Successfully managing employee health and benefits requires a strategic, well-rounded approach that addresses the diverse needs of today's workforce.

Organisations that combine a thoughtful benefits strategy, user-friendly digital tools, clear member communications, and comprehensive workplace health consulting are better equipped to create sustainable programmes that help engage employees and support business goals.

### **Benefits strategy: Aligning programmes with organisational goals**

A strong benefits strategy begins with a deep understanding of your organisation's culture, workforce demographics, and overall business objectives. This insight helps design benefits programmes that not only enhance employee wellbeing but also contribute to productivity, engagement, and retention.<sup>13</sup> Whether reviewing existing plans or introducing new offerings, data-driven decision-making is essential to balance value for employees with financial sustainability for the organisation.

### **Digital benefits software: Simplifying access and administration**

Benefits administration can be complex and time-consuming for both HR teams and employees. Implementing digital benefits software can streamline this process by providing a

user-friendly platform where employees can easily access, understand, and manage their benefits. Such technology improves transparency and engagement through personalised information, self-service options, and real-time support. For employers, digital tools also provide valuable analytics and reporting capabilities to continuously optimise benefits programmes.

### **Member communications: Engaging and educating employees**

Clear, effective communication is critical to ensuring employees fully understand and utilise their benefits. Tailoring communications to different employee segments and using multiple channels — such as digital content, webinars, and printed materials — can increase awareness, boost participation, and encourage healthier behaviours. Well-informed employees are more likely to appreciate the value of their benefits, supporting higher satisfaction and retention.

### **Workplace health consulting: Promoting holistic wellbeing**

Beyond traditional benefits, workplace health consulting plays a vital role in promoting overall employee wellbeing. By assessing organisational health risks and employee needs, targeted interventions can be designed to support physical, mental, and emotional health. Initiatives might include stress management programmes, ergonomic assessments, and health screenings. Fostering a holistic approach to wellbeing not only improves quality of life for employees but also helps reduce absenteeism and healthcare costs.



## Five key takeaways

- 1. Strategic alignment:** Benefits programmes should support both employee needs and organisational objectives to create lasting value.
- 2. Technology-driven efficiency:** Digital benefits platforms simplify administration and empower employees with easy access to personalised information.
- 3. Clear communication:** Tailored, multi-channel communications increase engagement and help employees make the most of their benefits.
- 4. Holistic health focus:** Addressing the full spectrum of employee wellbeing drives better outcomes for individuals and organisations alike.
- 5. Data-driven decisions:** Leveraging analytics enables continuous optimisation of benefits offerings, ensuring they remain relevant and cost-effective.

Organisations that integrate strategic planning, digital tools, effective communication, and workplace health initiatives are well positioned to navigate the complex employee health and benefits market. This comprehensive approach helps attract and retain talent, promote wellbeing, and deliver measurable business results. Mercer Marsh Benefits (MMB) offers a comprehensive suite of advisory services that empower organisations to confidently navigate this complex market. [Get in touch for more information.](#)



# Guest features



# The state of occupational health



**Megan Millar**

Senior Associate, Mercer Marsh Benefits

The current market environment presents a complex landscape for organisations, characterised by escalating health-related risks, rising costs associated with sickness absence, increasing regulatory compliance demands, and constrained budgets.

These factors compel organisations to carefully balance cost management with the growing need to support their workforce's health and wellbeing. In this context, occupational health (OH) emerges as a critical driver in helping organisations anticipate and manage risk, prevent avoidable absences through effective return-to-work interventions, and optimise employee wellbeing. Consequently, OH should be regarded as a fundamental component of an organisation's overall strategic approach to sickness absence management.

Despite its importance, OH faces several challenges that can limit its effectiveness. Often, OH services operate in isolation rather than as part of a coordinated health and wellbeing ecosystem, which is essential for effective sickness absence and health management. Many employers also use OH reactively, only seeking help when issues arise, missing opportunities to prevent

longer-term absences. Additionally, some OH providers struggle to adapt to changing organisational needs, including challenges with technical systems that can't be integrated easily with an organisation's platforms for effective management information and reporting. This lack of integration and limited communication between employers and OH providers can lead to misunderstandings and less effective outcomes.

Concerns also exist around unclear roles among those managing sickness absence, which can cause confusion and delays in requesting OH support, potentially extending absence periods. Some employers express dissatisfaction with the quality of OH reports, which sometimes lack clinical insights or fail to fully consider job roles and ergonomic risks. Time constraints during appointments can limit thorough assessments. Furthermore, many organisations lack the in-house





expertise needed to manage sickness absence and OH effectively, making it difficult to develop strategies aligned with their workforce and business goals.

Despite these challenges, there are clear examples where OH services have been successfully integrated and optimised. The cornerstone of an effective OH service is strong relationship management between the OH provider and the employer. When providers take the time to understand an organisation's processes, culture, and specific requirements, the overall OH experience improves significantly. Building such relationships requires commitment and time but yields substantial benefits in terms of tailored support and proactive health management.

It is also important to recognise that OH providers differ in their offerings. Employers should carefully evaluate potential providers to ensure their approach aligns with the organisation's size, industry, benefits structure, and workforce objectives. This evaluation should be conducted in the context of the wider health ecosystem, considering opportunity to integrate with the organisation's other benefit providers and support mechanisms already in place, such as vocational rehabilitation support services available through group income protection (GIP), to ensure a cohesive and comprehensive approach to managing absence and optimise employee wellbeing.

At Mercer Marsh Benefits (MMB), we bring in-house expertise and clinical knowledge to support employers in optimising their OH provision and broader sickness absence management strategies. Our clinicians possess the experience and relationships necessary to conduct thorough OH provider reviews and integrate OH services within the wider health ecosystem. By ensuring all key providers work collaboratively, we help organisations meet their strategic workforce objectives and fundamentally enhance their overall approach to managing sickness absence. MMB can also engage suitable organisations with our OH preferred provider arrangement (PPA), designed for organisations with low volume requirements. Available on a pay as you go basis, it can offer a cost-effective solution for those with non-complex needs.

The evolving challenges of today's workforce demand is that OH be more than a reactive, isolated service. Instead, it must be embedded strategically within a comprehensive health ecosystem, supported by strong partnerships and expert guidance. By doing so, employers can better manage sickness absence, costs, comply with regulatory demands, and most importantly, support the health and wellbeing of their employees — creating a resilient and productive workforce for the future. [Get in touch for more information.](#)

# The UK Employment Rights Bill: Ensuring compliance



**David Wreford**

Senior Workforce Transformation Consultant, Mercer

The UK Employment Rights Bill marks a transformative shift in employment law, placing greater emphasis on worker protections from day one, fairer working conditions, and stronger employer responsibilities.

## Key provisions include:<sup>14</sup>

- Removal of the two-year qualifying period for unfair dismissal claims and certain leave entitlements.
- “Fire and rehire” practices deemed automatically unfair unless justified by financial difficulties.
- Guaranteed hours for zero-hours contract workers based on regular work patterns.
- Strengthened union rights, including informing employees of their right to join, workplace access, lower thresholds for industrial action, and simplified ballots.
- Removal of the three-day waiting period for statutory sick pay.
- Enhanced protections against sexual harassment and third-party harassment at work.
- Employers can only refuse flexible work requests for specific business reasons, with added protections for those returning from shared parental or adoption leave.
- Requirement for employers to implement equality action plans addressing gender pay gaps.
- Enhanced redundancy rights, including changes to collective redundancy procedures.
- Stronger dismissal protections for pregnant women and new mothers.





Alongside the Bill, The Plan to Make Work Pay outlines further changes, including pay gap reporting, TUPE consultation, employment categories, the right to disconnect, family rights, and minimum pay standards. Employers should prepare for these changes to stay compliant and support good workforce relations. Consider the following:

- 1. Update policies:** Revise contracts and handbooks to include new rights like day-one unfair dismissal, flexible working, carer's leave, and harassment protections.
- 2. Provide training:** Regularly train staff on harassment prevention, flexible working, and employee rights.
- 3. Set clear procedures:** Create straightforward processes for reporting harassment and handling flexible working requests, with timely responses and clear reasons for refusals.
- 4. Review zero-hours contracts:** Check zero-hours contracts and consider offering guaranteed hours, ensuring compliance with rules on cancelled shifts.
- 5. Prepare for redundancy and TUPE:** Update redundancy consultations and TUPE processes to reflect new protections.
- 6. Plan ahead:** Be ready for phased changes up to 2027, including the establishment of new bodies like the Fair Work Agency.
- 7. Engage employees and unions:** Communicate early with staff and unions to ease transitions and avoid disputes.
- 8. Monitor equality reporting:** Larger employers should prepare equality action plans addressing gender pay gaps, menopause support, and other workplace inequalities.

# Workplace pensions: A new chapter is coming for **defined contribution (DC) schemes**



**Katie Kershaw**

Principal Consultant, Mercer Marsh Benefits

The UK government has described 2030 as the “watershed date”<sup>15</sup> for its future vision of the defined contribution (DC) pension market to be in place.

In the “Roadmap for workplace pensions”<sup>15</sup> issued in June 2025; the government outlined a timeline for implementing a wide range of reforms designed to achieve this vision. More recently, the revival of the Pensions Commission has been announced, tasked with conducting a thorough review of the long-term future of the UK pensions system and recommending reforms that will extend beyond the term of the current government.<sup>16</sup>

So, what changes are underway, and what do they mean for employers and pension scheme members?

This first update in a series focuses on an essential part of the government’s vision: reducing the number of default investment funds used for automatic enrolment (AE). The government envisions a DC market dominated by a small number of “megafunds”<sup>17</sup> that can invest in

a broader range of assets, including private markets, support UK economic growth (as outlined in the Mansion House Accord<sup>18</sup>), and drive higher returns for savers.<sup>16</sup>

To continue operating in the AE market from 2030, Master Trusts and group personal pensions (GPPs) must have one default megafund with assets of at least £25 billion. While some exceptions apply (for example, default funds with religious characteristics), trustees and pension providers are now grappling with the detail currently available from the government on how to achieve this. Single employer trusts are exempt. Breathing space may be given to default arrangements with £10 billion in assets in 2030, if they have a credible plan to reach the £25 billion threshold by 2035.<sup>16</sup>

There is also a special pathway for new Master Trusts or GPPs to enter the AE market if they demonstrate strong





potential for growth and the ability to innovate. Will we see new propositions enter the market using this pathway?<sup>16</sup>

Some existing Master Trusts and GPPs appear to already have the scale required within their main AE default, however many currently do not, although they may be on track or it may exist within their overall book of business spread over numerous defaults. We still await clarification from the Government on which assets may be included. Action will be required, forcing the DC pensions landscape to change.

A primary action will be the consolidation of AE default funds. Pension providers will need to examine their book and identify those employers and members currently using outdated or underperforming defaults and look to move them into their flagship AE default megafund.

However, consolidation will need to be justified as in the saver's best interests and any transfer of funds will need to be done within the confines of the law. Cue more government reforms to help this matter along.

One such reform is within the Pension Schemes Bill currently going through parliament. This Bill grants pension providers a new power to move savers out of contract-based pension schemes (such as GPPs) into another pension arrangement without their consent, provided the transfer is demonstrably in the saver's best interests.<sup>16</sup> Currently this power only exists for trustees of occupational pension schemes, so it will be a game changer for pension providers, helping them to drive change. This new power is expected to be in place at the end of 2028.<sup>15</sup>

A critical factor in determining whether a change of default investment is in members' best interests, will be

the new value for money (VfM) framework, also being introduced in the Bill, which will apply to all default arrangements of workplace DC pension schemes.

The purpose of the VfM framework is to assess both trust and contract-based schemes on a like-for-like basis, taking a holistic and long-term view of value rather than focusing solely on cost.

From 2028,<sup>15</sup> trustees and managers will be required to publish prescribed data, potentially covering investment performance, costs and charges, and quality of services. Based on this data, schemes will be assessed and rated as fully delivering VfM, not delivering VfM, or an intermediate rating. Based on current information, schemes failing to deliver VfM will be required to have an action plan, which should consider transferring members to schemes that do deliver VfM. Those with intermediate ratings may also need to create an action plan with similar considerations.

Employers should note that they do not need to wait for these measures to be in place before reviewing the quality and suitability of their workplace pension schemes. A proactive approach now can provide confidence that your pension offering is suitable for your employees and reflects current thinking and innovations

Since the introduction of AE in 2012, qualifying schemes have evolved considerably. Digital advancements have dramatically changed the member experience with pension providers constantly looking at new and innovative ways to support and engage members, including the use of open finance and AI.

Investment strategies have evolved to reflect member behaviour and preferences at retirement, and the financial risks associated with environment, social, and

governance (ESG) issues. Private market investments are becoming increasingly prevalent, supported by the government,<sup>18</sup> as part of the drive to deliver greater returns for members.

Does your default investment strategy reflect current thinking? A key consideration is whether it supports how the majority of members intend to access their benefits at retirement,<sup>19</sup> or if it supports them purchasing an annuity — the popularity of which has declined considerably since pension freedoms were introduced in 2015. If your scheme has a bespoke investment strategy, when was it last reviewed? Does it continue to meet the needs of your employees, or might an alternative default fund with scale now offer a better solution?

Mercer Marsh Benefits (MMB) can assist by reviewing alternative default strategies with your current provider or exploring options from our panel of providers. If you'd like a more comprehensive review, MMB can assist you in assessing your overall pension needs and selecting the most suitable scheme from our panel. Mercer also has its own propositions which may be a great fit for your needs going forward. We would be delighted to talk to you about any or all these options.

[Get in touch for more information.](#)



# Endnotes

- 1 [phin.org.uk/press-releases/near-record-quarter-for-reported-private-healthcare-admissions-in-early-2025](https://phin.org.uk/press-releases/near-record-quarter-for-reported-private-healthcare-admissions-in-early-2025)
- 2 [NHS waiting list rises to 7.4m patients in July 2025](#)
- 3 [Workplace Protection and Wellbeing Report 2024: Providers with strongest growth named - Corporate Adviser](#)  
– Downloadable report.
- 4 Pricing trends in accordance with confidential Mercer Marsh Benefits data.
- 5 Claims trends in accordance with confidential industry data obtained from Mercer Marsh Benefits insurer partners.
- 6 Service trends in accordance with confidential Mercer Marsh Benefits data.
- 7 [healthcareandprotection.com/group-risk-market-covers-500000-more-lives-but-growth-slowing-swiss-re/](https://healthcareandprotection.com/group-risk-market-covers-500000-more-lives-but-growth-slowing-swiss-re/)
- 8 Pricing trends in accordance with confidential Mercer Marsh Benefits data.
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- 10 Trends in accordance with confidential industry data obtained from Mercer Marsh Benefits insurer partners.
- 11 [Workplace Protection and Wellbeing Report 2024](#)
- 12 [MMB Health on Demand 2025: survey report](#)
- 13 <https://www.mercer.com/insights/total-rewards/employee-wellbeing/>
- 14 <https://www.acas.org.uk/employment-rights-bill>
- 15 [assets.publishing.service.gov.uk/media/68960008e7be62b4f06431bf/workplace-pensions-roadmap.pdf](https://assets.publishing.service.gov.uk/media/68960008e7be62b4f06431bf/workplace-pensions-roadmap.pdf)
- 16 [Pensions Commission: Terms of Reference - GOV.UK](#)
- 17 [Pension plan to double £25 billion+ megafunds, boost investment and improve returns for savers - GOV.UK](#)
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- 19 [fca.org.uk/data/retirement-income-market-data-2023-24](https://fca.org.uk/data/retirement-income-market-data-2023-24)



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