National Friendly

Income Protection

Policy Conditions

Get paid a regular benefit if you can't work due to an illness or injury

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This Policy Conditions document sets out the rules for our Income Protection policy.

We're National Friendly and we design, manufacture and administer this product. This means we've created it and are responsible for how it works. This document is part of the contract between us - an agreement on how this product will work for you.

The Policy Conditions should be read alongside your Policy Schedule which we send you in your welcome pack. It shows the specific details of your policy including your personal details, the payments you'll make to us and the amount we'll pay out.

Another important document is the Policy Summary which gives a summary of the key information for the cover under your policy.

Please keep your documents safe so you can refer to them when it's time to claim.

You should review your cover from time to time to make sure it's still right for your needs

If you have any questions about your policy, or if you would like to request any of the documents listed above, please contact us using the details on the back page. We're able to provide all documents in Braille, large print or audio if you need.

Definitions

We will use the following words in defining your benefits so you may need to refer to this list just to check your understanding.

Accident: An event resulting in bodily injury occurring while this policy is in force, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing cause.

Avulsion (fracture): Where a small chunk of bone attached to a tendon or ligament gets pulled away from the main part of the bone.

Consultation: A meeting with a doctor or other expert to discuss a particular problem and get their advice.

Continuing income:

- Income you continue to receive from your employer, including sick pay and benefits in kind.
- Income you continue to receive from your business, including sick pay, benefits in kind and earned dividends.
- Income from a pension due to ill-health or as a result of your illness or injury.
- Income from other insurance policies, with us or other providers, which you receive as a result of a claim for your illness or injury. This may include mortgage, loan, income, credit and premium protection policies.
- Any other payments you receive in the place of income.

It does not include:

- State pension or state benefits you receive, even where these may be employment related benefits such as contributory Employment and Support Allowance (ESA) and Statutory Sick Pay (SSP)
- Income from savings and investments
- Lump sum payments from savings, investments, pensions or insurance products

Doctor: A medical doctor currently registered with the GMC (General Medical Council) to practise medicine in the UK or any consultant or specialist to whom you have been referred by a doctor as defined here. We will use our judgement to determine whether a doctor in another country outside the UK holds an equivalent degree of competence and accreditation by an equivalent body to practise medicine.

Earnings: This means your earnings from your employment or self-employment:

- Employed earnings. Your personal taxable income from your employment, including any benefits in kind.
- Self-employed earnings. These will be your personal share of the pre-tax profits, in the form of income and commission from the business, in the last 12 months, in respect of your occupation, after any allowable expenses against income tax. This will be the net profit figure.
- If you're a company director. Your personal taxable income and any dividends you take from your business.

Houseperson: A person who has not been in paid occupation for at least 3 months during which time they have been looking after their home or providing childcare.

Illness: The medical reason, occurring after the policy start date shown on your Policy Schedule, that means you are unable to carry out the main duties of your occupation and where you must:

- Be under medical care, in relation to your illness for which you are claiming; and
- Be unable to perform your occupation; and
- Be suffering a loss of earnings; and
- Not be working in any other occupation

Increasing benefit: If you select to have an increasing benefit, we will adjust your benefit each year to match any increase in the Retail Prices Index (RPI). Any increase will take place on your policy anniversary, and will match the RPI rate to the month of April which falls before that anniversary. The regular payments you need to make to us will be adjusted to pay for the new benefit amount.

Injury: The cause of your claim as defined in these policy terms. The injury must occur after the policy start date shown on your Policy Schedule, and you must:

- Be under medical care, in relation to the injury for which you are claiming; and
- Be unable to perform your occupation; and
- Be suffering a loss of earnings; and
- Not be working in any other occupation

Medical care: Care being provided by a doctor or qualified medical professional.

Moratorium: a continuous 2-year period once you're on the policy, free from signs, symptoms and medical treatment or monitoring which must pass before we will consider claims for medical conditions which existed in the 3 years before you took out the policy.

Occupation: Work you do for profit, pay or reward, in the form of your earnings.

Physical and mental health therapies: We will consider paying for the following physical therapies under the terms of the rehabilitation benefit:

- Physiotherapy
- Acupuncture
- Chiropractic work
- Osteopathy

We will pay for counselling and psychotherapy where delivered by current members of the British Association for Counselling and Psychotherapy, British Association for Behavioural and Cognitive Psychotherapies or United Kingdom Council for Psychotherapy.

Pre-existing condition: Any disease or injury for which you have had medication, advice or treatment, or that has produced signs or symptoms, whether or not a medical condition was diagnosed, in the 5 years before the start date of your policy, or in the 5 years before any change you make to the policy, as shown on your Policy Schedule.

Resident: Throughout the period during which you hold the policy you need to live in the UK for at least 6 months each year, with your main home in the UK, hold a UK bank account and be registered with a UK doctor who has access to your medical records for the past 2 years.

Tailored Terms: When you apply you may be offered tailored terms due to health conditions you've experienced. We will only do so where you have not passed your 50th birthday. Throughout this document, we have set out how this might affect your cover.

UK: For the purpose of your policy cover and eligibility, this means England, Scotland, Wales and Northern Ireland, but not the Republic of Ireland, the Channel Islands or the Isle of Man.

Unemployed: A period of at least 3 months when you have not undertaken any duties of any occupation, paid or unpaid.

Waiting period: This is the period of either 14, 30, 60, 90, 180 or 365 days which must pass before you are entitled to receive the benefit from us. You will choose one of these periods when you join.

1.0 Your Policy

Your cover and benefits

1.1 This section looks at the main benefits of the policy and different choices available to you.

You should review your cover from time to time to decide whether this policy still meets your needs. There's a section on reviewing your cover on page 20.

The amount you can buy from the benefits from this policy may be reduced in future as the cost of living generally increases over time.

What we are covering you for

1.2 This policy is designed to provide a regular income if you lose earnings due to an illness or injury.

You then must be medically certified as unable to carry out the main duties of your occupation.

You need to be receiving medical care during your claim and not be working in any other occupation in order to be eligible to claim. You must also cooperate with the claims team and its partners in order to help them assess and manage the claim.

If you are employed, you need to be working at least 16 hours a week when your illness or injury first occurs. If you are self-employed you need to have been working for an average of at least 16 hours a week in the 3 months prior to the illness or injury you are claiming for. You are also eligible to claim if you were made redundant less than 3 months ago or are on statutory maternity, paternity or adoption leave.

This document also details the cover available for fractures, injuries sustained as a result of hazardous pursuits, and accidental death.

What we are not covering you for

1.3 We will not pay a claim where:

- The main reason you are unable to work is because of a pre-existing medical condition excluded under the policy terms we have offered you, or as part of the 3 year moratorium you agreed under tailored terms.
- The illness or injury comes as a result of you deliberately hurting yourself.
- Your illness or injury is sustained doing something against medical advice.
- Your claim is caused by the abuse, misuse or overdose of drugs whether or not prescribed, or through drinking alcohol to excess.
- Your claim is caused by your involvement in criminal activity or public order offences.
- Your claim is for a fracture which happened before your policy started or one which occurs within the first 7 days of the policy.
- The illness/injury and/or treatment happens outside of the EU or outside of the additional countries and regions listed on page 10. Where we do start a claim for you and you are in a covered country or area, we'll expect you to return to the UK within 3 months of the date of your illness/injury to continue your treatment.
- Your claim occurs whilst you are in a country, or specific area of a country, where the Foreign, Commonwealth and Development Office (FCDO) advised against any travel, or essential travel only, prior to your departure from the UK.

Friendly GP+

1.4 Your policy has the discretionary benefit of free access to our virtual GP service, called Friendly GP+.

Friendly GP+ allows you and family members at the same address to speak with a GP quickly and easily when you need their help.

You can arrange unlimited telephone consultations, 24 hours a day, 7 days a week or video consultations between certain hours.

The GPs can give you private prescriptions if they're needed. These can be delivered to you or a pharmacy you choose but you will have to pay for them.

You have access to physiotherapy including an aches and pains helpline and a 30-minute assessment followed by a personalised treatment plan.

The GPs can provide you with an open private referral letter if they feel you would benefit from seeing a consultant or specialist.

For more information please call on **0333 015 0304** or visit **nationalfriendly.onlinegp.co**

Friendly GP+ also provides you and family members aged 16 and above with the following support free of charge:

- Health and wellbeing support
- Counselling
- Legal advice
- Financial guidance

You also have access to this support at: **wellbeing.hub.healthhero.com**. On your first visit, please click "create a new account" and when asked, enter the following details:

Your organisation's username: NationalFriendly
Your organisation's password: Support

As a non-contractual, discretionary benefit, we reserve the right to amend, improve or remove the Friendly GP+ benefit should it be necessary and will give a minimum of 90 days' notice.

Friendly Dentist

1.5 When you take out a policy, you will be given access to our dental helpline service. As policyholder, you will be provided with:

- Unlimited access to our chat dental helpline: Speak directly with qualified dentists whenever you need advice or support.
- Expert-led videos on dental health: Learn tips and best practices to keep your smile healthy, from brushing techniques to lifestyle tips for oral care.
- Smart educational articles: Stay informed with easy-to-read articles written by dental experts, designed to give you practical advice on maintaining your oral health.

Available at extra cost

- Emergency online dental appointments and sourcing of in-person emergency treatment where required.
- Video call examinations
- Prescriptions, including those for dental antibiotics

You will need to provide some personal details, including medical details. You can access the service on an app available through App Store or Google Play, and which we will make available when you join.

This service covers the policyholder only.

The service is available 9am – 8pm 7 days a week.

As a non-contractual, discretionary benefit, we reserve the right to amend, improve or remove the Friendly Dentist benefit should it be necessary and will give a minimum of 90 days' notice.

Your level of cover for the main benefit

1.6 The level of benefit you are covered for will be the amount you choose, and which will be shown on your Policy Schedule. This is the maximum regular tax-free sum you will receive in the event of a claim once your claim has been assessed as valid. If you choose an increasing benefit, the cover amount you choose will rise each year on your policy anniversary.

The aim of the policy is to replace up to 70% of your pre-claim earnings, inclusive of benefits you receive from other sources.

We will check when you claim how much benefit you are entitled to receive.

We set out how we will assess your claim in the section starting on page 11.

Increasing benefit option

1.7 If you choose the increasing benefit option, we will adjust your benefit each year in line with the Retail Prices Index (RPI). We will use the 12-month figure to April each year and then apply it to the benefit amount on your next policy anniversary. The increase in benefit will lead to an increase in the amount you pay for the following 12 months; we will write to you each year to let you know what this increase will be.

If you select level reviewable premiums, we will increase the amount you pay by 1.5 times the rate at which your benefit increases. So, if RPI increases by 2% we will increase your monthly benefit by 2% and the amount you need to pay for your cover by 1.5 x 2% which is 3%. If you select age-costed premiums, the amount you pay will increase by the same level as RPI and therefore your benefit.

The maximum increase in your benefit will be 5% in any one year and the minimum 0%.

If the change in RPI in a given year is below 0, the amount we pay in benefit will not reduce. But that negative figure will be factored into the calculation of the benefit amount for the following year.

If the government changes the basis by which it assesses RPI to measure inflation, we may use the replacement method.

If you did not choose an increasing benefit, your benefit amount will not increase each year.

The choice to have an increasing benefit can only be selected at outset and cannot be added later.

How you qualify for the benefit guarantee

1.8 If you want the benefit guarantee, you need to send us proof of earnings within 6 months of taking out the policy to qualify for it.

What the benefit guarantee does

1.9 When we come to assess your claim, we normally use your earnings at the time of your illness or injury. Our benefit guarantee can help guard against any fall in your earnings since you took out the policy. The benefit guarantee helps ensure that the main benefit we pay you, when added to any continuing income you receive whilst you can't work, provides you with the monthly benefit you chose, as stated in your Policy Schedule. We'll do this if your benefit is £3,000 a month or lower.

If your insured benefit is higher than £3,000 a month, we guarantee that we will make sure you get at least £3,000 a month, but we will pay more if the 70% maximum allows.

Where you choose an increasing benefit, we will increase the benefit guarantee amount of £3,000 a month each year by the same percentage applied to your covered benefit. So, if your covered benefit amount goes up by 2% for example, the benefit guarantee amount will go up by 2%.

We will use the benefit guarantee amount as it stands at the beginning of your claim when calculating payments throughout that claim.

We will deduct any continuing income you will receive during your claim when calculating the amount of benefit we can pay you.

You can see how the benefit guarantee is used in calculation of your benefit on page 14.

When we start paying your benefit

1.10 Subject to us agreeing your claim, we will start to pay your benefit after your waiting period of 14, 30, 60, 90, 180 or 365 days, whichever you chose and as shown on your Policy Schedule. We pay the benefit monthly or twice-monthly, as selected by you. We will pay you on the first available payment date after your waiting period.

When the policy ends

1.11 Your policy will end on the policy end date you choose when you apply. This will be at your selected birthday between ages 50 and 70 and will be shown on your Policy Schedule. If you were accepted on tailored terms, your policy will end no later than your 65th birthday.

It will end earlier than your chosen end date if you choose to close it, you die or it lapses because you haven't paid for 3 months or more.

Hazardous pursuits

1.12 Your policy includes cover for certain higher risk leisure activities (hazardous pursuits) as standard. If you purchase our enhanced hazardous pursuits protection, you'll be covered for a wider range of pursuits.

We'll send you a list of the hazardous pursuits we cover, but you can also find it on our website at: **nationalfriendly.co.uk/IP** or by contacting us.

Any sport or pastime beyond those set out on the list will not be covered.

Enhanced hazardous pursuits cover is not an option for those on tailored terms.

If you have a valid claim as a direct result of a covered enhanced hazardous pursuit you are covered for the amount of benefit you choose. If you want a maximum claim period of 1 year or 2 years, you can choose a benefit of at least £500 and no more than £2,000 a month. If your selected allowable claim period is 5 years, the only benefit option is £500 a month. Hazardous pursuits cover cannot be more than your selected main benefit. The amount you choose will be shown on your Policy Schedule.

Back to work benefit

1.13 We want to help get you back to work after your illness or injury. If you're able to return to your occupation, but with reduced earnings due to your illness or injury, you may be eligible to continue claiming under the back to work benefit.

This could be where, for example:

- You return to your occupation on reduced hours
- The duties of your occupation are restricted to take account of your illness or injury and recuperation

Back to work benefit will pay you a proportionate benefit. This means we will pay you a percentage of the main benefit which corresponds to your loss of earnings. There's an example on page 17.

Rehabilitation benefit – helping you back to work

1.14 Once we have accepted a claim, we will help you in getting back to work by providing access to private facilities. We will pay a benefit of up to £1,500 in total each policy year for the following:

- Physical therapies – acupuncture, physiotherapy, osteopathy and chiropractic treatment
- Scans and tests
- Consultations (2 each policy year)
- Counselling/psychotherapy

You will need to check with us to make sure these treatments are covered before you go ahead. We will work with you but cannot guarantee to pay if we haven't agreed your treatment in advance. You will be liable for any costs for treatment which fall outside of these Policy Conditions.

If you are working less than 16 hours a week at time of claim

1.15 If, immediately prior to your illness or injury, you are working less than 16 hours a week and don't qualify for the main benefit or back to work benefits, you may qualify for what we call our contingency benefit.

This is payable if you have a valid claim, as assessed by us, for an illness or injury which means you can't:

- Perform the role in which you were last working 16 hours a week, or
- Carry out your current role as houseperson

If we accept your claim, then you can claim a benefit at a fixed rate of £500 a month. Claims for this benefit are limited to 12 monthly payments, or 24 twice-monthly payments, in total over the duration of the policy.

You will find further information on page 18.

Money earned from multiple occupations

1.16 This policy allows you to cover your income from more than one occupation, on the basis that:

- You are working more than 16 hours per week in both the occupations; and
- That our underwriting team were made aware of the different occupations at application stage

Fracture cover

1.17 If you chose fracture cover when you joined, we will pay a benefit for the fractures we have listed. The maximum we will pay from one policy anniversary to the next is £3,000 which can be for one claim, or as a combination of claims.

A fracture must be diagnosed by a consultant.

We provide cover for 18 different fractures, and these are classified as Minor, Moderate or Major.

We will pay valid claims as soon as we have received the evidence to do so, and all payments will be as lump sum payments made by direct bank transfer.

Here is our list:

Minor - Fractures of the hand (excluding fingers/thumbs), feet (excluding toes), ribs (2 or more), collar bone, or wrist.*

All of the above qualify for £1,000 payments.

Moderate - Fractures of the knee, ankle**, leg (lower), arm, cheekbone, skull (closed), shoulder blade, or sternum.

All of the above qualify for £2,000 payments.

Major - Fractures of the skull (open), jaw, spine/vertebra, pelvis/hips, or leg (upper).

All of the above qualify for £3,000 payments.

If you suffer more than one fracture of a covered body part, this will count as one claim. So, for example, if you break two bones in your hand, this will be one claim of £1,000.

The limit of £3,000 a year could include part-payments of the above benefits, so if you had already claimed for a Minor (£1,000) fracture, then were unlucky enough to suffer a Major (£3,000) fracture in the same policy year, we would pay a benefit of £2,000 for the Major fracture.

*When considering claims for wrist fractures, we will pay for fractures of the carpal bones, the distal radius or the distal ulna.

**When considering claims for ankle fractures, we will pay for fractures of the medial, posterior or lateral malleolus.

Not covered

We will not cover the following issues under the above:

- Where your claim is for a fracture which happened before your policy started, or one which occurs within the first 7 days of the policy.
- Any reason excluded from cover for the main policy (see 1.3 on page 5)
- Fatigue/stress/hairline fractures, micro fractures or avulsions/chips
- Any fracture sustained whilst taking part in an enhanced hazardous pursuit as defined on our website or which is available upon request. This exclusion applies regardless of whether you choose enhanced hazardous pursuits cover. A fracture sustained whilst undertaking hazardous pursuits could still lead to a valid claim under a part of the policy other than fracture cover.
- Any fracture sustained whilst participating in an equestrian activity.

Accidental death benefit

1.18 If you purchase accidental death benefit, we will cover you for a lump sum equal to 12, 24 or 60 times your monthly cover for the main benefit, depending on whether you choose 1, 2 or where applicable, 5 years as your benefit term. Death must occur within 30 days of the accident. The death certificate must show that your death was a direct result of that accident.

Where death is as a direct result of your involvement in a covered hazardous pursuit, the amount payable will be a lump sum equivalent of 12, 24 or 60 times your monthly benefit for hazardous pursuits, depending on whether you choose a maximum benefit term of 1 year, 2 or 5 years, as appropriate to the terms offered when you take out the policy.

Paying for cover during a claim

1.19 You must continue to pay us during the waiting period of your claim in order to qualify for benefit.

Should we accept your claim for benefit, we will pay for your cover when we start paying you benefit.

This benefit is often called waiver of premium and comes as standard on your policy.

We'll not refund any money you paid us during the waiting period.

You'll start making payment to us again on the date it next falls after we stop paying your benefit. We'll always let you know when we intend to start taking payment again.

Where you are covered

1.20 This policy is designed to cover policyholders living and working in the UK.

The only countries outside of the UK in which you will be covered if you have a valid claim are: Any country in the European Union, Australia, Canada, Channel Islands, Gibraltar, Iceland, Isle of Man, New Zealand, Norway or Switzerland.

Your policy will not cover visits to countries (or specific areas within countries) to which the Foreign, Commonwealth and Development Office (FCDO) advises against any travel, or to those where only essential travel is advised, even if they appear on the list of covered countries above.

Where we do start a claim for you and you are in a covered country or area, we'll expect you to return to the UK within 3 months to continue your treatment. We reserve the right to stop payment of benefit where you choose to remain outside the UK.

You can find details of your responsibilities in respect of making claims whilst abroad in Medical Evidence on page 12.

2.0 How to make a claim

Making a claim

2.1 Ideally, you, or a representative acting on your behalf, should tell us as soon as possible when you want to make a claim. We will do all we can to help you during this difficult time.

We will expect you to have seen a medical professional within 1 week of your illness or injury first starting and will also expect you to seek and follow medical advice and treatment throughout your claim.

To qualify for benefit, we will need proof that your claim results from an illness or injury as detailed in our Definitions section.

You must take all steps necessary to aid your recovery, including co-operating with our claims team and meeting and working with therapists, consultants and partners we have appointed to help in assessing and managing your claim.

For details of how to claim for the accidental death benefit, please see page 18.

You can find our contact details and opening hours on the back page of this document. Our experienced and sympathetic claims team will be on hand to explain the claims process and answer any questions you might have.

We recognise you won't always be able to tell us about your claim straight away, but would ask wherever possible that you notify us within the following time scales:

Waiting period	Notification period after stopping work due to illness/injury
14 days	7 days
30 days	14 days
60 days	30 days
90 days	30 days
180 days	30 days
365 days	30 days

This is because we have to request certain information from you to help us verify your claim and so that we can arrange to pay you the benefit in good time after your waiting period ends. We may even be able to help you access assistance in your treatment.

If we don't have the information we need in time, this could delay the assessment of your claim.

We'll include any backdated payment that's due to you in the first payment we make.

Where you ask another person to make the claim on your behalf, we will not be able to share your personal information with that person unless you give us your consent.

This person will then only be able to assist you in your claim and won't be able to make decisions on your behalf. Only a legally appointed representative can make decisions on your behalf.

Information we will need from you to support your claim

2.2 At the start of your claim and ongoing after that, we will let you know what we need from you so that we can check your claim and decide how much benefit we can pay you.

We will ask you to provide us with information to help us confirm your claim is valid and is as a direct result of an illness or injury as defined in these policy terms. We will need evidence that the injuries you sustain prevent you from carrying out the main duties of your occupation. We will ask you to complete a claim form as well as providing proof of your earnings and any continuing income you're receiving.

We'll also ask for your consent to obtain certain information from other people, such as your employer or a medical professional involved in your care.

The types of information we need are as follows:

Medical evidence

2.3 We will ask you to provide medical evidence to support your claim.

This could be a signed, original certificate from your doctor stating that you are unable to carry out your occupation due to your illness or injury you have sustained, as well as any other medical evidence necessary to assess your claim.

For claims for fracture cover, we will need satisfactory proof that the bone broken is one of those covered under the policy.

All medical evidence we receive must be in English. If you are overseas when you start your claim, we may accept non-UK issued medical evidence, in English or translated into English, from a relevant, qualified and licensed doctor.

We don't accept evidence from homeopaths or other alternative medical practitioners.

Where we do start a claim for you and you are in a covered country or area, we'll expect you to return to the UK within 3 months to continue your treatment. We reserve the right to stop payment of benefit where you choose to remain outside the UK.

You must remain a UK resident to be able to claim.

We will ask for your consent to:

- Allow us to access your medical reports, or to see your test results.
- Allow us to contact medical professionals involved in your care and claim.
- Allow us to contact other third parties for information and evidence relevant to your claim.
- Attend an assessment by a medical professional of our choosing. We will pay for any additional tests or examinations we request to support your claim.

Our claim form will include a consent form to complete which explains your legal rights concerning giving us access to your medical and health records.

Where we accept your medical evidence, we do so on the basis that you will undertake any treatment, take prescribed medication and attend any therapist session or rehabilitation treatment recommended by your doctor or specialist. If you fail to follow the appropriate medical advice you're given, we could decline to pay you the benefit.

We will ask you to provide ongoing medical evidence throughout your claim. What we ask for and how often will depend on the nature and severity of illness or injury.

Evidence of your earnings

2.4 We will ask you to provide evidence of your earnings from your occupation at the time you make a claim. We will also check whether you submitted proof of earnings within the first 6 months of the policy to secure the benefit guarantee.

Depending on whether you're employed, a director or self-employed, we may typically ask for the following documents:

Employed and contract workers

Your last 3 months' payslips or your P60. Where you receive additional benefits in kind, and we took these into account with the amount of benefit you're covered for, we may also need to see your most recent P11D.

Where you are a contract worker, we will ask you to provide evidence of your employment contract(s).

Where you are on statutory maternity, paternity or adoption leave, and have been for less than a year, we will use the 12-month period of earnings immediately before your leave started and will ask you for your 3 months' payslips prior to you taking this leave.

Where you were made redundant in the 3 months before your claim, we use your earnings in the 12 months before your redundancy.

Director

In addition to the financial information above for employed persons, we may also need evidence of:

- Your dividend income for the last 12 months, typically that shown on your most recent tax return
- Your most recent profit and loss accounts

Self-employed

We will need proof of your personal income or earnings from the business, typically in the form of your most recent tax return, showing your earnings for the previous 12 months. These earnings should include your personal share of income and commission from the business. We may also ask for your most recent profit and loss accounts. We will use the net profit figure.

If you have been self-employed for less than 12 months or your latest tax return has not been completed at the time of claim, we will attempt to use alternative sources of information such as business bank statements or a letter from your accountant to validate your income. However if we are unable to validate your income this will affect the amount of benefit we are able to pay.

Evidence of your continuing income

2.5 Where you receive continuing income, or when the amount of continuing income changes during your claim we will ask you to provide evidence of this income. This will typically be in the form of:

- Bank statements
- Payslips (if you're employed)
- A letter or statement from an insurer
- A letter or statement from your employer

How we calculate your main benefit

2.6 When we accept your claim for the main benefit under the policy, we will need to work out how much we can pay. We will check whether the benefit guarantee applies to your policy. If it doesn't, the maximum we can pay at any time is 70% of your earnings as they stand when you make your claim. We will use amounts you receive from other sources in our calculations. These are detailed under continuing income in the Definitions section.

To qualify for the benefit guarantee, which helps to protect the full benefit amount you choose, you must provide us with proof of your earnings within 6 months of the policy start date.

We calculate your benefit in a series of steps:

Step 1

We check your current level of cover. This figure is likely to go up each year if you choose an increasing benefit. We then check that the amount of benefit you're covered for does not exceed 70% of your earnings immediately before your illness or injury. Where you choose for your benefit to increase each year, we allow for this increase in our calculation. If your earnings do not support your benefit, we may reduce the amount we pay in line with the maximum cover available.

Step 2

Next, we check whether you put a benefit guarantee in place by submitting proof of earnings and whether that applies.

If your chosen benefit amount is £3,000 a month or less, the benefit guarantee means you are eligible for the benefit amount shown on your Policy Schedule.

If the benefit amount you choose is over £3,000 a month, and the 70% calculation in Step 1 gives a lower figure than your chosen benefit, you are eligible for either £3,000 a month or 70% of your earnings before your illness or injury, whichever is higher.

If the claim is in respect of an illness or injury as a result of an enhanced hazardous pursuit, benefit is payable at the benefit rate for hazardous pursuits shown on your policy schedule.

Step 3

Lastly, we look at any continuing income you receive whilst you're off work. We won't pay more than 70% of your earnings and if continuing income takes you above the 70% maximum, we'll adjust what we pay you.

Where you pay tax on any of this continuing income, we will use the net figure you receive.

If the amount of continuing income you receive changes during the period that we pay you benefit, then we will re-calculate how much we pay you.

If we have to reduce the benefit to stay within the maximum payable, we won't refund you any payments or part payments you've made for your cover.

On the next page there is an example of a main benefit calculation.

Example

Alisha had earnings of £60,000 a year when she took out a policy with us. She sent proof of her earnings when her policy started therefore the benefit guaranteed is activated.

The maximum cover available was £60,000 x 70% = £42,000 a year, equal to £3,500 a month. Alisha chose this amount of cover.

Now that she needs to claim her main benefit, her earnings have fallen to £48,000. Alisha's claim was not as a result of a hazardous pursuit.

Step 1

We check the maximum amount of benefit available. Alisha's earnings have dropped, so we re-calculate her maximum benefit based on her earnings of £48,000:

£48,000 x 70% = £33,600 a year, equal to £2,800 a month.

Step 2

If the guarantee wasn't in place, we could only pay the £2,800 figure shown in Step 1. However, because she took advantage of the benefit guarantee, we can make her earnings up to the £3,000 a month figure it covers, once her waiting period has ended.

Step 3

We then take her continuing income into account. Alisha has net continuing income of £300 a month. When added to the figure of £2,800 calculated in Step 2, it would take her benefit over the maximum benefit guarantee amount of £3,000, so we deduct this from the £3,000 to work out the amount we pay her.

£3,000 - £300 = **£2,700 a month**

Original earnings	Monthly benefit selected	Earnings at start of claim	Maximum 70% of latest earnings	Guaranteed benefit	Continuing income	Monthly benefit we will pay
£60,000	£3,500	£48,000	£2,800	£3,000	£300	**£2,700**

If Alisha's continuing income stops completely during her claim, we will increase her benefit to the guaranteed amount of £3,000 a month.

These figures are for illustrative purposes only. If you claim the benefit, the amount we pay you will depend on your individual circumstances.

Paying your main benefit

2.7 We will pay all benefit payments in pounds sterling to a UK bank account in your name.

Your Policy Schedule will show a monthly benefit. We will authorise payment on either the 14th or the 28th of each month, or both dates if you choose to receive half the benefit twice a month.

If your benefit starts or ends part-way through a payment period, we will calculate an equivalent daily amount of benefit for the relevant number of days.

When we stop paying the main benefit

2.8 We will continue to pay the benefit until one of the following happens:

- You get better and your illness or injury no longer stops you working in your occupation
- You return to work in your occupation
- You are no longer suffering a loss of earnings
- You become resident outside of the UK
- Your benefit has been paid for the full benefit term of 1, 2 or 5 years as appropriate
- The policy ends because it's reached the end of its term
- We do not receive the co-operation, or ongoing medical or financial evidence we need to continue paying the benefit
- You refuse medical visits or attention
- You cancel the policy
- You retire from your occupation
- You die

Claiming again for the main benefit

2.9 If you return to work before your maximum benefit term is reached, then we accept a claim for the main benefit for the same illness or injury within 6 months of your return to work, we will not apply a new waiting period. We will continue your claim from the time you stopped working. Effectively, we will treat your claim as carrying on from the date your illness or injury recurred. In this scenario we will start paying benefit from that point for the remainder of the 1 year, 2 year or 5 year maximum claim term you chose.

If you return to work and then have a different illness or injury, we will treat this as a new claim.

Paying the back to work benefit

2.10 Should we accept your claim, we will pay back to work benefit where you return to work on reduced earnings.

As with the main benefit, you can choose to be paid monthly or twice-monthly.

When we stop paying the back to work benefit

2.11 We will continue to pay this benefit until one of the following happens:

- You get better and your illness or injury no longer stops you working in your occupation
- You are no longer suffering a loss of earnings;
- You become resident outside of the UK
- We have paid the main benefit and back to work benefit for the combined maximum benefit term of 1, 2 or 5 years as appropriate
- Your policy reaches the end of its term
- We do not receive the co-operation, or ongoing medical evidence we need to continue paying the benefit
- You refuse medical visits or attention
- You cancel the policy
- You retire from your occupation
- You die

How we calculate your back to work benefit

2.12 We calculate the difference between what your earnings were at the time of your illness or injury and the earnings you're on when you return to work.

If you return on 60% of your previous earnings, for example, we'll pay 40% of the main benefit figure to help make up the difference.

There is an example of a back to work benefit calculation below.

Example

$$\frac{\text{Earnings at time of your illness/injury – earnings now}}{\text{Earnings at time of your illness/injury}} \times \text{amount of main benefit}$$

Here's a worked example to show how we use this calculation:

Jo's earnings were £30,000 at the time of her illness/injury and she is now returning to her occupation on restricted duties for a few months as she recuperates, so will only have earnings of £18,000.

The difference in Jo's earnings is calculated like this:

$$\frac{£30,000 - £18,000}{£30,000} \quad \text{which is the same as} \quad \frac{£12,000}{£30,000} = 40\%$$

So she has lost £12,000 or 40% of her earnings. This means we will pay Jo 40% of the main benefit as a back to work benefit.

We were previously paying Jo her main benefit of £1,200 a month.

Her back to work benefit will be 40% of £1,200, which is **£480 a month.**

If you choose to receive your benefit twice monthly, we will make payments at half the monthly rate.

If your benefit starts or ends part-way through a payment period, we will calculate an equivalent daily amount of benefit for the relevant number of days.

Paying the contingency benefit

2.13 We'll make any payment due on a valid claim at the end of your waiting period.

Claims for this benefit are limited to 12 monthly payments, or 24 twice-monthly payments, in total over the duration of the policy. If your benefit starts or ends part-way through a payment period, we will calculate an equivalent daily amount of benefit for the relevant number of days.

Any continuing income you receive will be deducted from the maximum £500 a month payment.

Once your claim has ended, you won't be entitled to claim for the main benefit until you have been working 16 hours a week or more for a period of 6 months.

Example

After giving up work to become a full-time mum 5 months ago, Sarah has an accident which prevents her from doing so beyond her waiting period and we accept her claim.

She tells us she receives net continuing income of £100 a month from another insurance policy. We deduct this £100 from the benefit of £500 a month and pay her £400 a month.

We pay her benefit for 3 months. This means that if she needs to claim a similar benefit again in the future, she would only be able to claim for 9 months' benefit.

When we stop paying this benefit

2.14 We will continue to make payment of benefit until one of the following happens:

- Your illness or injury improves to the extent that you no longer meet the criteria for claiming.
- We have paid the benefit for a total of 12 months or 24 twice-monthly payments. Please note that this maximum term is not for each claim. It is a maximum across the whole policy term.
- You become resident outside the UK.
- Your policy reaches the end of its term.
- We do not receive the co-operation, or the medical or financial evidence we need to continue paying the benefit.
- You refuse medical visits or attention.
- You cancel the policy.
- You retire from your occupation.
- You die.

Paying the Accidental Death Benefit

2.15 We will need to see proof of death in the form of a death certificate.

We will pay the benefit to the person/people entitled to it on receipt of the appropriate supporting evidence, which could include a Will, probate or letters of administration.

Payment of the accidental death benefit may form part of the estate for inheritance tax purposes.

3.0 Your payments

You will pay us throughout your policy to qualify for the cover provided by this policy. The only exception is when we are paying you benefit and also paying for your cover.

The payments you make to us are due monthly on the same date each month. They are payable monthly or annually in advance by direct debit on the dates shown on your Direct Debit Confirmation which contains details of the Direct Debit Guarantee. You can pay your direct debit on any day between the 1st and 28th of the month.

If your payments are due to change for the following year, we will write to you.

If you wish to change the frequency at which you pay us (monthly or annually) you need to tell us before your policy anniversary so that we can change your direct debit instruction.

Once you have chosen between an age-costed or level premium you won't be able to change your choice.

When we can review your payments

3.1 When taking out this policy, you can choose between level premiums and age-costed premiums.

The option you chose will be shown on your Policy Schedule.

If you chose an age-costed policy, your payments will go up each year to reflect the correct premium for your age.

Age-costed policies have the flexibility of a lower starting price which increases each year.

Your payments may change as a result of the following:

a. If you choose for your benefit to increase with RPI each year, we will factor the cost of this increase into the amount you pay us

b. If you choose an age-costed policy, the amount you pay for your policy will go up each year to take account of age-related risks.

c. The payments for all policies will be reviewed every 5 years and we could either increase or decrease them to make sure you are paying the right amount for your cover.

We will not review rates on an individual basis.

When we carry out a 5 year review, we look at the expected future frequency and value of all claims for our Income Protection policies for all our policyholders. We also consider expected changes to our costs because of taxation and/ or regulation plus changes to other assumptions we used when we first set your payments.

Where this results in a change to how much you pay, the change will take effect from your next policy anniversary.

Any change we make at a scheduled review will be combined with the factored annual increase to pay for any increase in benefit due to an increase in the RPI. Where you choose an age-costed policy, this will also affect your payments each year. Any change could result in the amount you pay going up or down for the next year or staying the same until the next annual review.

We will only change your payments due to the above or if you later change your occupation and/ or cover options.

We will write to you in good time before your policy anniversary if the amount you need to pay for the following policy year is changing.

Missed payments

3.2 It's important to keep up payments to maintain the cover provided by this policy. If you don't, this could mean we won't pay benefits, or even that we end your policy.

Should you be aware of any changes which could prevent us collecting payment from you, for example if you change bank, or are experiencing financial difficulty, please contact us as soon as possible, so that we can offer appropriate assistance.

If you miss a payment, we will write to you to let you know and ask you to contact us to make arrangements to pay it. If you don't pay it within 1 month after it becomes due, you will lose your entitlement to claim benefits.

If you miss 3 months' payments, you can pay them up to date at any time before the end of the third month. If you're not able to do this by the end of the third month, we will end your policy and all cover under it. It won't be possible to reinstate your policy after this time.

4.0 Reviewing your cover

Throughout the time you hold this policy, you should review your cover and policy terms to make sure they are still appropriate to your working circumstances and budget. For example, you should review your cover when:

- Your occupation changes
- Your earnings change
- Your ill-health benefits from your employment or business change
- You consider taking out a new insurance policy to protect your income, or you change or cancel an existing policy
- You change your retirement plans, such as the age at which you expect to retire
- You become unemployed or regularly work less than 16 hours a week

5.0 Making changes

Changes to your personal information

5.1 Please take care to read through and check the copy of your application and Policy Schedule. You should notify us of any incorrect or missing information as soon as possible.

Please tell us about any change to your name, postal or email address, telephone number or bank details as soon as possible, so we can maintain contact with you and collect your payments when due.

We may ask you to provide further information, such as evidence of a change of name on marriage.

You should also tell us of any changes to your continuing income when claiming benefit, or if you are no longer resident in the UK or working in the UK.

Changes to your occupation

5.2 If you change your occupation, you need to let us know immediately and you can apply for a change to your cover.

We could refuse to cover your new occupation if it is not one that we are prepared to cover.

If we cover your new occupation, then you can apply for a change to your cover. We will assess your application and let you know if this means a change to the amount you are required to pay. We might also tailor the waiting periods available to you.

If you become unemployed or a houseperson

5.3 Should your circumstances change and you become unemployed or a houseperson while you are a policyholder, you should inform us as you may wish to reassess whether the policy still meets your demands and needs.

Once you've not worked more than 16 hours a week for 3 months, the benefits you are eligible to are restricted to the contingency benefit and accidental death benefit.

To tell us about any changes, please find our contact details on the back page of this document.

We could refuse to accept your application to change terms if your health and/or occupation meant we were unable to accept the additional claims risk.

Making changes to your cover

5.4 If you apply to:

- Increase your monthly benefit outside of the terms of guaranteed insurability (see 5.7)
- Reduce your waiting period
- Extend your policy end date
- Increase your benefit term, for example from 1 year to 2 years

Then we will ask you about your recent medical history, your earnings and occupation to help us assess your application.

We may also ask you to undergo tests and/or screenings to support your application and may ask for further evidence from you or your attending doctor/practitioner.

You can apply to make any of these changes provided you're not claiming, or you are eligible to claim and that you apply at least 5 years before the end of the policy.

Our assessment of your change request may result in on one or more of the following outcomes being offered to you. It may well be that we accept your change without restrictions, but we could also offer you:

- Cover which excludes named pre-existing medical conditions
- Cover which costs more due to your health
- Cover which is lower than the normal maximum amount of cover available
- A reduced choice of waiting periods
- A particular policy end date for the terms we offer Whenever a change is made, we will let you know how much you now have to pay.

We could refuse to accept your application to change terms if your health and/or occupation meant we were unable to accept the additional claims risk.

We won't accept an application to increase cover in the first two years of the policy if you joined on tailored terms – see page 22.

You should also consider shopping around to see whether you can find more appropriate cover for your needs with other providers.

Increasing or decreasing your main benefit amount

5.6 If you joined on tailored terms, you cannot increase your cover within the first 2 years of your policy. After that, your options to increase cover are limited – please contact us and we will talk this through with you.

If you are not on tailored terms, you can apply to increase your benefit amount in increments of £10 a month, provided your new benefit amount does not exceed either:

- £6,000 a month or
- £2,000 a month. where your claim period is 5 years or
- 70% of your earnings at the time of your increase, whichever is lower

Where your benefit amount has been increased each year because of the increase in the RPI, we'll take these increases in cover to date into account in working out the maximum amount you can be covered for.

If you apply to increase your cover and this isn't under a guaranteed insurability option, we will ask questions about your health as well as your earnings and occupation to help us assess your application.

As a result of our medical assessment, we could exclude certain medical conditions from cover or charge more to cover you.

You can apply to reduce your benefit amount in increments of £10, provided your new level benefit amount does not go below £500 a month and you are still in an occupation we cover.

Guaranteed Insurability option

5.7 This option means you can increase your cover when specified life events occur, without the need to supply further medical information, though you will sign a declaration of good health. You can use this option provided:

- You didn't join on tailored terms
- You are not yet 55 years of age on the date you make your application to increase
- You have held the policy for at least 12 months
- You do not have an illness/ injury on the date you make your guaranteed insurability option application
- You are not receiving any benefit from the policy when you make your guaranteed insurability option application
- You are not within the waiting period you chose on your policy
- You are not off work and about to submit a claim when you make your guaranteed insurability option application.

Any exclusion on your policy schedule will also apply to cover under a guaranteed insurability option we approve.

Please note that the amount you pay for the increase you are applying for under a guaranteed insurability option will be based on your age and the rates at the time of the increase.

You can apply under the guaranteed insurability option upon:

- Marriage/civil partnership – We will need to see your marriage certificate or civil; partnership certificate
- Birth or legal adoption of a child – Please send us the child's birth certificate or legal adoption papers
- Promotion including a salary increase - please send us a signed letter from your employer confirming details of the salary increase
- Change of job including a salary increase - please send a confirmation letter of your new appointment including salary details and letter of acceptance of the new role
- Taking out a new mortgage/tenancy – Please send us your mortgage offer letter/tenancy agreement
- Increasing existing mortgage/tenancy – Please send us your revised mortgage offer letter/ tenancy agreement.

In each instance the application, including providing the required proof, must be made within 3 months of the date the event occurred.

The maximum amount the benefit can increase by in any one application, or across multiple applications under guaranteed insurability, is the lower of:

- £1,000 a month; or
- 50% of the initial benefit under the policy

The new benefit cannot exceed 70% of your income at the time of your application.

There is no limit to the number of options you can exercise provided satisfactory proof is given and subject to the above maximum benefit.

6.0 Other changes you can make to your policy

There are a number of changes you can apply to make on your policy. In all instances these could be subject to terms or we could reject them.

Here are the options you have:

Increasing or decreasing your waiting period

6.1 The waiting period options are 14, 30, 60, 90, 180 and 365 days.

You can apply to reduce your waiting period at any time, provided your current waiting period is greater than 30 days and you are not in the process of claiming.

We will ask you some questions about your recent medical history, earnings and occupation to help us assess your application.

You can apply to increase your waiting period at any time, provided your current waiting period is less than 365 days.

Increasing or decreasing your benefit term

6.2 You can decrease your benefit term, for example, from 2 years to 1 year, at any time.

You can increase your benefit term, for example from 1 year to 2 years, provided you're not claiming, or you are eligible to claim and that you apply at least 5 years before the end of the policy. We will ask you some questions about your health, earnings and occupation.

Increasing or decreasing your policy term (end date)

6.3 Your policy term will be for a minimum of 5 years, and you will have chosen for your policy to end at an age between 50 and 70, or if you are on tailored terms, between 50 and 65.

Your policy will last until the end of the term you chose when you applied, unless one of the following happens first:

- You are no longer resident in the UK
- You change to an occupation we don't cover
- You retire from your occupation
- You tell us to cancel your policy
- You fail to pay and owe 3 months' payments
- You die

You may be able to change your policy end date should your circumstances change.

You can apply to increase your policy end date, provided your current end date is below age 70.

You can apply to reduce your policy end date at any time, provided your current end date is between ages 51 and 70.

Change from an increasing benefit to a level benefit

6.4 Should you choose an increasing benefit, this will be shown on your Policy Schedule. You can change to a level benefit at any time. We will use the level it has reached when assessing all future claims.

You cannot change to an increasing benefit from a level benefit, even if you previously had an increasing benefit before changing to a level benefit.

Adding or removing fracture cover benefit

6.5 You can remove fracture cover benefit at any time. You cannot add fracture cover once the policy has started.

Adding, removing or changing cover for enhanced hazardous pursuits benefit

6.6 You can apply to add, change or remove cover for enhanced hazardous pursuits but if you are adding or increasing this benefit, you must apply to do so at least 5 years from your policy end date.

You can increase your cover for hazardous pursuits provided this does not take your cover above the level of main benefit or above the maximum permitted for your selected claim period. For maximum claim periods of 1 or 2 years this is £2,000 a month. You can't change your hazardous pursuits cover if you chose a maximum claim period of 5 years as the only available cover amount is £500 a month.

If you selected a maximum claim period of 1 or 2 years, you can reduce your cover for hazardous pursuits at any time, as long as this does not take cover below £500 a month.

Adding or removing accidental death benefit

6.7 You can apply to add or remove the accidental death benefit but must do so at least 5 years from your policy end date.

Adding this benefit will increase how much you need to pay for your cover.

Changes we can make

6.8 We can vary these Policy Conditions:

- To reflect changes in legislation, regulation or taxation which affect the policy
- To allow us to administer the policy more efficiently
- To clarify anything which is unclear
- To correct any errors
- To provide enhanced policy features or options

We will write to you in good time to give you notice of any change to the Policy Conditions and explain any options you have at the time.

Nothing in these Policy Conditions affects your statutory rights.

7.0 General Information

Who can apply for this policy

7.1 You can apply for the Income Protection policy if you are:

- A resident in the UK and working in the UK.
- Aged 18 or over and you've not passed your 60th birthday.
- 5 years or more from your selected policy end date when your policy starts.
- Registered with a doctor in the UK who has access to your medical records from the past 2 years.
- A UK bank account holder and can pay us from that account.
- Employed or self-employed and working at least 16 hours a week.
- Working in an occupation we cover. This is because not all occupations can be covered by this policy.

Customer categorisation

7.2 We are required by the Financial Conduct Authority to categorise our customers to determine the level of protection they will receive. On this Income Protection policy we will treat you as a retail consumer. This gives you the highest level of protection available under the Financial Conduct Authority rules.

The Policy Schedule

7.3 Your Policy Schedule shows the personalised details of your policy, including the start and end date of this Income Protection policy with National Friendly, which is the manufacturer of this product.

Law, language and currency

7.4 In the event of a dispute we will try and solve any disagreements quickly and efficiently. If you are not happy with the way we deal with any disagreement and you want to take court proceedings, you must do this within the UK.

All correspondence will be in English, and all currency used will be in GB pound (£).

How to cancel your policy

7.5 You can cancel your policy at any time, but you will lose all cover if you do.

Please use our contact details on the back page of this document to let us know if you wish to cancel this policy.

Within 30 days
You have the right to cancel your policy if you do so within 30 days of receiving your welcome pack of policy documents which includes your Policy Schedule. We'll refund any payments you've already made, less any claim amounts we have paid.

After 30 days
If you choose to cancel your policy any later than 30 days after receiving your welcome pack, we'll only refund payments made for cover beyond your cancellation date.

We'll cancel your policy from the end of the month you've made your payments for.

When we can cancel your policy

7.6 If you have missed payment for 3 months' cover and your policy has then lapsed.

If you have made a fraudulent claim or otherwise behaved in an unreasonable fashion.

Fraudulent claims

7.7 If we have grounds to believe that information you, or anyone claiming or acting on your behalf, isn't correct or potentially fraudulent, we can take the following steps:

- We can use the true information to administer the policy. This could mean a change to your payments and/or the terms under which we cover you.
- Your policy could be cancelled.
- You may be expelled as a member of the society.
- We can refuse to pay any claims on the policy and could claim money back in respect of claims we have paid.
- We may not refund any payments made to us.
- We could, in extreme cases, bring a prosecution and inform the police.
- We could also add you to an Insurance Fraud database making it harder to obtain insurance in the future.

How to make a complaint

7.8 We aim to provide a level of service that means you'll never need to make a complaint about your policy or our handling of it. However, if you're not satisfied for any reason, you have the right to raise a complaint. We welcome the opportunity to resolve any issues and put matters right.

You can tell us what's gone wrong by telephone, email or post.

- Phone us: **0333 014 6244.** 8am-6pm Monday to Friday excluding bank holidays. Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes.
- Email us: complaints@nationalfriendly.co.uk
- Write to us:
  National Friendly
  11-12 Queen Square
  Bristol
  BS1 4NT

If your complaint meets the definition set out by our regulator, the Financial Conduct Authority (FCA), we will acknowledge it promptly and carry out a fair and thorough review.

We will do everything we can to resolve matters as quickly as possible. You will receive a written response within 8 weeks of us receiving your complaint. The response will set out the outcome of our review or explain why we are not yet able to provide a final response.

If you're not happy with our response, you may be able to refer your complaint to the Financial Ombudsman Service (FOS). This is a free and independent service that helps resolve disputes between customers and financial businesses. Referring your complaint to the FOS does not affect your rights. You can find out more information at: **financial-ombudsman.org.uk**

You can write to the FOS at **Financial Ombudsman Service, Exchange Tower, London E14 9SR**. You can phone them on **0300 123 9123** or **0800 023 4567**. You can also use the online complaint form: **financial-ombudsman.org.uk/consumers/how-to-complain**

How your policy is protected

7.9 National Deposit Friendly Society Limited is covered by the Financial Services Compensation Scheme (FSCS) in the event that we are unable to meet our liabilities.

Full details of what you're protected for can be found at **www.fscs.org.uk.** You can call them on **0800 678 1100**, or you can write to them at:
The Financial Services Compensation Scheme, PO Box 200, Mitcheldean GL17 1DY.

Assignment

7.10 You cannot assign this policy and are not permitted to sell it on, or trade it, to anyone else.

Solvency and Financial Condition Report

7.11 On our website you can download our 'Solvency and Financial Condition Report' which provides information about our performance, governance, risk profile, solvency and capital management.

Tax and effect on state benefits

7.12 Under current UK legislation, the benefits you receive from this policy are not subject to income tax, capital gains tax or National Insurance contributions. Payment of the accidental death benefit may form part of the estate for inheritance tax purposes. If you select accidental death benefit, you may wish to speak to your financial adviser about the tax implications. You can nominate a beneficiary or beneficiaries to receive up to £5,000 after your death by making a nomination. Please contact us if you wish to do this.

You can't claim tax relief on the payments you make to us.

The payments you make for this policy are not currently subject to insurance premium tax.

However, tax law and practice can change in the future. Should the tax status of this type of policy change in the future then we will let you know.

The benefits you receive from this policy could affect your entitlement to some means-tested state benefits and may affect your ability to claim under other income replacement insurance policies. Benefits that are not means-tested shouldn't be affected, however state benefits rules may change in the future and so you should check with your benefits office whether any state benefits you receive, or to which you might be entitled, could be affected.

About National Friendly

7.13 National Friendly is a trading name of National Deposit Friendly Society Limited, which is incorporated in England and Wales no. 369F. Our registered office is at **11-12 Queen Square, Bristol BS1 4NT**.

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 110008. You can check this at **https://register.fca.org.uk** or by telephoning **0800 111 6768**.

Policyholders of this policy are automatically members of National Friendly, have voting rights, and can attend our Annual General Meeting.

As a mutual society we're owned by our members and so all of our profits are invested in improving member benefits and our service to our customers, instead of paying dividends to shareholders. The manner in which the Society operates is set out in a Rule Book. This can be found on our website or you can contact us to request a copy.

About National Friendly Financial Solutions

The Friendly Doctor+ and Friendly Dentist services are brought to you by National Friendly Financial Solutions.

National Friendly Financial Solutions Limited is part of the National Deposit Friendly Society Limited group of companies.

Data Protection

7.14 We are committed to protecting your privacy and as such National Friendly will only obtain, hold, and use your personal information where permitted by and in accordance with the Data Protection Act 2018. For further details on how we obtain, hold, and use your personal data, please see our privacy notice at: **www. nationalfriendly.co.uk/privacy** which set out the types of information we collect about you, how we collect and use the information, who we might share the information with and where such information may be transferred, how long we will hold the information for, the steps we will take to make sure it stays private and secure, and your rights in respect of your information.
As well as being available online, you can request a copy of our privacy notice by contacting us using the details on the back page of this document.

You are responsible for making sure you provide us with accurate and up-to-date information. If you provide information for or about another person in the context of your dealing with National Friendly, you will need to tell them how to find the privacy notice and make sure they agree to us using their information for the purposes set out in it.

Here's how you can contact us

For information on this policy, to request a copy in Braille, large print, or audio, please get in touch.

You can call us on:

0333 014 6244 8am-6pm Monday to Friday excluding bank holidays.

Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes. Calls are recorded for training and quality purposes.

Or email us at:

info@nationalfriendly.co.uk

Or visit us at:

www.nationalfriendly.co.uk

Or mail us at:

National Friendly
11-12 Queen Square, Bristol
BS1 4NT

Friendly GP - you can contact our Friendly GP service on:

0333 015 0304

National Friendly is a trading name of National Deposit Friendly Society Limited. Registered off ice: 11-12 Queen Square, Bristol BS1 4NT. Registered in England and Wales no. 369F. National Deposit Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 110008. You can check this at: https://register.fca.org.uk. National Deposit Friendly Society Limited is covered by the Financial Services Compensation Scheme and Financial Ombudsman Service.

National Friendly

IPTT PC 09.26