

Private Sick PayTM

Essentials



Policy Conditions

PrivateSickPay.co.ukTM

Contents

Definitions	3
1.0 Your policy	4
2.0 How to make a claim	8
3.0 Your payments	10
4.0 Reviewing your cover	11
5.0 Making changes	11
6.0 General information	12
Contact details	16

This Policy Conditions document sets out the rules for our Private Sick Pay Essentials™ policy.

This policy is arranged and distributed by Private Sick Pay™. National Friendly have designed, manufactured, underwritten and administered this product which 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. Please note that any reference to "we", "us", "our" means National Friendly and any reference to "you", "your" means the policyholder.

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.

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.

Houseperson: A person who has not been in paid occupation (in which they worked at least 16 hours a week) for at least 3 months during which time they have been looking after their home or providing childcare.

Injury: The cause of your claim where due to an accident 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
- Not be working in any other occupation

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

Medical professional: An individual who has received appropriate and specialised education and training in the field of medicine. A person licensed and authorised in the UK to treat and manage various health conditions, including physicians (doctors), nurses, dentists and other healthcare workers.

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

Policyholder: The person who owns the policy, is responsible for making payments and any changes on it, and to whom we will pay benefits under fracture cover, the income benefit, and rehabilitation.

Pre-existing condition: Any sickness, condition or injury whether diagnosed or not, which:

- Existed prior to your policy start date
- You had signs or symptoms of prior to the policy start date

And:

- For which you have had a consultation, test, treatment, medication, signs or symptoms in the 18 months immediately prior to the start of the policy.

Premium: The regular amount you are required to pay for your cover.

Qualifying period: A period of time at the beginning of the policy during which no cover is provided under the policy. The different qualifying periods for the benefits to which they apply are detailed in this document.

Resident: Throughout the period during which you hold the policy you need to live permanently 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.

Sickness: An illness or disease leading to poor health.

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 14-day period of absence from work during which no benefit is payable before you are entitled to claim benefits from us following a valid claim.

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. 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. All of the benefits in the table below come as standard. You won't be able to choose a level on which the income benefit is more than 70% of your income.

1.2 You can choose a level of cover from 3 options: Basic, Select and Complete.

1.3 No policyholder can be covered on more than one Private Sick Pay Essentials™ policy or other National Friendly equivalent. See *Increasing or decreasing your cover level* on page 12.

What we are covering you for

	Basic	Select	Complete
Monthly income benefit – maximum 3 or 6 months	£850	£1,600	£2,350
Fracture cover – maximum claim total in any policy year	£1,000	£2,000	£3,000
Minor	£350	£700	£1,000
Moderate	£700	£1,400	£2,000
Major	£1,000	£2,000	£3,000
Friendly GP+	24/7 phone/online access to a Private GP for the whole family		
Rehabilitation benefit	Up to £1,000 in any policy year for all levels		

1.4 There's a 7-day period at the start of the policy in which claim events cannot be claimed for. No income benefit is payable for the first 14 days of any covered claim.

1.5 Full details of each benefit and its limitations can be found in the following pages that start below in, *The benefits in more detail*. There's a list of *General policy exclusions*, listing circumstances in which we will never pay benefit, on page 7.

The benefits in more detail

1.6 This policy is designed to provide a number of protection benefits. You might need to claim more than one benefit, for example a leg fracture might qualify for fracture benefit and result in a claim because you cannot work for more than 14 days.

Income benefit

1.7 Our income benefit is a regular income, payable either for 3 months or for 6 months (you choose this when you apply) if you are unable to work due to sickness or accident

Sickness cover

1.8 The policy covers income benefit for sickness leading to certified absence from work.

1.9 Cover is designed for new medical conditions only – see *Medical issues you've suffered before* on the next page.

Accidental injury

1.10 We will only pay for accidents which result in an injury caused by some kind of impact.

1.11 Accidents in which no resulting impact injury is visible, with or without a scan, will not fall under this definition and will not be covered.

Your claim

1.12 You 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.

Limitations

1.13 The maximum number of claims we will consider for income benefit is 3 in any 3 year period of cover.

1.14 The level of cover you choose will be confirmed on your Policy Schedule. This is the regular tax-free sum you will receive in the event of a claim once your claim has been assessed as valid.

1.15 We set out how we will assess your claim in the section starting on page 8.

When we start paying your benefit

1.16 No benefit is payable for the first 14 days of your illness or injury. We pay in arrears so will make payment sometime after that to reflect the benefit due from day 15 of your incapacity.

1.17 We pay the benefit twice-monthly, unless we agree otherwise, and continue to pay for the maximum of 3 months or 6 months you choose. We will stop paying if you return to work within these periods.

What we are not covering you for under income benefit

Medical issues you've suffered before

1.18 We won't make payment if your sickness claim is directly or indirectly related to a condition you suffered from before your policy started, unless you have been completely symptom-free for a continuous period of at least 18 months.

1.19 By symptom-free, we mean you have had no consultations with a medical professional, tests, treatment, medications, signs or symptoms of the condition.

We also will not pay a claim for income benefit where:

- Your injury or illness occurred before the policy started or within the 7-day qualifying period at the start of the policy.
- The main reason you are unable to work is because of a pre-existing condition made worse by an accident
- You are unemployed when you make the claim
- Your claim relates to mental health conditions, including, but not limited to stress, anxiety and depression. Claims for severe mental illness, where you are under the supervision of a psychiatric specialist as opposed to a counsellor or psychotherapist, will be considered
- Your claim for sickness is for a back or spinal complaint unless radiological evidence of a specific new wound or abnormality is provided, such as an X-ray, CT or MRI scan
- Your claim is in connection with pregnancy
- Your claim is not for a medical condition
- Your sickness claim is as a result of an epidemic or pandemic including, but not restricted to, any requirement for shielding or self-isolating
- You make a claim for income benefit but have already made the maximum number of claims for income benefit in the past 3 years

Chronic (long-term) medical conditions

1.20 This policy isn't designed for conditions which exist when you take the policy out and which are likely to come back on a regular basis. This type of condition is called a Chronic Condition and will have one or more of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It needs ongoing or long-term control or relief of symptoms
- You need to be rehabilitated or specially trained to cope with it
- It needs long-term monitoring through consultations, check-ups, examinations or tests

1.21 This means that conditions which you will suffer for the rest of your life, for example sickle cell disease or Multiple Sclerosis, are unlikely to be covered.

1.22 You will be covered for a long-term chronic condition if you are diagnosed with it after your policy start date, provided that before this date you:

- Did not have any signs or symptoms of the condition
- Were not taking any medication for it
- Were not undergoing any medical monitoring, investigations or reviews for it

Rehabilitation benefit – helping you back to work

1.23 Once we have accepted a claim, we will help you get back to work by providing access to private facilities. We will pay a benefit of up to £1,000 in total each policy year for the following:

- Physical therapies – acupuncture, physiotherapy, osteopathy and chiropractic treatment
- Follow-up scans and tests
- Consultations

1.24 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. We will need to see evidence that you have used the treatment services we have agreed with you.

1.25 You will be liable for any costs for treatment which fall outside of these Policy Conditions.

Sports and hobbies

1.26 Your policy includes cover for certain sports and hobbies as standard. This list below applies where the sport/hobby is participated in at an amateur level and undertaken in the UK.

1.27 Pursuits with a National Governing Body, sponsorship and/or participation fee are excluded from this list. For all categories, any participation as a professional, semi-professional or sponsored competitor is excluded from cover.

1.28 Sports and hobbies not listed here will not be covered under your policy.

Sport/hobby	What's covered
Athletics	All aspects covered.
Ball games	Football, cricket, squash, badminton, tennis, hockey, volleyball.
Cycling (non-powered)	Road cycling, track cycling.
Dancing and aerobics	All aspects covered.
Scuba diving	Up to 18 metres.
Martial arts	Karate, Wrestling, Ju-jitsu, Aikido, Kung Fu, Taekwondo, Judo.
Motor car racing	Indoor karting, trial (off-road), navigation rallies, auto-slalom/autocross, track days.
Mountaineering	Bouldering, indoor climbing, hiking, walking, scrambling.
Skating	Roller/in-line skating, roller derby, skateboarding, Nordic blading, cross skating, roller skiing.
Strength and fitness training	Bodybuilding, weight training, weightlifting, power lifting.
Water sports	Motor boating (inshore), sailing (inshore), jet ski, personal water craft, water scooter, fly-boarding (pleasure only), canoeing, rowing, windsurfing, wave surfing, kayaking (rapid class <3), swimming, water polo, river hovercraft.
Winter sports	On-piste skiing, snowboarding, cross-country skiing, Nordic skiing, snowshoeing, sledging, snow tubing, ice skating, toboggan, ice hockey.

Fracture cover

1.29 The maximum we will pay from one policy anniversary to the next is £1,000, £2,000 or £3,000, depending on whether you chose Basic, Select or Complete cover. The annual limit can be for one claim, or as a combination of claims. The fracture must be diagnosed by a consultant.

1.30 We have 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 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.*

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

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

*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.

Multiple fractures

1.31 If you suffer more than 1 fracture of a covered body part, this will count as 1 claim. So, for example, if you break 2 bones in your hand (a Minor category fracture), and you have chosen Select cover, this will be 1 claim of £700.

1.32 The limits each year could include part-payments of the above benefits. So if you held Basic cover with a limit of £1,000 a year, and claimed £350 for a Minor fracture you would have £650 benefit left to claim. If you then were unlucky enough to suffer a Major (£1,000) fracture in the same policy year, we would pay a benefit of £650 for the Major fracture, so the total paid in the policy year does not exceed £1,000.

Not covered

1.33 We will not cover the following issues under the above:

- Fractures which occurred before the policy started or which occur within the first 7 days of the policy starting

- Fatigue/stress/hairline fractures, micro fractures or avulsions/chips
- Any fracture sustained whilst taking part in a sport or hobby other than those detailed in this policy document

General policy exclusions - when we won't pay out

1.34 We won't pay out if:

- Your claim is as a result of you deliberately hurting yourself
- Your injury is sustained doing something against medical advice, including working
- Your claim is as a result of, or worsened by, not taking prescribed medication or following other medical instruction
- 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
- The injury and/or treatment occurs whilst you are outside the UK
- You are a professional sports person, you are employed by the Armed Forces or Police, or your occupation involves the use of firearms or explosives
- Your claim is as a result of you taking part in a sport or hobby outside of the list detailed in this policy document

Friendly GP+

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

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

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

1.38 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.

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

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

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

1.42 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

1.43 You have access to this support at: nationalfriendly.co.uk/friendlygp 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

1.44 As a non-contractual discretionary benefit, we reserve the right to amend, improve or remove the Friendly GP+ service should it be necessary and will give a minimum of 90 days’ notice. This service is brought to you by National Friendly Financial Solutions, part of the National Friendly Group.

1.45 For more information please visit our website or contact us using the details on the back page.

2.0 How to make a claim

Making a claim for income benefit

2.1 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 7 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 14-day waiting period ends.

2.2 We will do all we can to help you during this difficult time.

2.3 As a reminder, we won’t pay for any injury/illness listed under *What we are not covering you* for on Page 5 or under circumstances detailed in *General policy exclusions – when we won’t pay out* on page 7.

What we need from you

2.4 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.

2.5 If you are a policyholder making a claim for income benefit, we will expect you to have seen a medical professional within 1 week of your injury/illness and will also expect you to seek and follow medical advice and treatment throughout your claim.

2.6 We will ask you to complete a claim form. 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.

2.7 We don’t have control over how long they take to provide the information we need, so the sooner you give us permission to contact them, the better.

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

2.9 The types of information we need are covered under the *Medical evidence* and *Work-related evidence* sections on the next page.

Dealing with others

2.10 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.

2.11 Only a legally appointed representative can make decisions on your behalf.

Contacting us

2.12 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.

Helping you back to work

2.13 We may even be able to help you access assistance in your treatment using the rehabilitation benefit. We will discuss this with you when you start your recovery.

Claiming for sickness benefit

2.14 We will need evidence that your sickness prevents you from carrying out the main duties of your occupation.

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

Claiming for accidental injury

2.16 To qualify for the income benefit, we will need proof that your injury results from an accident as detailed in our *Definitions* section on page 3 and under the terms outlined on page 5. This means there has to be some kind of impact which causes your injury.

2.17 So if you have an accident and no impact injury is visible, with or without a scan, this will not fall under our definition and will not be covered.

2.18 We will need evidence that the injuries you sustain prevent you from carrying out the main duties of your occupation.

2.19 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.

Medical evidence

2.20 We will ask you to provide medical evidence to support your claim for sickness or accidental injury.

2.21 This could be a signed, original certificate from your doctor stating that you are unable to carry out your occupation due to a covered injury or medical condition, or any other medical evidence necessary to assess your claim.

2.22 For fracture cover, proof must confirm that the bone broken is one covered under the policy.

2.23 All medical evidence we receive must be in English, and you must remain a UK resident to be able to claim.

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

2.25 We will ask for your consent to:

- Access your medical reports, or to see your test results.
- Contact medical professionals involved in your diagnosis and care.
- Contact other third parties for information and evidence relevant to your claim.
- Arrange an assessment by a medical professional of our choice.

2.26 We will pay for any additional tests or examinations we request.

2.27 If you fail to attend an appointment and this incurs charges, these may be passed on to you or deducted from any benefit we are due to pay.

2.28 Our claim form includes a consent form explaining your legal rights regarding access to your medical records.

2.29 Acceptance of your evidence assumes that you will follow prescribed treatment, medication and rehabilitation services

2.30 Failure to follow medical advice you're given may result in your claim being declined or ended.

2.31 You must provide ongoing medical evidence throughout your claim. What we ask for and how often will depend on the nature and severity of your injury or sickness.

Work-related evidence

2.32 At the time of your claim, you must provide proof that you were actually working at least 16 hours per week and are now unable to work due to the medical reason claimed. This includes proof of earnings such as bank statements.

2.33 Claims for income benefit will not be paid if you are unemployed, as defined on page 3.

Income benefit payments

2.34 Benefits are paid in pounds sterling to a UK bank account in your name.

2.35 Your Policy Schedule will show the monthly benefit amount.

2.36 Payments are made on or around either the 14th or the 28th of each month, or both if split.

2.37 Payments then take 3 working days to reach your account.

2.38 We will contact you when we have made payment so you shouldn't need to contact us.

2.39 For payments of part months, we will calculate a daily rate.

Paying for cover during a claim

2.40 You must continue to pay for cover during your claim in order to qualify for benefit. Benefit in payment will stop if we don't receive a premium from you when it becomes due.

Where you are covered

2.41 This policy is designed to cover policyholders living and working in the UK. Cover will not apply where the injury, sickness, and/or treatment occurs whilst you are outside the UK.

Returning to work

2.42 Please tell us when you plan to work or have returned to work following your claim. We can then end your claim.

When income benefit stops

2.43 Payments end when:

- You return to work, whether or not you have recovered
- You fail to pay a premium when due
- You are no longer a UK resident
- The maximum benefit term has been reached
- The policy ends
- Required evidence or cooperation to support your claim is not provided
- We receive medical information that shows that payments we have made should not have been made – we reserve the right to claim these back.
- You refuse medical visits or treatment
- You cancel the policy, retire or die

Claiming again for the income benefit

2.44 If you return to work before the 3-month or 6-month claims limit you choose, and claim for the same condition within 6 months of your return to work, no new waiting period applies. The claim resumes for the remaining term.

2.45 In this scenario we will start paying benefit due from that point to a maximum of the 3-month or 6-month claim term.

2.46 If you have claimed for the maximum claim period you choose, you will not be able to claim for the same or related medical condition until you have returned to work for at least 6 months.

2.47 There must be a clear separation between being unfit for work as a result of one medical condition, and claiming for a new medical condition.

2.48 This means you must return to work between claims, having been medically certified as fit to do so.

2.49 This means we will need to see proof that you were well enough to return to work and proof that your new claim is for a brand new, unrelated medical condition.

2.50 You must be able to clearly evidence that you have returned to work for the minimum 16 hours per week outlined by the policy before we can consider any new claims.

2.51 New accidental injuries or sickness will be treated as new claims.

2.52 The maximum number of claims we will consider for income benefit is 3 in any 3 year period of cover.

3.0 Your premiums

3.1 You will pay us throughout your policy to qualify for the cover provided by this policy.

3.2 Premiums are due monthly on the same date each month and can be paid monthly or annually in advance by direct debit, on any day between the 1st and 28th of the month. Your Direct Debit Confirmation will show details of your premiums, including your Direct Debit Guarantee.

3.3 If you would like to change your premium frequency, you need to tell us before your policy anniversary so that we can change your direct debit instruction.

Missed premiums

3.4 If you don't keep up with your premiums, this could mean we won't pay benefits, or even that we end your policy. If you have any issues in paying your premiums, 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.

3.5 If you miss a premium, we will 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 won't be entitled to claim benefits.

3.6 If you miss 3 months' premiums, 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 we will end your policy and all cover under it. You won't be able to reinstate it.

When we can review your premiums

3.7 Every 3 years we will review how much you pay and either increase or decrease this to make sure you are paying the right amount for your cover.

3.8 We will not review rates on an individual basis.

3.9 When we carry out our review, we look at the expected future frequency and value of all claims for Private Sick Pay Essentials™ policies for all covered policyholders.

3.10 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.

3.11 We will let you know about any change to your payments, which will take effect from your next policy anniversary and last until the next 3-year review.

4.0 Reviewing your cover

4.1 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 become unemployed or regularly work less than 16 hours a week
- You move outside the UK

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.

5.2 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.

5.3 You should also tell us if you change your occupation. You will need to make sure your new occupation is one we cover.

5.4 You should also tell us if you are no longer resident in the UK or working in the UK.

If you become unemployed or a houseperson

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

5.6 Whenever a change is made, you should consider shopping around to see whether you can find more appropriate cover for your needs with other providers.

Increasing or decreasing your cover level

5.7 You cannot increase your cover level but you can reduce your cover level where a lower level is available. Should you decrease your cover level in the future, you will pay the appropriate rate for the new level of cover.

5.8 We reserve the right to reduce your level of cover if we later find you weren't earning 70% of your selected income benefit cover when you took out the policy.

Example: you took out Complete cover but were only earning £3,000pm when you applied.

70% of £3,000pm is £2,100pm.

Complete income benefit = £2,350pm.

In this instance, we would pay income benefit of £2,100pm.

When the policy ends

5.9 Your policy will end on your 65th birthday or, if you joined when you were 60, the policy anniversary in your 66th year. Your policy will last until this date, unless one of the following happens first. You:

- Are no longer resident in the UK
- Stop working
- Tell us to cancel your policy
- Fail to pay and owe 3 months' premiums
- Act in a dishonest or fraudulent fashion – see 6.10 and 6.11 on the next page.
- Die

Changes we can make at any time

5.10 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
- To ensure fairness between all members of the Society, regardless of which policy/ies they hold.

5.11 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.

5.12 Nothing in these Policy Conditions affects your statutory rights.

6.0 General Information

Who can apply for this policy

6.1 You can apply for the policy if you are:

- A resident in the UK and working in the UK
- Aged 18 or over and no older than 60
- 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 actually working at least 16 hours a week
- Not covered on another Private Sick Pay Essentials™ policy or National Friendly equivalent.

Customer categorisation

6.2 We are required by the Financial Conduct Authority to categorise our customers to determine the level of protection they will receive. On this Private Sick Pay Essentials™ 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

6.3 Your Policy Schedule shows the personalised details of your policy, including the start and end date of this Private Sick Pay Essentials™ policy with National Friendly.

Law, language and currency

6.4 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

6.5 You can cancel your policy at any time, but you will lose all cover if you do. The policy has no surrender value.

6.6 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

6.7 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 premiums you've already made, less any claim amounts we have paid.

After 30 days

6.8 If you choose to cancel your policy any later than 30 days after receiving your welcome pack, we'll only refund premiums made for cover beyond your cancellation date. We'll cancel your policy from the end of the month you've paid premiums for.

Applying for cover after cancellation

6.9 If you cancel your Private Sick Pay Essentials™ policy, you will not be able to re-apply for another one or for a National Friendly equivalent policy for a minimum period of 2 years.

When we can cancel your policy

6.10 We can cancel your policy if:

- You have missed premiums for 3 months' cover and your policy has then lapsed
- You have made a fraudulent claim

Fraudulent claims

6.11 If we have grounds to believe that information you, or anyone claiming or acting on your behalf, has provided isn't correct or is 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 premiums 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 premiums paid 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

6.12 We hope you never have reason to complain about your policy or the service we give you. But you have the right to complain if you need to, and we'd like the chance to put things right.

6.13 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:
Complaints Coordinator
National Friendly
11-12 Queen Square
Bristol
BS1 4NT

6.14 If your complaint meets the definition set out by our regulator, the Financial Conduct Authority (FCA), we will acknowledge it promptly, conduct a thorough and impartial review, and issue a final written response within eight weeks.

6.15 The written response will inform you of the results of our review or explain why this isn't possible.

6.16 If you're not happy with our response, you may be able to refer your complaint to the Financial Ombudsman Service (FOS). This service is free and using it in no way affects your legal rights to take civil action. You can find out more information at: financial-ombudsman.org.uk

6.17 You can write to the FOS at **Financial Ombudsman Service, Exchange Tower, London E14 9SR**, phone them on **0800 023 4567**, or email them at: complaint.info@financial-ombudsman.org.uk

How your policy is protected

6.18 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.

6.19 Full details of what you're protected for can be found at 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

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

Solvency and Financial Condition Report

6.21 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 other benefits

6.22 The income benefit from this policy may be used in calculation of benefit on any other income protection policy you hold.

6.23 Under current UK legislation, the benefits you receive from this policy are not subject to income tax, capital gains tax or National Insurance contributions.

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

6.25 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.

6.26 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 Private Sick Pay™

6.27 Private Sick Pay™ is a trading style of Family Confident limited who is an appointed representative of Plan and Prosper Financial Group Limited who are authorised and regulated by the Financial Conduct Authority. (798095 & 943517).

About National Friendly

6.28 The policy is designed, manufactured and administered by National Friendly, a trading style of National Deposit Friendly Society Limited.

6.29 National Deposit Friendly Society Limited is registered in England and Wales (No. 369F). Registered office: 11–12 Queen Square, Bristol BS1 4NT.

6.30 National Deposit Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 110008). You can check this at: register.fca.org.uk or by calling 0800 111 6768.

6.31 The Friendly GP+ service is provided by National Friendly Financial Solutions Limited, part of the National Friendly Group.

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

6.33 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.

Data Protection

6.34 National Friendly and Private Sick Pay™ are committed to protecting your privacy and as such will only obtain, hold, and use your personal information where permitted by and in accordance with the Data Protection Act 2018. For further details, please see the privacy notices at:

nationalfriendly.co.uk/privacy
privatesickpay.co.uk/privacy-statement

which set out the types of information collected about you, how the information is collected and used, who the information might be shared with and where such information may be transferred, how long the information is held for, the steps taken to make sure it stays private and secure, and your rights in respect of your information.

6.35 You should be directed to the National Friendly Privacy Notice as part of your policy application. As well as being available online, you can request a copy of the privacy notices by contacting either National Friendly or Private Sick Pay™ using the details on the back page of this document. You are responsible for making sure you provide accurate and up-to-date information. If you provide information for or about another person in the context of your dealing with National Friendly and Private Sick Pay™, you will need to tell them how to find the privacy notices and make sure they agree on using their information for the purposes set out in the notices.

Contact details

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

To contact Private Sick Pay™ :

You can call on:

0300 303 5758

10am - 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 at:

info@PrivateSickPay.co.uk

Or visit at:

PrivateSickPay.co.uk

Or mail at:

**39 Dargan Road, Belfast
BT3 9JU**

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

0333 015 0304

For claims contact the insurer, National Friendly:

Call on: **0333 014 6244**

Or visit at: **NationalFriendly.co.uk**

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PSPE PC 04.26.

Policy Conditions

PrivateSickPay.co.uk™