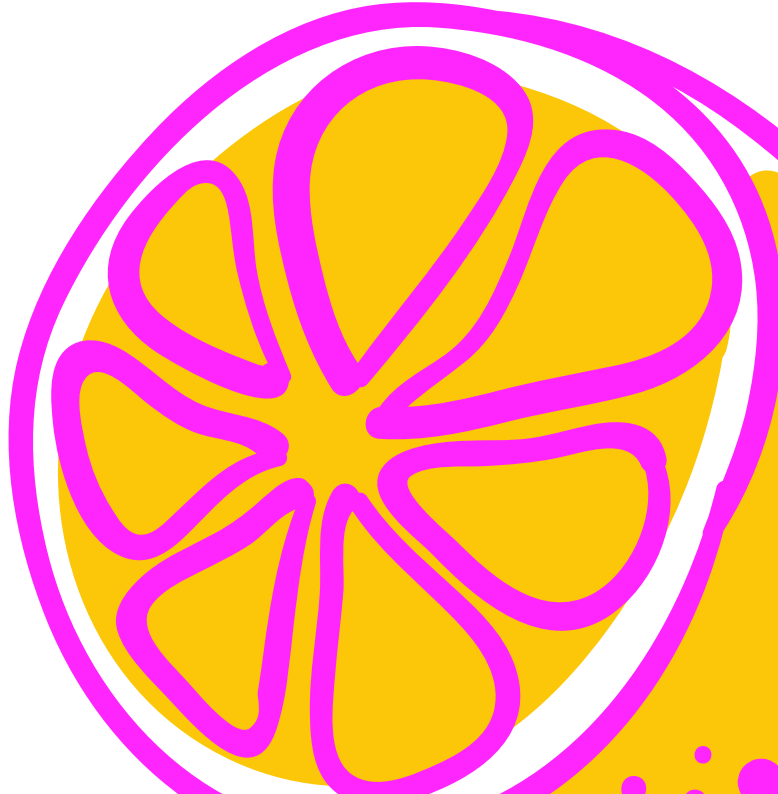




Policy Conditions



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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.

Child: A policyholder's natural, step- or legally-adopted child, aged 6 months or more and who has not yet reached their 23rd birthday. Each covered child should live at the same address as the policyholder.

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 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, rehabilitation and hospitalisation benefit

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, sign or symptoms in the 18 months immediately prior to the start of the policy.

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.

Spouse/partner: A husband, wife, common-law spouse, civil partner or domestic partner, who lives at the same address as the policyholder.

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 specified period of time which must pass before you are entitled to claim benefits from us following a valid claim.

1.0 Your Policy

Your cover and benefits

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.

Where we say 'you' we mean the policyholder. We will specify where we mean any spouse/partner or child you choose to add to your policy.

This policy can be purchased at 1 of 3 levels of benefit. These are Bronze, Silver and Gold. Any policyholder choosing to add a spouse/partner to cover must do so at the same level of cover they have, so if the policyholder selects Silver cover, their partner's cover will automatically also be Silver. No policyholder, spouse or child can be covered on more than one Friendly Shield policy.

All of the benefits in the table below come as standard with the exception of additional sickness benefit, which is an option that can be purchased at additional cost. The decision on whether to include sickness benefit as part of cover on the policy must be made before the policy starts and applies to all covered parties.

What we are covering you for

Here is a table showing the benefits available to the policyholder. The levels of benefit are set out in the table below and assume payment for cover has been paid in full at the appropriate rate.

	Bronze	Silver	Gold
Income benefit (monthly) – For up to 3 months	£750	£1,500	£2,250
Rehabilitation Cover	£1,000	£1,000	£1,000
Fracture Cover- Maximum claim amount for each level in a 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
Accidental death benefit**	£45,000	£85,000	£85,000
Natural death benefit	£2,500 for all levels Provides sickness cover for both		
Additional sickness benefit***	income benefit and hospital cash Telephone/online		
Friendly GP+****	access to a Private GP any time day or night		
Dentist+ Cover	access to a Private Dentist any time day or night		

*Claims for fracture cover will be assessed as Minor, Moderate or Major as explained in "Fracture Cover," starting on page 8.

**Rules limiting the total payable for accidental death claims are described on page 9.

***Only relevant if the additional sickness benefit is selected.

****Discretionary benefit – see page 11, "Access to private GP services."

And here are tables showing the cover for any spouse/partner or child you wish to add to your cover.

Spouse/partner

	Bronze	Silver	Gold
Income benefit	Nil	Nil	Nil
Fracture cover maximum claim total in any policy year	£500	£1,000	£1,500
Minor	£175	£350	£500
Moderate	£350	£700	£1,000
Major	£500	£1,000	£1,500
Accidental death benefit**	£22,500	£42,500	£42,500
Natural death benefit	£2,500 for all levels		
Friendly GP+****	Telephone/online access to a Private GP any time day or night		

Child

Fracture cover maximum claim total in any policy year*	£500 for all levels
Minor	£175 for all levels
Moderate	£350 for all levels
Major	£500 for all levels
Accidental death benefit**	£2,500 for all levels
Natural death benefit	£2,500 for all levels
	Hospital cash only at rate set out above
Friendly GP+****	Telephone/online access to a Private GP any time day or night

*Claims for fracture cover will be assessed as Minor, Moderate or Major as explained in "Fracture Cover," starting on page 8.

**Rules limiting the total payable for accidental death claims are described on page 9.

***Only relevant if the additional sickness benefit is selected by the policyholder when the policy is taken out.

****Discretionary benefit – see page 11, "Access to private GP services."

The benefits in more detail

1.1 This policy is designed to provide a number of protection benefits.

This document details the cover available for the income benefit, fracture cover, hospitalisation benefit and for both natural and accidental death, plus details of how the rehabilitation benefit might help you get back to work sooner.

It is possible that you may need to claim more than one benefit as a result of your injury, for example a leg fracture might necessitate an emergency hospital visit, qualify for fracture benefit and result in a claim because you cannot work for more than 14 days.

Details of cover under the optional sickness benefit add-on start on page 9.

Income benefit - claiming for accidental injury

1.2 Our income benefit is a regular income for up to 3 months if you are unable to work due to an accident which causes an impact injury. This means there has to be some kind of impact which causes your injury.

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.

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. You will not be able to claim for injury which occurs before the policy started or which occurs within the first 7 days of the policy starting.

The maximum number of claims we will pay for this income benefit is 5 in any 5 year period of cover.

Details of the income benefit available for any additional sickness benefit can be found in the section starting on page 9.

What we are not covering you for

1.3 We will not pay a claim for benefit where:

- The injury occurred before the policy started or within the qualifying period for the claimed benefit as detailed in these policy conditions
- The main reason you are unable to work is because of a pre-existing condition made worse by an accident
- You claim income benefit as the policyholder when you are unemployed
- The injury comes as a result of you deliberately hurting yourself
- Your injury is sustained doing something against medical advice, including working
- 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, death 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 injury is sustained whilst taking part in a sport or hobby outside of the list detailed in this policy document
- You make a claim for income benefit but have already made 5 previous claims for income benefit in the past 5 years

Your level of cover for the income benefit

1.4 The level of benefit you are covered for will depend on whether you choose Bronze, Silver or Gold. This 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.

This benefit is payable when an accident as defined in these Policy Conditions stops you from working. We set out how we will assess your claim in the section starting on page 11.

When we start paying your benefit

1.5 Subject to us agreeing your claim, we will start to pay your benefit after your waiting period of 14 days, as shown on your Policy Schedule. We pay the benefit monthly or twice-monthly, as appropriate to your claim. We will pay you on the first available payment date that you chose after your waiting period.

When the policy ends

1.6 Your policy will end on the latter of your 65th birthday or 5 years after your policy starts. This will be shown on your Policy Schedule.

Who else can be covered on the policy

1.7 You can provide a spouse or partner with additional cover for some of the benefits of your policy and you can add children to cover too. The spouse/partner you add must be between 18-60 when you add them to cover. Children must be between 6 months and 22 years old when they join. Any spouse/partner or child to be covered under the policy must live at the same address as the policyholder.

A spouse/partner will be removed from cover on their 65th birthday and a child on their 23rd birthday.

We define both spouse/partner and child in our Definitions section on page 3.

Sports and hobbies

1.8 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. 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. Sports and hobbies not listed here will not be covered under the terms and conditions of 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 gymnastics	Aerobics, dancing.
Diving sports	Leisure diving only under 30 metres.
Martial arts	Karate, Wrestling, Ju-jitsu, Aikido, Kung Fu, Taekwondo, Judo.
Motor car racing	Indoor karting, trial (off-road), navigation rallies, auto-slamol/ 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.

Rehabilitation benefit – helping you back to work

1.9 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

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. This is especially important as you are likely to be billed by the specialist who sees you and you will then need to send us evidence you have paid so we can look at reimbursing you. You will be liable for any costs for treatment which fall outside of these Policy Conditions.

Hospital cash - claiming for accidental injury*

1.10 We will pay a benefit at the nightly rate shown in the table of benefits. We will pay only where the admission to hospital was due to an accident as defined in this document. Details of hospital cash available for any additional sickness benefit can be found in the section starting if you suffer more than 1 fracture of a covered body on page 10.

We will need to see valid admission and discharge forms from the hospital and will need medical details regarding your stay which confirm the cause as an accident. Should the cause of your hospital admission lead to a claim for income benefit, we will need to do additional checks to verify your claim.

Not covered

You will not be able to claim for any hospital visit which occurs within the first 7 days of the policy starting. We will not pay for hospital admission due to sickness unless selected or to any other cause which does not meet our definition of accident. The hospital benefit will not apply to a child born with a congenital condition, in other words one they were born with.

*This benefit comes with policies taken before August 2025

Fracture cover

1.11 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 Bronze, Silver or Gold cover. The annual limit can be for one claim, or as a combination of claims. A fracture must be diagnosed by a consultant. 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 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. *

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.

If you suffer more than 1 fracture of a 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 Silver cover, this will be 1 claim of £700.

The limits each year could include part-payments of the above benefits, so if you had already claimed for a Minor (£350) fracture on Bronze cover, 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. Child fractures will result in payments of £175 for Minor category fractures, £350 for Moderate fractures and £500 for Major fractures and the maximum payment in any policy year as single or multiple payments is £500 for all levels.

Not covered

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
- Any reason excluded from cover elsewhere on the policy (see 1.2 on page 6)
- 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

Accidental death benefit

1.12 We will cover you for a lump sum, as shown in the benefit table for the level you choose. Death must occur within 30 days of the accident. The death certificate must show that death was a direct result of that accident. Where death is as a direct result of involvement in a covered sport or hobby, we will pay the specified benefit for the person who has died. Death of the policyholder will end the policy. The maximum sum payable in total on any policy is £85,000. This is explained in section 2.10 on page 14.

Not covered

Death by suicide will not be treated as accidental but can be claimed in accordance with the terms of non-death.
If death is as a result of a sport or hobby beyond those set out on the list we cover, we will not pay the claim.

Claims for natural (non-accidental) death

1.13 We will pay claims for death occurring more than 2 years after the policy started in accordance with the terms detailed in this document.
Death of the policyholder will end the policy.

Additional sickness benefit

1.14 Our sickness benefit is an optional add-on you can take out with the policy. The additional benefit can only be added to the policy at the start of the policy; it cannot be added at a later date. The benefit consists of 3 separate levels: Bronze, Silver, Gold, and the level you get will be the same level as for the main policy. This means that if you choose to buy a Bronze level Friendly Shield you will have a Bronze level additional sickness benefit if you choose to pay for the add-on.
The benefit pays out under 2 different circumstances in a similar way to the main policy: an income benefit and hospital cash. These benefits are laid out in the table below:

	Bronze	Silver	Gold
Income benefit (monthly) – For up to 3 months	£750	£1,500	£2,250
Hospital cash (£50 a night) – maximum overnight stays in any policy year	£3,000 60 nights	£9,000 180 nights	£18,000 360 nights

*This benefit comes with policies taken before August 2025

Income Benefit - claiming for additional sickness benefit

1.15 The income benefit is a regular income for up to 3 months if you, the policyholder, are unable to work due to sickness.

You must then 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 We will need to see valid admission and discharge order to help them assess and manage the claim. You will not be able to claim for sickness that occurs before the policy started or which occurs within the first 7 days of the policy starting. The maximum number of claims we will pay for income benefit is 5 in any 5 year period of cover.

Your level of cover for the income benefit

1.16 The level of benefit you are covered for as policyholder will depend on whether you choose Bronze, Silver or Gold for the main policy. This 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. The sickness benefit is payable when sickness stops you from working. We set out how we will assess your claim in the section starting on page 12.

When we start paying your benefit

1.17 Subject to us agreeing your claim, we will start to pay your benefit after our waiting period of 14 days, as shown on your Policy Schedule. We pay the benefit monthly or twice-monthly, appropriate to your claim. We will pay you on the first available payment date that you chose after your waiting period and continue to pay for up to 3 months, or less if you return to work during that period.

Who else can receive this benefit

1.18 Neither spouses nor children can claim income benefit even if the policy has the additional sickness benefit.

Hospital cash - claiming for additional sickness benefit

1.19 We will pay a benefit at the nightly rate shown in the relevant table of benefits for any covered policyholder, spouse or child.

We will pay only where the admission to hospital was due to sickness, and not due to any of the exclusions in *Not covered* below or as part of *When we won't pay out* on page 11.

forms from the hospital and will need medical details regarding your stay. Should the cause of your hospital admission lead to a claim for income benefit, we will need to do additional checks to verify your claim.

Not covered:

1.20 You will not be able to claim for any hospital visit that relates to sickness within the first 9 months of the policy start date.

We will not pay the hospital benefit in respect of treatment for any medical condition caused as a direct result of an epidemic/pandemic.

The hospital benefit will not apply to a child born with a congenital condition.

We will not pay hospital benefit for any cosmetic surgery or elective treatment we deem to be non-essential.

*This benefit comes with policies taken before August 2025

When we won't pay out

- As a result of any injury, sickness, death and/or treatment which occurs whilst you are outside the UK.

- For an injury sustained whilst participating in a sport or hobby outside of our covered list.

- If your sickness claim is directly or indirectly related to a pre-existing condition, unless you have been completely symptom free for a continuous period of at least 18 months.

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

- Sickness claims relating 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.

- Sickness claims for back and spinal complaints unless radiological evidence of a wound or abnormality is provided.

- Sickness claims relating to pregnancy, childbirth or abortion, other than for medical complications directly related to pregnancy.

- As a result of you deliberately hurting yourself.

- For an injury or sickness you got whilst participating in a criminal activity, or caused by abuse or misuse of drugs or alcohol.

- Where you are a professional sportsperson, where you are employed by the Armed Forces or the Police, or where your occupation involves the use of firearms or explosives.

- If you do not select the additional sickness benefit option, for any claim related to sickness.

- Where your sickness claim is as a result of an epidemic or pandemic including, but not restricted to, any requirement for shielding or self-isolating.

Access to private GP services

1.21 Your policy has the discretionary benefit of free access to our virtual GP services, called Friendly GP and 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 any aches and pains helpline and a 30-minute assessment followed by a personalised treatment plan.

The GPs can provide you with a 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

1.22 Your policy also provides you and your family with the following support free of charge under Friendly GP+.

- Health and wellbeing support

- Counselling • Legal advice • Financial guidance

You have access to Friendly GP+ 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 non-contractual benefits, we reserve the right to change or remove either or both of the Friendly GP services at any time. We will tell you if we plan to do this. For more information please visit our website or

contact us using the details on the back page.

Paying for cover during a claim

1.23 You must continue to pay for cover during your claim in order to qualify for benefit.

Where you are covered

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

2.0 How to make a claim

Making a claim for income benefit after an accidental injury

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.

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.

If you are a policyholder making a claim for income

Making a claim for income benefit

benefit, we will expect you to have seen a medical professional within 1 week of your accident and will also expect you to seek and follow medical advice and treatment throughout your claim.

To qualify for the income benefit, we will need proof that your injury results from an accident as detailed in our Definitions section and throughout these policy terms. This means there has to be some kind of impact which causes your injury.

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.

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

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. 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.

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 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.

We may even be able to help you access assistance in your treatment using the rehabilitation benefit.

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

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.

The types of information we need are covered under the medical evidence and work-related evidence sections.

under the additional sickness benefit

2.2 This section only applies if you are the policyholder and you have selected the additional sickness benefit. You 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.

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 expect you to have seen a medical professional within 1 week of the start of your sickness and will also expect you to seek and follow medical advice and treatment throughout your claim.

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

We may even be able to help you access assistance in your treatment using the rehabilitation benefit.

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

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.

The types of information we need are covered under the medical evidence and work-related evidence sections.

Medical evidence

2.3 We will ask you to provide medical evidence to support your claim under our definition of accident or, where covered, sickness. This could be a signed, original certificate from your doctor stating that you are unable to carry out your occupation due to an impact injury you have suffered well as any other medical evidence necessary to assess your claim.

Where you have cover for sickness, we will need proof that your sickness means you are unable to work.

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

For claims for the hospital benefit, we will need to see valid admission and discharge forms from the hospital and will need medical details regarding your stay which confirm your injuries were due to an accident as defined under the policy.

All medical evidence we receive must be in English.

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

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

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.

If you fail to attend an appointment or assessment and this incurs a charge, we reserve the right to pass that charge on to you or deduct it from benefit we are due to pay. 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 your injury, or, where covered, sickness.

Work-related evidence

2.4 When you come to claim we will need to see proof that at the time of your accident, or the start of your sickness where selected, you were working 16 hours or more and that you are no longer able to do so as a result of your condition.

If you are unemployed, as defined on page 3, we will not pay your claim.

Paying your income benefit

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

Your Policy Schedule will show the level of monthly benefit. We will authorise payment on either the 14th or the 28th of each month, or both dates if we're paying 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. This relates to both the income benefit under the main policy and the additional sickness benefit, if selected.

When we stop paying the income benefit

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

- You get better and your condition no longer stops you working in your occupation
- You return to work in your occupation
- You become resident outside of the UK
- Your benefit has been paid for the full benefit term of 3 months
- The policy ends because you have reached the end date shown on your Policy Schedule
- 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

This relates to both the income benefit under the main policy and the additional sickness benefit, if selected.

Claiming again for the income benefit

2.7 If you return to work before your maximum benefit term of 3 months is reached, then we accept a claim for income benefit for the same injury/covered sickness 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 as part of the original claim. In this scenario we will start paying benefit from that point for the remainder of the 3-month maximum claim term.

If you have claimed income benefit for the maximum three month period, you will not be able to claim for the same medical condition or one directly linked to it where this recurs within 6 months and you must have returned to work during that period.

If you return to work and then have a new accident new accident (or where covered, sickness) and this causes injury, we will treat this as a new claim. We will not pay new claims unless you have returned to work, having been medically certified as fit to do so.

You are limited to a maximum of 5 claims for income benefit in any 5-year period of cover. This is the limit under the policy whether or not you select additional sickness benefit.

Paying The Natural or Accidental Death Benefits

2.8 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. Where we are paying £25,000 or more, we will require probate or letters of administration. Payment of the accidental death benefit may form part of the estate for inheritance tax purposes.

Those claiming the accidental death benefit will need to provide evidence which shows that death was directly due to an accident and within 30 days of that accident.

The main policyholder can nominate a beneficiary or beneficiaries to receive up to £5,000 after death by making a nomination, or alternatively can put the proceeds of the life cover in trust. Please contact us if you wish to do this. Claims for others covered under the policy will follow legal process.

2.9 If the policyholder dies first, then the policy will end and no further death benefit will be payable.

2.10 The maximum accidental death benefit payable on any policy is £85,000. If the spouse/partner/child dies first, and as the result of an accident, then the benefit we pay on the subsequent accidental death of the policyholder will be reduced if the full amount due would take the total above £85,000.

Example: If a Silver policy is taken out and the spouse/partner dies in an accident, we will pay the benefit of £42,500.

Should the policyholder later die, also as the result of an accident, we would pay the capped amount of £85,000, less the amount we paid out on the spouse's death (£42,500).

This means we would pay £42,500 in that instance so the total paid on the policy does not exceed £85,000.

3.0 Your payments

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

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 you would like to change your payments from monthly to annually or from annually to monthly, you can ask us to do this at the policy anniversary. If you wish to change the frequency you need to tell us before your policy anniversary so that we can change your direct debit instruction.

When we can review your payments

3.2 Every 5 years we will review how much you pay and either increase or decrease them to make sure you are paying the right amount for your cover. This relates to payments under the main policy as well as the additional sickness benefit.

We will not review rates on an individual basis. When we carry out our review, we look at the expected future frequency and value of all claims for our Friendly Shield policies for all covered 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. This could result in the amount you pay going up or down for the next 5 years or staying the same until the next 5-year review. We will write to you in good time to tell you how much you need to pay for the following policy year.

The cost of your cover includes Insurance Premium Tax and we will have to change the amount you are required to pay if this rate changes. See 'Tax and effect on state benefits' starting on page 18.

Missed payments

3.3 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 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 if you change your occupation. You will need to make sure your new occupation is one we cover.

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

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

5.3 You cannot increase your cover level but you can reduce your cover level where a lower level is available. If you reduce your cover, you will also be reducing the cover for any covered spouse/partner. Should you decrease your cover level in the future, you will pay the appropriate rate for the new level of cover. If you selected additional sickness benefit when you took out your policy, you can remove this benefit at any time. You are unable to add this benefit back at a later date, though.

Policy term

5.4 Your policy term will be for a minimum of 5 years, and your policy will end on the latter of your 65th birthday or 5 years after your policy starts.

Your policy will last until this date, unless one of the following happens first:

- You are no longer resident in the UK
- You retire from your occupation
- You tell us to cancel your policy
- You fail to pay and owe 3 months' payments
- You die

Adding or removing people from your policy

5.5 If you want to add a spouse or partner, please let us know. We will let you know how to do this and what your new payment will be. Any spouse or partner added has to be between 18–60 years of age.

Similarly, if you wish to add a child to cover, please let us know. Children have to be more than 6 months old and below age 23, at which point cover ceases for them. We will cover a maximum of 10 children on a policy.

If you wish to remove a person from cover, please contact us and we'll let you know your new payment. You won't be able to change the policyholder during the policy term.

Changes we can make at any time

5.6 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.

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.

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 working at least 16 hours a week
- Not covered on another Friendly Shield policy.

Who can be added

6.2 A spouse or partner aged 18-60 inclusive. A child aged 6 months to 22 years. Anyone added to the policy must live at the same address as the policyholder and not have cover from an existing Friendly Shield policy.

Customer categorisation

6.3 We are required by the Financial Conduct Authority to categorise our customers to determine the level of protection they will receive. On this Friendly Shield 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

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

Law, language and currency

6.5 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

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

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 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.

Applying for cover after cancellation

6.7 If you cancel your Friendly Shield policy, you will not be able to re-apply for another policy for a minimum period of 2 years.

When we can cancel your policy

6.8 We can cancel your policy if:

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

Fraudulent claims

6.9 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.

Here's how you can contact us

You can call us on:

0113 841 1600 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@lifewithoutlemons.co.uk

Or visit us at:

www.lifewithoutlemons.co.uk

Life Without Lemons Registered office 46 Park Place, Leeds, LS1 2RY. Life Without Lemons is authorised and regulated by the Financial Conduct Authority. Our Financial Services Register number is 998436. You can check this at: <https://register.fca.org.uk>.



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