

Friendly Shield

Policy Summary

Financial assistance when
you need it most

This document gives you a summary of National Friendly's Friendly Shield policy so you can get an idea of whether it's right for you.

There's more detail in our Policy Conditions which you can ask us for a copy of at any time. If you take out a policy then we'll include a copy of the Policy Conditions in your welcome pack along with a reminder of your cover details in your Policy Schedule.

We've been around for over 155 years so we've got a long history of looking after our members. We want to make sure your policy meets your needs both now and in the future. We recommend you review and update your cover from time to time to make sure it's still the right level for you.

Our contact details are on the back page of this document if you need more information or have any questions. You can also speak to your financial adviser if you have one.

What impact might an unexpected work absence have on your family?



What is Friendly Shield?

Friendly Shield is a policy with a range of benefits to help you cope financially should an accident lead to time off work, or to a fracture, or where a bereavement impacts your family. You can also decide whether you want to pay extra to be covered for income benefit in the event of sickness.

The policy has a simple, 3-tier benefit structure so you can choose the one that best suits your needs and budget.

There are benefits payable if you:

- Want a regular income benefit paid for up to 3 months if you cannot perform your normal occupation
- Want a £1,000 a year rehabilitation benefit to help you get back on your feet
- Suffer a bone fracture
- Die, either from an accident or from non-accidental cause
- Want access to a virtual private GP to help you get diagnoses and referrals when you need them most
- Want access to a virtual dental service

Details of the additional sickness benefit available can be found on page 8.

There are no medical questions to answer. You just need to be working at least 16 hours a week to take out a policy. You can also provide some cover for your partner and/or children.

You might choose this policy if you:

- Want a regular benefit payable for the first 3 months following an accident, and if purchasing additional cover, sickness.
- Want a lump sum whilst recovering from a bone fracture
- Want life cover to provide for your family
- Don't want to answer medical questions
- Want access to experts on health and dental matters

What we mean by accident

We consider an accident as being 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.

This means there must be some kind of impact which contributes to 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.

Example

Bill trips over a cable and has a fall which leads to a broken arm and ligament damage.

It was the impact of his fall which caused his injuries, so he has a valid claim. If his injuries are still preventing him from working after 14 days, we'll pay his claim under the terms of the policy.

Example

Anne is lifting a patient at work when she feels a pain in her back. She has muscle damage.

This is not considered an accident under the policy terms because there is no external impact injury and so we wouldn't pay her claim.

For details of the additional sickness benefit which you can pay extra to buy, please see page 8.

Here are some of the things you need to know

No income benefit is payable in the first 14 days after any covered accidental injury or, where this is part of your cover, in the first 14 days of any covered sickness.

There are qualifying periods at the start of the policy during which you won't be able to claim.

There's a general exclusion for riskier sports and hobbies and you won't be covered if your injuries are sustained doing these. The list of sports and hobbies we do cover can be found in the Policy Conditions for this policy.

There are limits to the amounts we pay and the frequency/duration of these payments:

- The maximum accidental death claim we will pay on any policy is £85,000 whether as a single claim for a policyholder or as separate claims for those covered under the policy.
- The maximum claim total for fractures can be as a result of a Major fracture or as a combination of Minor and Moderate fractures. So, for example on a Bronze policy the £1,000 could be for a single Major fracture, or as a combination of a Minor fracture (£350) and Moderate fracture (£700) where we would pay a slightly reduced amount to stay within the £1,000 limit.

Who can take out Friendly Shield?

To apply for a policy you have to be:

- Aged between 18 to 60 when your policy starts
- Working in the UK (this does not include the Channel Islands or the Isle of Man) and a UK resident
- Working at least 16 hours a week
- Able to pay for it from a UK bank account
- Registered with a UK doctor with access to at least the last 2 years of your medical records

It's also important for us to know what you do for a living and how much you earn.

If you are adding a spouse/partner:

- They need to be aged 18 to 60 when the policy starts
- Their cover will end on their 65th birthday

If you are adding a child or children:

- They need to be at least 6 months old when they are added to the policy
- Cover for children ends on their 23rd birthday

No policyholder, spouse or child can be covered on more than one Friendly Shield policy. Cover will only apply to a spouse/partner and/or children living at the same address as the policyholder.

Policy roles

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 the income benefit, fracture cover and rehabilitation benefit.

Spouse – any spouse or partner between the ages 18-60 inclusive at the time they join the policy. They will remain on the policy only whilst the policyholder is also covered.

Child – any child older than 6 months and younger than 23 years at the time they join the policy. This includes children you have legally adopted, your step-children or children you are the legal guardian for. A maximum of 10 children can be covered under 1 policy with a valid adult policyholder. They will remain on the policy only whilst the policyholder is also covered.

Payor – a person with a UK bank account who makes regular payments on the policy. If different to the policyholder, we will only correspond with them if there is an issue with payment for the policy.

Choosing the right cover for you

You will choose one of 3 benefit levels. 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
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
Accidental death benefit**	£45,000	£85,000	£85,000
Natural death benefit	£2,500 for all levels		
Additional sickness benefit***	Provides sickness cover for income benefit		
Friendly GP+****	Telephone/online access to a Private GP any time day or night		
Friendly Dentist+****	Access to a dentist via an app - policyholder only.		
Rehabilitation benefit	Up to £1,000 in any policy year for all levels		

*The maximum claim total can be as a result of a Major fracture or as a combination of Minor and Moderate fractures. So, for example on a Bronze policy the £1,000 could be for a single Major fracture, or as a combination of a Minor fracture (£350) and Moderate fracture (£700) where we would pay a slightly reduced amount to stay within the £1,000 limit.

**The maximum accidental death claim we will pay on any policy is £85,000 whether as a single claim for a policyholder or as separate claims for a spouse and policyholder.

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

****Discretionary benefits, offered through National Friendly Financial Solutions.

Income benefit – regular payment due to an accidental injury

We will pay a cash benefit of the amounts shown in the table for the level of cover you choose upon acceptance of a valid claim. We will need proof that your injury is as a direct result of an accident as defined in the policy terms.

We won't make payment for the first 14 days of any claim you make, but if you are still suffering at that stage, and we accept your claim, we will then pay a benefit for a maximum of 3 months.

Your claim will then end and you will need to be back at work before you can claim the income benefit again. If you are claiming for the same injury that you claimed full income benefit for before, you will need to have been back at work for a minimum of 6 months for us to pay a new claim.

We will ask for proof that the policyholder is in a job working 16 hours a week or more at the time of the accident. We won't pay the benefit to anyone who is unemployed at time of claim.

We will pay benefit once a month or split benefit into 2 payments a month, as appropriate to your claim.

Fracture cover

This provides cover for a number of specified bone fractures. There’s no waiting period for this particular benefit, although we don’t cover any pre-existing fractures or claims within the first 7 days of the policy start date.

If you, or a covered spouse, partner or child, break a bone and have a valid claim, we’ll make a one-off cash payment at the rates shown in the table on page 5 and 9.

Our definition of a fracture is:

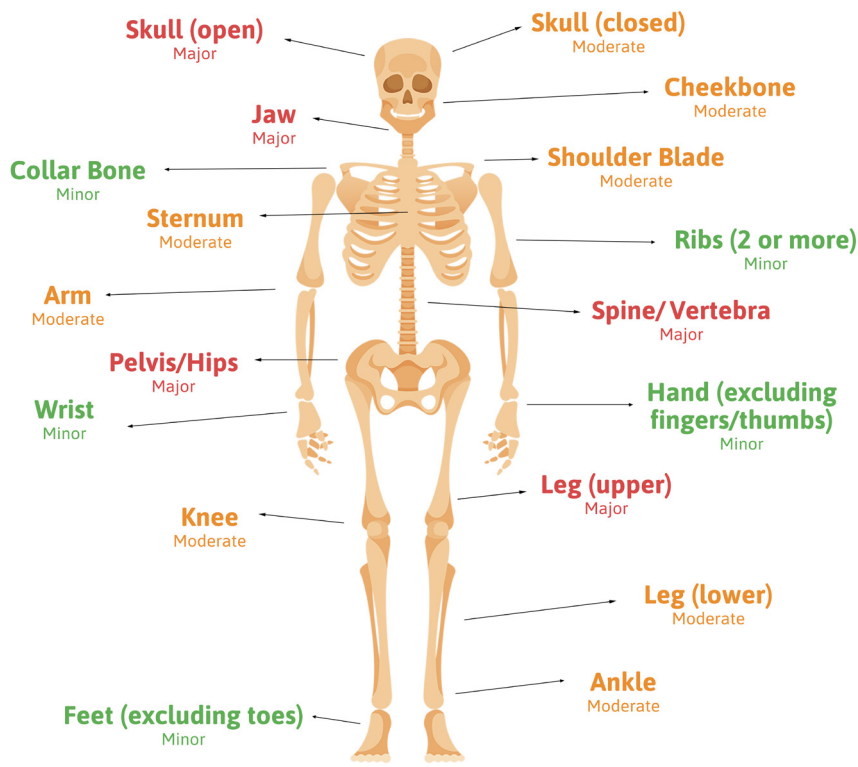
A broken bone, the same as a crack or a break. A bone may be completely fractured or partially fractured in any number of ways (crosswise, lengthwise, in multiple pieces).

The fracture must be diagnosed by a consultant. We won’t pay for joint fatigue, for stress or hairline fractures, for micro-fractures or for avulsions/chips.

You won’t be able to claim more than the maximum stated in any policy year. So, for example, if you are the policyholder with Bronze cover and you had two Moderate fractures in a policy year, each with a benefit of £700 each, we would pay a total benefit of £1,000, not £1,400.

We categorise covered breaks as Minor, Moderate and Major.

- **Minor** - Hand (excluding fingers/thumbs), feet (excluding toes), ribs (2 or more), collar bone, wrist
- **Moderate** - Knee, ankle, leg (lower), arm, cheekbone, skull (closed), shoulder blade, sternum
- **Major** - Skull (open), jaw, spine/vertebra, pelvis/hips, leg (upper)



Accidental death benefit

We will pay a benefit as shown in the table for the level of cover you select should you, or a covered spouse or partner, die as a result of an accident in accordance with our definition of accidental death. This means death must occur within 30 days of the accident and that the death certificate must show that the death was a direct result of that accident.

Death of the policyholder will end the policy.

The maximum payment under accidental death on any single policy is £85,000, depending on the level of cover selected, this could reduce the amount payable under a subsequent claim for accidental death for the policyholder.

Natural death benefit

Should your death, or that of a covered spouse, partner or child, be from a non-accidental cause, we will pay a death benefit of £2,500 where death occurs more than 2 years after the start of your policy.

Once we have received all the documentation we need to settle the claim, we will make payment in accordance with our death claims process.

Death of the policyholder will end the policy.

We have nomination and trust options you may wish to consider to speed up payment of the natural death benefit following your death.

Additional benefits or services

From day 1, your policy gives you free access to valuable medical and dental health services which you can use throughout the policy. These are our Friendly GP+ and Friendly Dentist+ virtual services.

The Friendly GP+ service:

- 24/7 GP telephone consultations, so you can talk about your symptoms at any time
- Video consultations
- Private prescriptions, though you will pay for these

- Referrals for treatment from an appropriate consultant
- Physiotherapy including an aches and pains helpline and a 30-minute assessment followed by a personalised treatment plan

For you or family members aged 16 and above:

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

The Friendly Dentist+ service:

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

- Unlimited access to our chat dental helpline: Speak directly with qualified dentists whenever you need advice or support.
- You can speak to an in-app dentist for emergency dental care, providing an initial emergency triage all the way through to clinical decision-making.
- If an in-person appointment is necessary, the dental team can in many cases source an emergency appointment from a network of clinics across the UK.
- Where clinically necessary, the dentist you speak to may arrange a video consultation free of charge.
- If a video consultation is merely your preference, you will pay a fee.
- Prescriptions, including those for dental antibiotics. You will be responsible for payment for these.
- AI symptom checker. Early detection of oral issues leading to a prevention of larger, more expensive problems.
- Discounts for cosmetic treatments such as teeth whitening, straightening and at-home oral care kits.
- Expert-led videos on dental health. Learn tips and best practices to keep your smile healthy, from brushing techniques to lifestyle tips for oral care.

- Smart educational articles. Stay informed with easy-to-read articles written by dental experts, designed to give you practical advice on maintaining your oral health.
- You will need to provide some personal details, including medical details. You can access the service on an app available through App Store or Google Play, and which we will make available when you join.

This service covers the main policyholder only.

The service is available 9am – 8pm, 7 days a week.
Video consultations available 9 – 6pm.

Please note

As non-contractual discretionary benefits, we reserve the right to amend, improve or remove either the Friendly GP+ service and/or the Friendly Dentist+ benefit at any time should it be necessary, and will give a minimum of 90 days’ notice.

Rehabilitation benefit

Having a regular income from the policy is great, but you’ll also want to get back to work as soon as you can, so we have added a benefit so you or anyone else covered by the policy can use private healthcare services to do so.

We will pay for private treatment we feel is beneficial in your circumstances, to a maximum of £1,000 in any policy year. You can use this towards the cost of:

- Scans and tests to support your recovery
- Physical therapy and rehabilitation treatment to aid your recovery
- Consultation fees with a specialist involved in your care

Additional sickness benefit

As policyholder, you are able to add our sickness benefit for a fixed additional monthly payment, based on you and the level of cover you have chosen on this Friendly Shield policy. You are not able to choose a different (neither higher nor lower) level for your sickness benefit than you have chosen for your accident cover. The table below outlines the payouts and payments applicable to sickness as well as accident for each of the 3 Friendly Shield levels.

	Bronze	Silver	Gold
Income benefit (monthly) – For up to 3 months	£750	£1,500	£2,250

Income benefit – regular payment due to sickness

We will pay a cash benefit of the amounts shown in the table for the level of cover you choose upon acceptance of a valid claim. We will need proof of your sickness.

We won’t make payment for the first 14 days of any claim you make, but if you are still suffering at that stage, and we accept your claim, we will then pay a benefit for a maximum of 3 months.

Your claim will then end and you will need to be back at work before you can claim the income benefit again. If you are claiming for the same sickness that you claimed full benefit for before, you will need to have been back at work for a minimum of 6 months for us to pay a new claim.

We won’t make payment 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.

We will ask for proof that the policyholder is in a job working 16 hours a week or more at the time of the sickness. We won’t pay the benefit to anyone who is unemployed at time of claim.

We will make benefit payments once a month or, where appropriate to your claim, split the benefit into 2 payments each month.

Please be aware that there are some claims we are unable to cover. These are detailed on page 10 and 11.

Covering others under your policy

You can cover a spouse and/or a child or children (maximum of 10 children) at additional cost.

Both spouses and children will be covered for the natural death benefit, accidental death benefit and for fracture cover, as described for the main policyholder.

The Friendly GP+ benefit covers the policyholder's spouse and/or children.

The levels of benefit are detailed in the tables below and assume payment for cover has been paid in full at the appropriate rate.

Cover for a 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		

Cover for a child or children

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
Friendly GP+***	Telephone/online access to a Private GP any time day or night

*The maximum claim total can be as a result of a Major fracture or as a combination of Minor and Moderate fractures. So, for example on a Bronze policy the £500 could be for a single Major fracture, or as a combination of a Minor fracture (£175) and Moderate fracture (£350) where we would pay a slightly reduced amount to stay within the £500 limit.

**The maximum accidental death claim we will pay on any policy is £85,000 whether as a single claim for a policyholder or as separate claims for those covered under the policy.

***Discretionary benefit.

Pregnancy-related claims

We will pay an income benefit claim for an emergency caesarean section where, for medical reasons presenting risk to the life of the baby or you, the baby needs to be delivered early.

We will also pay an income benefit claim for the following:

- Retained placental membrane
- Ectopic pregnancy
- Stillbirth
- Hydatidiform mole
- Post-partum haemorrhage (heavy bleeding)

We won't pay for any other pregnancy complication scenarios.

When we won't pay out

- For chronic (long-term) conditions which have one or more of the following characteristics:
 - a. It continues indefinitely and has no known cure
 - b. It comes back or is likely to come back
 - c. It needs ongoing or long-term control or relief of symptoms
 - d. You need to be rehabilitated or specially trained to cope with it
 - e. It needs long-term monitoring through consultations, check-ups, examinations or tests

This means that conditions which you will suffer for the rest of your life, for example sickle cell disease or Multiple Sclerosis, will not be covered.

- 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.
- 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.

- We don't pay for normal symptoms of pregnancy such as fatigue, nausea, back ache etc.
- 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 sports person, 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.

When we won't pay out – income benefit

We won't be able to pay your benefit if you claim:

- For an injury which occurred before, or in the first 7 days of, the policy
- For an injury which doesn't meet our specific definition of an accident
- Where the primary reason you are unable to work is because of a pre-existing condition made worse by an accident
- As a result of doing something against medical advice, including working
- If you, the policyholder, are unemployed at the time of your claim
- If you selected the additional sickness benefit, where sickness occurs in the first 7 days of the policy
- Where you have already made 5 claims within a 5-year period

When we won't pay out – fracture cover

- For a fracture which occurred before, or in the first 7 days of, the policy
- We won't pay for joint fatigue, for stress or hairline fractures, for micro-fractures or for avulsions/chips

When we won't pay out - non-accidental (natural) death

- Where non-accidental (natural) death occurs within the first two years of the policy
- Drinking too much alcohol, or misuse or overdose of illegal drugs, prescription or over-the-counter drugs, where any of these is a major factor in your death
- Death as a result of participation in: flying where you are not a fare-paying passenger, parachuting, skydiving, hang gliding, motor sport, powerboat racing, diving, mountaineering, or potholing

When we won't pay out - accidental death

- Upon suicide or where death was caused by you deliberately hurting yourself
- Where death occurs more than 30 days after the contributory accident occurs
- Where death is as a direct result of an injury sustained whilst participating in a sport or hobby which isn't on our covered list
- Where the total claimed from the policy is over £85,000. We will reduce any second or subsequent claim to stay within this limit where applicable

If you're working less than 16 hours a week when you need to claim

If you're working less than 16 hours a week when the accident occurs, you won't be eligible for payment under the income benefit, unless:

- You were made redundant less than 3 months before the accident which led to your claim

Or

- You were on statutory maternity, paternity or adoption leave at the time of the accident

For this reason, it's important you let us know if you are no longer working.

If you have selected the additional sickness benefit then the same eligibility criteria applies when sickness occurs.

When the policy ends

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. The policy will end earlier than this if:

- You cancel your policy
- You no longer live in the UK. We will cancel the policy.
- Your policy lapses due to 3 months' missed payments
- You die

The policy has no surrender value.

Cover will end for a named spouse when they reach age 65 and for a named child when they reach age 23.

Increasing your cover

You can't apply to increase your cover once the policy has started but we may increase the level of your cover at a 5-year review.

You can't apply for the additional sickness benefit once the policy has started.

Decreasing your cover

You can apply to decrease from one level to the next at a later date. If you decrease your cover, you will:

- Then make payments for that lower level of cover
- Reduce cover for any covered spouse/partner
- Not be able to increase your level back to (or above) its original level

You can remove the additional sickness benefit at any time after the policy starts but you will lose all payments made towards this benefit and will not be able to add the benefit back on to the policy at a later date.

Paying for your policy

To make sure you stay covered, you'll need to make regular payments. The payments will be appropriate to your level of cover and any additional benefits you choose. These payments are often called premiums.

We'll collect your payments by direct debit on a date that suits you. This will be confirmed on your Policy Schedule and on your Direct Debit Confirmation.

Your payments are due monthly but you can pay yearly in advance if you'd prefer.

Changes to your payment

Every 5 years, we'll check to make sure your payments are still right for the cover level you have. Depending on what we find, we could put your payments up or down.

This will include reviewing the payments you make for the additional sickness benefit, if applicable.

How long you'll pay for your policy

You'll have to make your payments right up until the end of your policy, including during any periods when we are paying you an income benefit.

Your Policy Schedule will confirm the end date and last payment date for your policy.

What will happen if you stop your payments

You'll need to keep up your payments to make sure you stay covered. You'll lose your cover if you don't pay in the month in which a payment became due. We'll get in touch to give you the best chance of paying before you lose cover.

If you owe us 3 months' worth of payments, we'll close your policy.

Making changes to your policy

You can remove someone from the policy at any time, but if the policyholder is no longer covered, the policy will end.

You can add someone to cover at any time, but they will be subject to the same waiting periods before a claim as for a new policyholder. We will adjust the payment you are required to make to reflect any change in those covered.

If you want to decrease your cover level for you and any covered spouse/partner, you can do so at a later date at the premium set for that lower cover.

If you want to remove the additional sickness benefit you can do so at any time. This benefit can't be added again at a later date.

You cannot increase your cover level.

It's important that your cover reflects your changing needs as time goes on. Please let us know if your circumstances change during your policy, especially if you change occupation or your earnings rise or fall significantly, and you want higher cover.

What you need to know about tax and other benefits

Based on our current understanding of tax rules:

- The benefits you get from this policy are free from tax and National Insurance contributions.
- You can't claim tax relief on your regular monthly payments.
- The money from the accidental death benefit or natural death benefit may form part of your estate for inheritance tax purposes.

The benefits you get from this policy could affect your entitlement to some means-tested state benefits. Benefits that are not means- tested shouldn't be affected. Payment under this policy may affect your ability to claim under other income replacement insurance policies.

Tax law and practice and state benefit rules could change in the future. If they do, and it affects your policy, we'll let you know.

If you want to learn more about your tax position you should get professional advice from an accountant, solicitor or financial adviser.

Claiming on your policy

Income benefit and fracture cover following an accident

If you need to make a claim under the income benefit or fracture cover benefit, you should contact us as soon as possible after your accident. You need to see a medical professional within a week of your injury, be undergoing medical care and continue to follow medical advice during your claim. We'll give you claim forms to complete and will let you know what information we need from you. This will include proof that your injury was as a result of an impact injury due to an accident as defined in this document and in our Policy Conditions.

We'll also ask for proof that you were working at the time of the accident. You will need to provide evidence to support your claim until it ends. If you do not, we will end your claim. Your claim will also end when you no longer suffer from the injuries you are claiming for, or where we have paid the claim for the maximum period of 3 months.

Income benefit as a result of covered sickness benefit

If you have added sickness benefit to your cover, you should contact us as soon as possible after the start of the sickness you wish to claim for. You need to see a medical professional within a week of the start of your sickness, be undergoing medical care and continue to follow medical advice during your claim.

We'll give you claim forms to complete and will let you know what information we need from you. This will include proof that your sickness is covered under the terms of this document and our Policy Conditions.

We'll also ask for proof that you were working when your sickness started. You will need to provide evidence to support your claim until it ends. If you do not, we will end your claim. Your claim will also end when you no longer suffer from the sickness you are claiming for, or where we have paid the claim for the maximum period of 3 months.

Death claims

If you, or any other covered person, die whilst on the policy, the person making a claim should contact us as soon as possible.

We understand it may be a difficult time for them, so we'll guide them through the claims process to make it as straightforward as possible.

We'll explain what information we need to settle the claim and make the payout. We'll always need to see proof of death and legal documents to support the claim such as a Will. For claim amounts over £25,000, we'll need to see probate or letters of administration.

You just need to make sure that whoever stands to benefit from this policy has access to documentation, so they know to make a claim.

Claiming more than once

If you claim from us, but you don't claim for the full 3 months selected, and then return to work, you can claim again for the same injury, or where appropriate, the same covered sickness, if it later stops you from working. We won't apply a waiting period as long as this happens again within 6 months.

A claim due to a new accidental injury will mean your waiting period of 14 days will apply.

If your claim lasts the full 3 months, you'll need to have been back at work for at least 6 months before you can claim again for the same injury or cause of sickness or one directly linked to it. If you have a new injury or sickness, you will need to prove that you were fit and back at work when that first happened.

We won't pay more than 5 separate claims for income benefit in any 5-year period of cover, regardless of whether they are valid claims for injury or sickness

If you want to cancel your policy

You can change your mind within 30 days of getting your welcome pack and we'll give you back any payments you've made. Just let us know if you decide it isn't right for you using the contact details on the back page.

You can cancel at any time after 30 days but you won't get any of your payments back and all cover under your policy will end. Please contact us if this is what you'd like to do. We may ask you your reasons for cancelling because we don't want you to lose the money you've paid in. But don't worry, there won't be any barriers to closing it if that's what you want.

Having closed the policy, you won't be able to apply for another Friendly Shield policy for at least 2 years from the date of closure.

Further Information page

If we get things wrong

We hope you never need 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.

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

If your complaint meets the definition, under the guidelines set out by our regulator, the Financial Conduct Authority (FCA). We will acknowledge your complaint promptly, carry out a thorough and impartial review and keep you updated of the progress.

We will do everything we can to resolve things as quickly as possible and provide a written response within 8 weeks of receiving your complaint. The written response will inform you of the results of our review or explain why this isn't possible.

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: www.financial-ombudsman.org.uk

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

Who you're protected by

You're covered by the Financial Services Compensation Scheme (FSCS). This means in the unlikely event that we can't pay your payout, you may be able to claim compensation from them.

Full details of what you are protected for can be found at www.fscs.org.uk

Data protection

We'll only use your personal information where permitted by and in accordance with the Data Protection Act 2018. For further details on how we obtain, hold, and use your personal data, please see our privacy notices at: www.nationalfriendly.co.uk/privacy

Further details are included in the Policy Conditions for this policy.

Who we are

National Friendly is the trading name of National Deposit Friendly Society Ltd which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 110008. You can check this at register.fca.org.uk

The Friendly GP+ and Friendly Dentist+ services are provided by National Friendly Financial Solutions Limited, part of the National Friendly Group.

How we do things – law, language and currency

In the event of a dispute we will try to 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 (£).

If you need your documents in other formats

We're able to give you all documents in Braille, large print or audio.

If you'd like a copy, please contact us using the details on the back page.

Here's how you can contact us

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

You can call us on:

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

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

Calls are recorded for training and quality purposes.

Or email us at:

info@nationalfriendly.co.uk

Or visit us at:

www.nationalfriendly.co.uk

Or mail us at:

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

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