

Care Assistance Benefit FAQs

Providing additional financial support of up to £2,000, to new and existing insured members if their partner, spouse, child or parent suffers from a serious illness or accident, and needs full-time care for at least four weeks.



Definitions

To help you understand Care Assistance Benefit we have highlighted and italicised some words we use in this document in *orange*. The definitions of these words are shown below.

Full-time care

This means needing essential care for at least 35 hours per week. The types of care include helping another person with dressing, washing, eating, using the toilet, communicating their needs, assistance with walking or supervision to avoid putting themselves or others in danger.

Partner or spouse

Someone the member is married to or in a civil partnership with, or someone the member has been living with for at least 2 years, as if they were married or in a civil partnership. The partner or spouse must also be a permanent resident in the UK.

Child

Natural, adopted or step-children aged from birth to age 18 who are permanent residents in the UK.

Parent

Natural, adoptive, step-parent or parent-in-law who are permanent residents in the UK.

Doctor or Consultant

A duly qualified and registered UK General Practitioner, Consultant or Specialist. The Society may specify the type of medical practitioner who will qualify as a Doctor for these purposes.

Society's Medical Adviser

A registered medical practitioner or health professional appointed by the Society.

Deferred period (with back to day one cover)

This is the period, starting on day one of the partner, spouse, child or parent's incapacity during which no benefit payments will be made. Benefit payments will start 1 week after the end of the deferred period and will be backdated to the 1st day full-time care was required.

Discretionary benefit

The benefit is discretionary which means it can be changed or withdrawn by the Society at any time.

Specialist

A person who primarily focuses on a particular subject or activity within a medical field.

What is Care Assistance Benefit?

Care Assistance Benefit is a **discretionary benefit** providing additional financial support of up to £2,000. It's available to both new and existing insured members whose working patterns are disrupted because their **partner, spouse, child** or **parent** suffers from a serious illness or accident and needs **full-time care** for at least four weeks.

This benefit is designed to cover illnesses or accidents either your **partner, spouse, child** or **parent** experiences after your Income Protection policy started.

Who qualifies for this benefit?

Care Assistance Benefit is currently offered to all new and existing insured members who take out their policy between ages 18-54. Cover expires for eligible members on their 60th birthday.

Who does not qualify for this benefit?

Care Assistance Benefit is not available:

- to commuted members
- to members who are in arrears (behind on their monthly premiums)
- to members taking a Premium Holiday
- to members whose Income Protection policy was not in force at the time of the event
- to members who have already claimed £2,000 from other BF Care benefits

Is there an additional cost for Care Assistance Benefit?

No. Care Assistance Benefit is a **discretionary benefit** which British Friendly Society currently offers to all insured members at no extra cost.

Is there a deferred period?

Care Assistance Benefit is designed to cover serious conditions which result in the member's **partner, spouse, child** or **parent** requiring **full-time medical care**. This means that the member's **partner, spouse, child** or **parent** must meet one of the definitions in the section "When can a claim be made?" for a continuous period of 4 weeks.

The **deferred period** for Care Assistance Benefit may be different to the **deferred period** that applies to the member's Income Protection policy which is shown in the member's Policy Schedule.

How much benefit is payable?

It is a fixed benefit of £125 per week for up to 16 weeks for the member's **partner, spouse** or **child**, or 13 weeks for their **parent**. The maximum amount we will pay is £2,000. This benefit is payable on a weekly basis (per member). We'll make the 1st payment 1 week after the end of the **deferred period**. Further payments will then be paid weekly until the end of the claim (see "How long will a claim be paid?").

The 1st payment will include an extra payment to cover the amount of benefit payable for the **deferred period**.

The amount payable for Care Assistance Benefit may be different to the amount payable on the member's Income Protection policy which is shown in the member's Policy Schedule.



Important Notes

- Care Assistance Benefit is a **discretionary benefit** which can be changed or withdrawn by the Society at any time.
- There is no cash value for this benefit.
- Receipt of Care Assistance Benefit may have an impact on means tested State benefits.
- Care Assistance Benefit has a tax free status, however, the Society reserves the right to amend this status if tax legislation changes in the future.
- Cover may be less than the member's needs and is intended to help with the additional cost of caring.
- Care Assistance Benefit is not an alternative to buying other relevant insurance.
- Care Assistance Benefit cannot be claimed if the member is claiming Income Protection benefit.
- This amount is payable per member regardless of how many Income Protection policies that are held with us. We will pay a maximum of £2,000.
- There is no requirement to stop working in order to receive this benefit and we will not take into account any other income the member receives.
- The member making the claim must notify us within 3 months of the event happening.
- The member must notify the Society of any changes to their personal circumstances. See the member's Income Protection policy's Terms and Conditions for more information.
- Care Assistance Benefit applies to new **full-time care** needs either your **partner, spouse** or **child** experiences on or after the 1st September 2016 and for parents on or after the 19th September 2017 or on or after the start date of your policy, whichever is later.

Making a claim

When can a claim be made?

Care Assistance Benefit will be payable if the member's **partner**, **spouse**, **child** or **parent** meets the appropriate definition below as the result of illness, accident or other infirmity for a continuous period of 4 weeks. The member making the claim must notify us within 3 months of the event happening. They can start their claim by emailing claims@britishfriendly.com, by writing to us at **45 Bromham Road, Bedford MK40 2AA** or by calling us on **01234 358344**.

Child under the age of 5:

The **child** must need **full-time care** for at least 35 hours per week due to a serious illness or long-term condition. The need for **full-time care** must be confirmed by the **Doctor/Consultant** who is treating the **child** and agreed by the **Society's Medical Adviser**. This means the provision of additional essential care for at least 35 hours per week which is necessary for the health and welfare of the **child** compared to a **child** of a similar age who does not have a serious illness or long-term condition.

Child in full-time education:

The **child** must need **full-time care** for at least 35 hours per week and be totally incapable of attending their school or college due to a serious illness or long-term medical condition. The need for **full-time care** must be confirmed by the **Doctor/Consultant** who is treating the **child** and agreed by the **Society's Medical Adviser**.

Spouse, partner or parent:

The member's **partner**, **spouse** or **parent** must need **full-time care** for at least 35 hours a week and must be totally incapable of working on their own or any other type of occupation due to a serious illness or long-term medical condition. They must need help to look after themselves with things like dressing, washing, eating, using the toilet, communicating their needs or have difficulty in walking or need supervision to avoid putting themselves or others in danger. The need for **full-time care** must be confirmed by the **Doctor/Consultant** who is treating the member's **partner**, **spouse** or **parent** and agreed by the **Society's Medical Adviser**.

Making a claim

When will a claim not be paid?

Child

We will not pay benefit if:

- The member's **child** had any consultations, treatment and/or medication, asked advice on or had any symptoms of a medical condition (whether or not a diagnosis has been made) prior to the start date of the member's policy, the date this benefit is added to the policy whichever is later or before the member legally adopted or became the legal guardian or step parent of the **child**.
- Either of the **child's** natural parents received counselling or medical advice in relation to the medical condition prior to the **child** being born.

Partner, spouse or parent

We will not pay benefit if:

- The member's **partner, spouse or parent** had any consultations, treatment and/or medication, asked advice on or had any symptoms of a medical condition (whether or not a diagnosis has been made) prior to the start date of the member's policy, the date this benefit is added to the policy whichever is later or before the member married their **spouse** or entered into a civil partnership with their **partner** or started living with the member for a minimum of 2 years as if they were married or in a civil partnership.

In all cases (partner, spouse, child or parent)

We will not pay benefit if:

- The member's **partner, spouse, child or parent** is temporarily or permanently resident outside the UK.
- The member's **partner, spouse, child or parent** needs **full-time care** as a result of intentional harm inflicted by the member.
- The member or their **partner, spouse, child or parent** are unable to provide any reasonable medical or other evidence we ask for in order to consider the claim.
- The member has already claimed £2,000 from other BF Care benefits.
- The member making the claim does not notify us within 3 months of the event happening.
- The member is claiming Income Protection benefit.
- The member is taking a premium holiday.
- The member's premium payments are in arrears.
- The member is unemployed, a student, retired or a house person when the claim is made.
- The member's policy reaches termination date.
- The member is commuted.

Making a claim

How long will a claim be paid?

Care Assistance Benefit will be payable until the earliest of:

- A total of 16 weekly benefit payments have been made under the policy for a **partner, spouse** or **child**. This total can be reached following multiple claims.
- A total of 13 weekly benefit payments have been made under the policy for a **parent**. This total can be reached following multiple claims.
- The member dies.
- The person being cared for dies.
- The person being cared for no longer meets one of the definitions of this benefit.



What information is required to claim?

For a member to claim Care Assistance Benefit, we need the following:

- A signed statement from the member.
- If the claim is in respect of care for a **child** over the age of 5 we require confirmation that the **child** is absent from their place of education as a result of ill-health.
- For all claims we require a letter from the treating **Specialist** confirming the medical diagnosis, the date of 1st diagnosis and confirming that the patient is in need of **full-time care** for at least 35 hours per week.

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It feels good to be covered

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