Protect Terms and Conditions

Paying you a regular income while you're too ill or injured to work

The Terms and Conditions of your Protect policy

Protect is Income Protection provided by British Friendly Society

BRITISH FRIENDLY

It feels good to be covered

All the details about how your Protect policy works

If you're unable to work due to an ***illness or injury***, Protect pays you a regular weekly or monthly ***income*** while you recover. These Terms and Conditions explain in detail what you can expect from us and what we need from you in return. Along with them, you'll also have a Policy Summary, which gives you an overview of the key points, and a ***Policy Schedule***. Your ***Policy Schedule*** confirms the choices you've made to tailor your cover to you, as well as the cost of your cover, and any ***special terms*** or ***higher premiums*** applied to your policy. We encourage you to take the time to read and understand these documents.

Please take the time to read through this document.

To help, we have signposted certain key information with the following symbols:

Important information

Indicates important information we've highlighted about your policy

Useful information

Indicates helpful information that you may find useful

Examples

Indicates examples which clarify how certain features of your policy work

Calculations

Indicates any calculations we use to work out payment amounts

Protect at a glance

- Pays you an ***income*** while you're ***too ill or injured*** to work. By '***too ill or injured***', we mean unable to do the main tasks of your ***occupation***, and you lose some or all of your ***income*** because of this, and you're not doing any other paid or unpaid work.
    - If you earn up to £60,000, Protect can pay you a ***benefit*** of up to 65% of your yearly ***income*** before tax, or your profits before tax.
    - If you earn over £60,000, Protect can pay you a ***benefit*** of up to 65% of the first £60,000 of your yearly ***income*** before tax, and then a further ***benefit*** up to 45% of your yearly ***income*** before tax above this, up to a maximum of £100,000. The ***maximum benefit*** Protect can pay you is £57,000 a year.
- You can choose from our options how long you want to wait before your first benefit payment – this waiting time is your '***deferred period***'.
- You can choose whether your premiums stay the same or go up as you get older
- Pays you weekly or monthly into your chosen bank account or directly to your mortgage lender.
- Can pay a valid claim weekly or monthly for a maximum of 1, 2 or 5 years at a time, or until your policy ends.
- Covers you for a minimum of 5 years until you're the age you choose – which can be any age from 50 to 70.
- Lets you choose cover that increases each year to keep up with the cost of living, with the option to pause increases.
- You can ask us to make changes to your policy whenever you want, as long as those changes are allowed by your Terms and Conditions. You can make some changes without having to answer any more questions about your health and lifestyle.
- There's no limit to the number of times you can claim and you can claim more than once for the same ***illness or injury***. But there are some restrictions if you have a limited ***benefit period*** of 1, 2 or 5 years.
- Gives you the option to add ***Fracture Cover*** as an ***additional benefit*** at an extra cost.
- Gives you the option to add ***Children's Critical Illness Cover*** as an ***additional benefit*** at an extra cost.

Contents

Get in touch

We want to help. So if you have any questions or need to make a claim, here are all the ways you can contact us.

Call

For general information:
01234 358 344
To make a claim:
0800 975 6565

Write

For general information or to make a claim:
Registered Office:
British Friendly Society Limited
45 Bromham Road, Bedford MK40 2AA

Email

For general information:
enquiries@britishfriendly.com
To make a claim:
claims@britishfriendly.com

Go online

For general information:
britishfriendly.com
To make a claim:
members.britishfriendly.com/make_a_claim/

1. Applying for a Protect policy

1.1 Who can apply?

To apply, you'll need to be all of these things:

- A UK resident (excluding the Isle of Man and the Channel Islands), and have been for the last 2 years.
- Registered with a UK GP for the last 2 years – with access to your medical records for at least the last 2 years.
- Aged 18 to 59 (policy must start before 60th birthday).
- A UK taxpayer with a UK bank or building society account.
- Employed or self-employed and not planning to retire within the next 5 years.
- Actively at work, fit enough to do all the duties of your ***occupation***, and not working in any of our excluded ***occupations.***

1.2 How we assess your application

When you apply for your policy, or ask to make certain changes to it, we assess your application. To help us do that, we need some specific information. This will include information on your current health, ***income***, lifestyle, ***occupation***(s), medical history, family history, any ***medical conditions*** you have, and other relevant factors.

We use this information to assess whether we can insure you, what cover we can provide for you, and how much you'll pay each month, known as your ***premium***.

You must take care to answer all our questions carefully, honestly, and to the best of your knowledge. If you don't, we may cancel your policy, reject your claim or not pay your claim in full. If you're not sure whether any details are relevant, give us those details anyway.

We might also ask you to allow us to contact your ***doctor*** for a medical report, and to take some medical tests. We'll pay any medical fees involved. Your ***doctor*** must be a qualified, registered GP, consultant or specialist in the UK. We may specify the type of medical practitioner you'll need to see.

If you don't give us the information we need, or refuse to take any tests we ask for, we won't be able to process your application.

We may also ask you for:

- Evidence of the work you do and the ***income*** you get from it.
- Evidence of your address and identity – this helps us fight fraud and meet anti-money laundering regulations.

If there are any changes to your health, ***occupation***(s), ***income***, family history, country of residence or any other relevant factor while we're processing your application, you must tell us straight away before your policy starts.

1.3 Special terms and higher premiums

There may be some illnesses and injuries we might not be able to insure you for. Or we might be able to insure you, but only if you agree to pay a ***higher premium***. If this is the case for you, it will be confirmed in your ***Policy Schedule***. We will have spoken to you and/or your adviser about this before you took out Protect. Your ***Policy Schedule*** will show you whether you have ***special terms*** and/or pay a ***higher premium***.

How we review special terms and higher premiums

If your policy has any ***special terms*** and ***higher premiums***, but the circumstances or ***medical condition*** they're based on no longer apply, you can ask us to review this. For a ***medical condition***, you must be symptom free and no longer having any ongoing treatment for that condition. Where there's a cost, unless we agree otherwise, you'll need to pay for any medical evidence we may need from your ***doctor*** as part of the review. We'll discuss with you:

- The type of medical evidence we're likely to need for a review.
- How much it's likely to cost to gather this evidence.
- Whether a review is likely to lead to us removing ***special terms*** or ***higher premiums***.

2. The options Protect gives you

When you take out Protect, your adviser helps you tailor your cover to suit your needs. We confirm your chosen options in your ***Policy Schedule***, the document that sets out your personal cover. It's possible to make changes – there's more information about this in **sections 3 and 4.**

These are all the options Protect gives you.

Option 1:
How much *benefit* you get when you're *too ill or injured* to work

More information in section 2.1

Option 2:
How long you get your *benefit* for when *you're too ill or injured* to work

More information in section 2.2

Option 3:
Whether your *premiums* stay the same or go up as you get older

More information in section 2.3

Option 4:
Whether your benefit payments stay the same or increase each year with the cost of living

More information in section 2.4

Option 5:
How long you wait for your first benefit payment (this is your '*deferred period*')

More information in section 2.5

Option 6:
When your policy ends

More information in section 2.6

2.1 How much benefit you get when you're too ill or injured to work

Your ***benefit*** is how much we pay you when you're ***too ill or injured*** to work. The minimum ***benefit*** Protect can pay is £216 a month / £2,592 a year. The ***maximum benefit*** Protect can pay is £4,750 a month/£57,000 a year.

If you earn up to £60,000:

- The ***maximum benefit*** you can choose is 65% of your yearly ***income*** before tax.

If you earn above £60,000:

- The ***maximum benefit*** you can choose is 65% of the first £60,000 of your yearly ***income*** before tax, and then 45% of your yearly ***income*** before tax above this, up to a maximum of £100,000.
- So, if you earn £100,000 before tax, your ***maximum benefit*** would be £57,000 a year. This is made up of £39,000 (65% of £60,000) + £18,000 (45% of £40,000).
- If you earn more than £100,000 before tax, your ***maximum benefit*** would still be £57,000 a year.

If you come to claim, we'll count the amount you were earning in the 12 months immediately before you became ***too ill or injured*** to work as your yearly ***income***. We also take into account other ***income*** or sick pay you're getting. We do not include any ***income*** from savings or investments.

An example of how the maximum benefit works in practice

Let's say your ***maximum benefit*** is £57,000 based on a salary of £100,000 a year. When you're first ***too ill or injured*** to work, you receive full pay from your employer's sick pay scheme. Protect wouldn't pay any ***benefit*** as you'd be getting more in sick pay than the ***maximum benefit***. Once your sick pay falls below £57,000 or stops completely, the ***benefit*** payments can start. So, if your sick pay falls from £100,000 to £50,000, Protect will be able to pay you the difference up to the ***maximum benefit*** level of £7,000 a year. Once your sick pay stops completely, Protect will be able to pay the ***maximum benefit*** of £57,000.

There's more information about how the maximum benefit works in section 6.5.

This amount, plus what we pay you, can't go over your ***maximum benefit*** that's shown in your ***Policy Schedule***. Otherwise, you may get more money than when you were working.

Your income would include any of the following:

- Employed ***income***: your personal ***income*** from your employment, before tax. It's made up of your gross annual earnings and any P11D benefits (known as 'benefits in kind').
- Self-employed ***income***: your personal ***income*** from your business, before tax. It's made up of your gross annual earnings from your business, less any amount allowable as expenses against income tax. In other words, it's your annual share of pre-tax profits from your ***occupation*** or ***occupations***.
- ***Income*** from company dividends: this includes taxable ***income*** you receive from your business in the form of company dividends. The dividends must:
  - Be paid from your annual profits after tax. If the dividends are higher than your profits after tax, then they don't reflect your profits in that year. Where this is the case, we'd base your ***income*** on your annual profits after tax.
  - Be paid direct to you in place of regular wages or salary in the 12 months immediately before you became ***too ill or injured*** to work.
  - Be in line with the regular wages or salary allowed by the trading position of the company paying you.
  - Stop when you become ***too ill or injured*** to work.
- ***Income*** from company dividends paid to your spouse/partner, as long as:
  - Your spouse/partner doesn't take over running the business, and
  - Your spouse/partner hasn't used the dividend ***income*** in their own cover.

You need to know that other sources of income might reduce your benefit payments

When we work out your benefit payments, we factor in any other money you might be getting at the same time. If you have, or might have, other money coming in from other sources, you'll need to tell us. We may need to reduce your ***benefits*** if they'll take you over your ***maximum benefit***. Other money could include:

- Sick pay from your employer.
- Pension payments as a result of sickness or injury.
- Payments from other Income Protection or permanent health insurance policies, including:
  - Payment protection plans such as loan or mortgage protection policies.
  - Other insurance policies that either pay you a regular benefit or make repayments directly to your lending company while you're ***too ill or injured*** to work.
- Profits from sole-traders or partnerships.
- Taxable dividends from profits of limited companies.

We won't factor in any ***income*** you get from savings, investments, or state benefits. However, the benefit payments you get from us might affect any state benefits you receive. **You can find more information in section 6 of these Terms and Conditions.**

2.2 How long you get your benefit for when you're too ill or injured to work

For each valid claim you make, Protect can pay you ***benefits*** for one of the following claim periods:

- Up to 1 year at a time
- Up to 2 years at a time
- Up to 5 years at a time, or
- Up until the date your policy ends

There's no limit to the number of times you can claim but there are some restrictions if you have a limited ***benefit period*** of 1, 2 or 5 years. There's more information about this in **section 8**. Your ***Policy Schedule*** will confirm which claim period you chose.

2.3 Whether your premiums stay the same or go up as you get older

You have two options:

1

Level guaranteed premiums

Premiums *that stay the same each year. We call these 'level guaranteed premiums'.*

These will stay the same for the whole of your policy. The only reason they will go up is if you make certain changes to your policy. For instance, if you increase the amount of ***benefit*** you get then your ***premiums*** will go up. Or, if you chose '***increasing cover***', you'll pay 'inflation-linked level guaranteed ***premiums***' – we explain this in more detail in **section 2.4** when we talk about '***increasing cover***'.

2

Age-costed guaranteed premiums

Premiums *that go up as you get older. We call these 'age-costed guaranteed premiums'.*

These will typically start lower than a level guaranteed ***premium***, but then increase as you get older. You will still have the certainty of knowing how much they'll go up by – this will be set out in your ***Policy Schedule***. There will be no increase in the first 12 months of your policy. After this, we'll give you about 30 days' notice of any increase to your ***premium***. Then your ***premium*** will increase from your '***policy anniversary***' date. This is the date your policy started. If you also chose '***increasing cover***', your ***premiums*** will be 'inflation-linked age-costed guaranteed ***premiums***'. We explain this in more detail on **section 2.4** about '***increasing cover***'. We'll notify you of any ***premium*** changes in line with our Direct Debit guarantee.

2.4 Whether your benefit payments stay the same or increase each year with the cost of living

You have two options:

Level Cover

Benefit payments that stay the same for the whole of your policy. We call this 'level cover'.

With this option, your ***benefits*** won't keep up with the cost of living, so they may be worth less in the future than they are now.

Increasing Cover

Benefit payments that go up each year with the cost of living. We call this 'increasing cover'.

With this option, because your benefit payments increase with the cost of living, the ***premiums*** you pay will also increase.

We cover this in more detail below.

If you choose 'increasing cover', your premiums increase each year, too:

- **Your level guaranteed premiums will increase each year in line with inflation. We call these 'inflation-linked level guaranteed premiums'.** Your ***premiums*** will increase based on ***RPI***, a measure of inflation, multiplied by 1.5. We explain more about this below.
- **Your age-costed guaranteed premiums will increase each year in line with inflation and as you get older. We call these 'inflation-linked age-costed guaranteed premiums**'. Your ***premiums*** will increase based on ***RPI***, a measure of inflation, and your age. We explain this in more detail below.

For inflation-linked ***premiums***: We use the ***Retail Price Index (RPI)*** to measure inflation and the maximum increase we'll apply is 10%. If the inflation rate is a minus figure, we won't reduce your ***premiums*** or your benefit payments. Instead, they'll stay the same for that year.

There will be no increase in the first 12 months of your policy. After this, we'll write to you each year to let you know how much your ***premiums*** and benefit payments will go up. We'll do this about 30 days before your '***policy anniversary***' date. This is the date your policy started. Then the increase will start on your ***policy anniversary*** date. You can pause, adjust or say no to these increases at any time. For example, if the increase is going to be 5%, you can adjust it to just 3% if that's better for you. The amount of ***benefit*** you get must not go over the ***maximum benefit***. We may increase the ***maximum benefit*** level if necessary, to keep up with the cost of living. The ***maximum benefit*** level at the time will always apply.

You can pause these increases up to 3 times. You can also remove these increases completely, so you have '***level cover***'. But if you then wanted to reinstate inflation-linked increases, we might have to ask you more questions about your health and lifestyle. We'll notify you of any ***premium*** changes in line with our Direct Debit guarantee.

2.5 How long you wait for your first benefit payment (this is your 'deferred period')

You might get sick pay from your employer when you're first off work. Or you may have built up savings that you can rely on to start with. The longer you wait for your first benefit payment, the lower your ***premiums*** are likely to be. The amount of time you choose to wait between when you're first off work and when we pay you your ***benefit*** is called your '***deferred period***'. Your ***deferred period*** is shown in your ***Policy Schedule***. We'll only pay your ***benefits*** if your ***illness or injury*** stops you from working for longer than your ***deferred period***.

An example of how your deferred period works in practice

If your ***deferred period*** ended on the 25th of April and you had chosen a monthly payment, your first payment would then be made on the 25th of May. Your options for how long your ***deferred period*** is depends on which ***premiums*** you've chosen.

If you choose level guaranteed premiums

- Your ***deferred period*** can be 4, 8, 13, 26, or 52 weeks.

If you choose age-costed guaranteed premiums

- If you've chosen for your claim to pay out for 1, 2, or 5 years at a time, your ***deferred period*** can be 1, 4, 8, 13, 26, or 52 weeks.
- If you've chosen for your claim to pay out until the date your policy ends, you can also choose for your claim to start on ***day 1*** of your ***illness or injury***. If you choose this, you need to be ***too ill or injured*** to work for more than 4 days in a row.

If you're a teacher, or you work in certain NHS occupations, and you've chosen a 52 week deferred period, your benefit payments can flex around your sick pay. In the early years of being an NHS dentist, ***doctor***, midwife, nurse or surgeon, you may get a different amount of sick pay each year from your employer. This is similar in the first years of being a teacher. Your Protect benefit payments can flex around your sick pay so you get a consistent monthly payment. This means you don't need to keep changing your ***deferred period*** depending on how long you've been in your job. You need to have chosen a 52 week ***deferred period***. **There's information about how this works in section 13.**

2.6 When your policy ends

Your policy will run until your chosen age as shown in your ***Policy Schedule***. This can be any age that falls between your 50th and your 70th birthday as long as it's at least 5 years away when you apply. This is because 5 years is the shortest policy length we offer.

3. Changes you can make to your policy

You can ask us to make changes to your policy at any time – just get in touch using our contact details at the front of this document.

For some changes, we'll need to ask you to answer more questions about your health and lifestyle. But for others, we won't – you can see which changes this applies to in the table below.

What you can do	Will the premiums be higher or lower?	Will there be more health, financial or lifestyle questions?
Reduce your ***benefit*** (as long as it's not lower than £216 a month)	Your ***premiums*** are likely to be lower.	No
Extend your ***deferred period***, so you wait longer for your first benefit payment		No
Get your ***benefit*** for a shorter length of time		No
End your policy sooner (as long as your total policy length isn't shorter than 5 years)		No
Tell us you're no longer a smoker, once you've stopped smoking or using nicotine products for more than 12 months (if you chose level guaranteed ***premiums***)	If you applied as a smoker, your ***premiums*** are likely to be lower when you change to a non-smoker.	Yes
Change your ***occupation***	Your ***premiums*** won't be higher, even if you change to an ***occupation*** we don't cover. Our ***occupation promise*** means we'll still cover you at the same rate and you don't need to tell us if you change your occupation.	No
Increase your ***benefit*** (as long as it's not more than the ***maximum benefit***)	Your ***premiums*** are likely to be higher. Or we could decide to add some ***special terms*** to your policy. We'll need to agree to these changes. Your policy will need to have at least 5 years left to run, and you'll still need to be eligible for Protect, based on the list in **section 1.1.** You won't be able to make these changes while you're ***too ill or injured*** to work, or if you're behind with paying your ***premiums*** or not paying your ***premiums***.	Yes
Reduce your ***deferred period***, so you wait less time for your first benefit payment		Yes
Get your ***benefits*** for longer		Yes
End your policy later (as long as you haven't applied to change your end date more than twice before)		Yes

We'll always be fair and reasonable about any changes you want to make to your policy. However, there may be instances when we cannot make them. We'll tell you if this is the case, and you'll have the right to cancel your policy and stop paying any more ***premiums***.

If we make the change you've asked for, we'll let you know if there are any changes to the price of your cover and/or Terms and Conditions when we're processing your change.

4. Increasing your benefit when your life changes

In **section 3** we explain that if you want to increase your ***benefit***, we'll usually need to ask you more questions about your health and lifestyle. But, there are 5 instances, or life changes, in which you can increase your ***benefit*** without having to answer any more questions about your health. We'll just ask you to send us some proof.

We call these '***guaranteed insurability options'***. Your ***premiums*** will go up in line with your extra ***benefits***. We'll send you an updated ***Policy Schedule*** to show these changes.

The 5 life changes, and the proof we'll need from you, are in the table below.

Life changes	The proof we'll need
You get married or form a civil partnership	The marriage/civil partnership certificate
You have or legally adopt a child	The birth/adoption certificate
You take out or increase a mortgage on your main home	A mortgage offer letter or mortgage statement
Your rent goes up on your main home or because you've moved	A rental agreement letter
If you're employed, you get a pay rise	A letter from your employer confirming your pay rise, or a recent payslip

You'll need to meet a few conditions

You don't have to increase your benefit for these life changes. But if you do want to increase it, you'll need to:

- Have 5 years left to run on your policy.
- Apply for the increase within 3 months of the life change happening.
- Be aged under 55.
- Keep your same ***deferred period***, or, if you want to, extend your ***deferred period*** – the only thing you can't do is reduce it.
- Keep your ***policy end date*** the same.
- Not be ***ill or injured***, claiming ***benefit***, in a ***deferred period*** or behind with your ***premiums***.
- If you have ***special terms*** on your policy, there may be times where we can't apply the increase. This is at our discretion.

The amount you can increase your benefit by

There are limits for how much you can increase your amount of ***benefit*** by. The total of all the increases you make can't be more than 50% of the original amount of cover shown on your ***Policy Schedule*** or £10,000 a year, whichever is lower. The increasing cover option will not apply to any ***additional benefit*** approved under this section.

Event	Increase limits	Maximum increase	Maximum age
You get married or form a civil partnership	Up to 50% of the original amount of cover shown in your ***Policy Schedule***	up to £10,000 a year	54
You have or legally adopt a child	Up to 50% of the original amount of cover shown in your ***Policy Schedule***	up to £10,000 a year	54
You take out or increase a mortgage on your main home	▪ The increase in your mortgage payments; or ▪ 50% of the original amount of cover shown in your ***Policy Schedule*** Whichever is lower	up to £10,000 a year	54
Your rent goes up on your main home or because you've moved	▪ The increase in your rental payments; or ▪ 50% of the original amount of cover shown in your ***Policy Schedule*** Whichever is lower	up to £10,000 a year	54
If you're employed, and you get a pay rise	▪ The increase in your salary; or ▪ 50% of the original amount of cover shown in your ***Policy Schedule*** Whichever is lower	up to £10,000 a year	54

The least you can increase your ***benefit*** by is £10 a week.

When you increase your ***benefit***, it can't go above the ***maximum benefit*** level. This is 65% of the first £60,000 of your yearly ***income*** before tax, and a further 45% of your yearly ***income*** before tax above this, up to £100,000. The maximum we can pay is £57,000 a year, including any other ***income*** you might be getting.

If you pay a ***higher premium*** on your policy, the same ***higher premium*** will still apply. If you have ***special terms*** on your policy, there may be times where we can't apply the increase. This is at our discretion.

5. Paying for Protect

5.1 How we work out your starting premiums

You pay us a regular amount each month – your monthly ***premiums***. The way we work out your ***premiums*** won't change over the life of your policy. However, starting ***premiums*** vary from person to person.

We base your starting premium on:

- Your age.
- Your current health, lifestyle and medical history.
- The amount of ***benefit*** you want to get.
- The length of time you choose to wait for your first payment. We call this your ***deferred period***.
- The end date you choose for your policy.
- The ***benefit period*** selected
- Whether you choose a level ***premium***, an age-based ***premium*** or a ***premium*** linked to inflation.

If you chose level guaranteed premiums, we'll also base your starting premium on:

- Your ***occupation***.
- Your smoking status.

You'll find information about how your *premiums* increase in sections 2.3 and 2.4.

5.2 How we collect your premiums

We collect your ***premiums*** by direct debit from your bank account each month. You can choose which day of the month you want to pay. This can be any day between the 1st and the 28th. If this date falls on a weekend or Bank Holiday, we'll collect your ***premium*** on the next working day.

- **If you don't pay your premiums for more than 7 days**

  If you become ***too ill or injured*** to work, we'll only start paying your ***benefit*** from the date your ***premiums*** are up to date.

- **If you don't pay your premiums for 4 months**

  We'll try to collect your ***premiums*** on your ***premium*** collection date in month 5. If we still can't collect them successfully, your policy will automatically lapse. You then have 30 days to reinstate your cover by answering some health and lifestyle questions. This may mean we might not be able to offer you the same cover as we did before. If we are still able to offer you cover, you'll need to bring any outstanding ***premiums*** up to date.

  If you don't reinstate your cover within 30 days, we'll cancel your policy. You won't get any money back and you'll lose your cover. You'll need to reapply for any cover you need and we'll need to assess your application again in the way we've set out in **section 1.2** of these Terms and Conditions.

5.3 When you don't have to pay any premiums

- **When we're paying your benefit (waiver of premium)**

  As soon as we start paying your ***benefit***, you stop paying us ***premiums***. We call this '***waiver of premium***' and we apply it automatically. You won't need to pay your ***premiums*** again until your benefit payments stop. You'll still pay ***premiums*** during your ***deferred period***, the time between when you're first too ill or injured to work and when we start paying you your ***benefit***. **You can find out when and how we pay your *benefit* in section 7.**

  You won't need to pay ***premiums*** either if we're paying you back-to-work support payments. This is when you can go back to work, but you're earning less than before, so we top up your ***income*** with benefit payment.

  If you've added optional ***Fracture Cover*** and/or ***Children's Critical Illness Cover***, but are claiming on your main Protect policy, we'll stop collecting the portion of your ***premium*** that applies to ***Fracture Cover*** and/or ***Children's Critical Illness Cover***. You will still be able to claim on ***Fracture Cover*** and/or ***Children's Critical Illness Cover***. **You can find out more about this for *Fracture Cover* in section 14.3 or for *Children's Critical Illness Cover* in section 15.4.**

- **When you take a break from paying your premiums (premium holiday)**

  We call this a ***premium holiday***. It means you can stop paying your ***premiums*** for up to 6 months at a time. Once you tell us you want to take a ***premium holiday***, we'll let you know if we agree, and what the start and end dates will be. You can cancel a ***premium holiday*** any time before it starts. But, once it's started, you can only cancel it if we agree.

  If you've added optional ***Fracture Cover*** and/or ***Children's Critical Illness Cover***, we'll apply the ***premium holiday*** to both your main Protect policy and your ***Fracture Cover*** and/or ***Children's Critical Illness Cover***.

- You can take as many ***premium holidays*** as you want, as long as they don't add up to more than 24 months in total over the whole of your policy.
- If you take a ***premium holiday***, followed by another one less than 6 months later, we'll treat it as a continuation of the earlier one. Both together can't add up to more than 6 months.
- You won't be able to claim any ***benefits*** or ***additional benefits*** during a ***premium holiday***.
- You won't be able to change your cover during a ***premium holiday***.
- We won't collect any ***premium*** payments from you during a ***premium holiday***.
- If you're behind with your ***premium*** payments when you apply for a ***premium holiday***, you won't be able to take it until you ***premiums*** are up to date.
- You'll need to have paid at least 12 full months of ***premiums*** before you can apply for a ***premium holiday***.

At the end of the premium holiday, you have three options:

1. If your ***premium holiday*** was less than 4 months, you can start paying your ***premiums*** again and reinstate your ***benefit*** at the previous levels without answering more questions about your health.
2. If your ***premium holiday*** was more than 4 consecutive months, you'll need to complete a medical questionnaire to let us know whether there's been any change in your health since the ***premium holiday*** started. We'll then confirm whether or not we can reinstate your policy before you start paying your ***premiums*** again.
3. Cancel your policy.

5.4 If your date of birth is wrongly recorded

- We'll correct any ***premium*** amounts that are based on your age.
- We'll collect any ***premiums*** you've underpaid or refund any ***premiums*** you've overpaid.

6. Claiming your benefit

6.1 What being too ill or injured to work means

This means that you are unable to do the main tasks of your ***occupation*** due to an ***illness or injury*** that causes you to lose some or all of your ***income***, and you're not doing any other paid or unpaid work.

We decide whether you're ***too ill or injured*** based on the medical evidence we ask for. We discuss this evidence with ***our medical adviser*** – a registered medical practitioner or health professional we've appointed.

6.2 Telling us you're ill or injured and asking for a claim form

If you are, or expect to be, ***too ill or injured*** to work, let us know as soon as possible by calling, emailing or writing to us. The sooner you get in touch with us, the sooner we can start gathering all the information we need to assess your claim and pay your ***benefit*** promptly. Please let us know even if you have a long ***deferred period*** or aren't sure you'll still be off work at the end of your ***deferred period***. We might be able to arrange treatment or services to help you get better, get back to work and continue working.

- **If your deferred period is 8 weeks or less**
  You must let us know you need to claim within 1 month of the start of your absence from work. If you don't, we may not be able to pay your claim or may only be able to pay your ***benefit*** from the date you notified us of your claim.
- **If your deferred period is more than 8 weeks**
  You must let us know within 2 months of the start of your absence from work. If you don't, we may not be able to pay your claim or may only be able to pay your ***benefit*** from the date you notified us of your claim.

6.3 Sending us a completed claim form plus the documents we need

Once you've told us about a claim, we'll send you a claim form. You'll need to send back the completed claim form, along with any other documents we ask for, as soon as possible so we can assess your claim and pay you without delay.

What medical evidence we'll need to see

Along with your claim form, we'll need a ***medical certificate*** signed by your ***doctor***. This is signed, written confirmation from your ***doctor*** that you're ***too ill or injured*** to work at your ***occupation***. Photocopies are fine.

- **If you're claiming for 7 days or less**

  We do not need to see a ***medical certificate***. We'll let you know if this changes. If you then make another claim in the next 13 weeks, we will need to see a ***medical certificate***. This will need to be valid from the first day you're ***too ill or injured*** to work. If you make multiple claims for 7 days or less, we may ask to see a ***medical certificate*** that's valid from ***day 1*** of your ***illness or injury***.

- **If you're claiming for more than 7 days**

  After the first 7 days of your ***illness or injury***, you must send us a ***medical certificate*** covering each day of your ***illness or injury*** for the whole time you're getting ***benefits***. We won't be able to pay you for any day that's not covered by a ***medical certificate***. So we don't have to suspend your ***benefits***, make sure we get each new ***medical certificate*** within 14 days of the old one ending. We may extend this by another 14 days in exceptional circumstances. For instance, if your health severely worsens, or you have to go into hospital.

We may also need extra medical evidence to support your claim. This might come from a number of different sources, including:

- Your ***doctor*** or treating specialist.
- Your employer.
- A nurse telephone assessment arranged by us.
- An independent medical examination arranged by us.
- Other third parties.

What proof of income we'll need to see

Along with your claim form, you'll need to send us proof of your ***income*** for the 12 months before you became ***too ill or injured*** to work.

- If you're employed

  We'll need to see printed payslips and a P60 from the most recent tax year.

- If you're self-employed

  We'll need to see your HM Revenue and Customs Tax calculation and Self Assessment, plus a copy of your accounts relating to the most recent tax year. We might also need to get in touch with your accountant for more information.

- If you're a salaried director of a limited company

  We'll need to see printed payslips, a P60 and a copy of the company accounts sent to HM Revenue and Customs from the most recent tax year. We might also need to get in touch with your accountant for more information.

If your earnings over the 12 month period are lower than usual, at our discretion we may be able to base your benefit payments on your average ***income*** over a period of up to 3 years if this would reflect your usual average ***income*** more accurately. You'll need to ask us to do this when you claim. If we agree, we'll confirm it in writing.

6.4 How we assess your claim

Once we get your claim form, we assess whether your ***illness or injury*** means you are unable to do the main tasks of your ***occupation***, causing you to lose some or all of your ***income***. We also check you're not doing any other paid or unpaid work. We base our assessment on medical evidence. Depending on your claim, this might include things like a report, ***medical certificate*** or investigations from your ***doctor***, or information from your employer. If there's any doubt, the opinion of ***our medical adviser*** will be final.

We'll need to:

- See evidence that you're under the care of a ***doctor***, and that you're following all the treatments and investigations your ***doctor*** recommends.
- Be happy that you're taking all reasonable steps to help your recovery.
- Know that you've investigated suitable treatments. We might ask if we can contact your ***doctor*** for a medical report, or ask you to take more tests, including being examined by ***our medical adviser***. We'll pay for any extra medical investigations or tests we ask you to take when we're assessing your claim.
- Assess your claim regularly while we're paying your ***benefit***. We might ask you for updates on your ***illness or injury***, or ask one of ***our authorised representatives*** to visit you and interview you in your home. We may also ask you to give us further information or take part in further investigations or tests. And we may ask you if we can contact your ***doctor*** for a medical report, or if we can approach your employer or other third party for extra information we think is relevant to your claim.

If you don't agree to any reasonable requests we make, we can refuse to process your claim and we can suspend any payments you're already receiving. If you still don't agree to our requests after 14 days, we won't be able to pay you any more ***benefits*** for the rest of the time you're off work.

There are some instances in which we wouldn't pay your claim – you'll find these in section 9.

6.5 How we work out your maximum benefit

The ***maximum benefit*** is based on your yearly ***income***. That's your salary before tax if you're employed, or your profits before tax if you're self-employed.

If you earn up to £60,000:

- The ***maximum benefit*** you would have been able to choose is 65% of your yearly ***income*** before tax.

If you earn above £60,000:

- The ***maximum benefit*** you would have been able to choose is 65% of the first £60,000 of your yearly ***income*** before tax, and then 45% of your yearly ***income*** before tax above this, up to a maximum of £100,000.
- So, if you earn £100,000 before tax, your ***maximum benefit*** would be £57,000 a year. This is made up of £39,000 (65% of £60,000) + £18,000 (45% of £40,000).
- If you earn more than £100,000 before tax, your ***maximum benefit*** would still be £57,000 a year.

Income is defined in section 2.1 and the proof of income we'll need to see is listed in section 6.3.

When you applied for your policy, and as long as you hold it, you'll need to make sure that the ***benefit*** stated in your ***Policy Schedule***, plus any increases linked to inflation, is never more than the ***maximum benefit*** allowed.

If you claim, we'll only pay up to your maximum no matter what ***benefit*** your ***Policy Schedule*** states. We calculate the maximum we'll pay you based on 65% of the first £60,000 of your yearly ***income*** before tax in the 12 months before you became ***too ill or injured*** to work, and then 45% of your yearly ***income*** before tax in the 12 months before you became ***too ill or injured*** to work up to a maximum of £100,000. We then factor in any other money you might be getting at the same time. If you have or might have, other money coming in from other sources, you'll need to tell us as this may impact the ***benefit***, we pay you.

Other money could include:

- Sick pay from your employer.
- Pension payments as a result of sickness or injury.
- Payments from other income protection or permanent health insurance policies, including:
  - Payment protection plans such as loan or mortgage protection policies.
  - Other insurance policies that either pay you a regular benefit or make repayments directly to your lending company while you're ***too ill or injured*** to work.
- Profits from being a sole-trader or a partner in a business partnership.
- Taxable dividends from profits of limited companies.

We won't factor in any ***income*** you get from savings, investments, or state benefits. However, the benefit payments you get from us might affect any state benefits you receive.

6.6 Our guarantee to pay the benefit you're expecting, up to a maximum of £1,500 a month, even if your income's gone down (benefit guarantee)

Income can go up and down sometimes, for example if you've had an unexpected loss of ***income***. Protect guarantees to pay you the ***benefit*** you're covered for, even if, when you claim, you're genuinely earning less than when your policy started. We'll do this up to a maximum benefit payment of £1,500 a month. We call this our benefit guarantee.

To qualify for the benefit guarantee, you need to meet our minimum hours criteria. This means you will need to provide evidence that you have been working for at least 16 hours a week if you're self-employed, or 25 hours a week if you're employed, when you became ***too ill or injured*** to work.

EXAMPLE

Here's how it works:

- Let's say you originally chose to get benefit payments of £1,000 a month. But when you come to claim, your ***income*** has gone down. And the most you can claim, 65% of your ***income*** before tax, would mean you only get £800 a month. Our benefit guarantee means we'll still pay you the £1,000 you're expecting. This is the case as long as you also meet our minimum hours criteria, which we outline above.

Here's how it works:

- Or, let's say you chose to get £1,700 a month. Your ***income*** goes down and the most you can claim is £800 a month. Our benefit guarantee means we'll still pay you £1,500 a month. This is the case as long as you also meet our minimum hours criteria, which we outline **in section 6.6.**

We'll never pay more than the ***benefit*** you're covered for. And we'll still need to reduce your guaranteed benefit if you have money coming in from the other sources **we outline in section 6.5.**

7. Paying you your benefit

7.1 How we pay your benefit

We'll pay your ***benefit*** into your bank or building society account. Or, in line with our ***mortgage payment option***, we can pay it directly to your mortgage lender if your mortgage is residential and on your main home. This must be in the UK and be the home you currently live in, or spend most of your time living in.
We can pay you every week or every month – it's your choice.

7.2 When we start paying your benefit

We will start paying your benefit after the end of your ***deferred period***. Your ***Policy Schedule*** shows what your ***deferred period*** is.

For deferred periods of 1, 4, 8, 13, 26 or 52 weeks:

Once we accept your claim, we'll start paying your ***benefit*** weekly, or monthly, in arrears. We'll do this once your chosen ***deferred period*** is up.

Here is an example:

- You choose a ***deferred period*** of 8 weeks and to get your benefit payments paid weekly.
- We pay you on the first day of week 10 (after your 8 week ***deferred period*** + 1 week in arrears).

For day 1 deferred periods:

If you've chosen to get your ***benefit*** from the first day you can't work, we'll backdate your benefit payments to ***day 1*** of your ***illness or injury*** and pay them with your first payment, as long as you're unable to do the main tasks of your ***occupation*** for more than 4 days in a row. Your benefit payments might be delayed while we assess your claim.

We pay your ***benefit*** in arrears as long as we've received the medical evidence we need to support your claim. We might also ask you to send us specific extra medical information.

7.3 Back-to-work support payments

Your ***illness or injury*** might mean you can't go back to your pre-incapacity ***occupation*** full-time, and have to go back to it part time or in a reduced role. Or it could mean you have to take on a new ***occupation*** due to your illness or injury that pays you less than you were earning before your claim. If any of these things happen, we can still pay you a reduced amount of ***benefit*** once you're back at work. We call these 'back-to-work support payments'. You won't have to pay any ***premiums*** while you're getting back-to-work support payments.

We might also be able to arrange treatment and services to help you get back to work.

To work out your back-to-work support benefit:

- We take your monthly ***income*** before the claim and subtract your new monthly ***income*** now that you're back at work.
- We multiply this figure by the amount we were paying you before you returned to work.
- Then we divide this figure by your monthly ***income*** before the claim.

(your pre-claim monthly income subtracted by your post-claim monthly income) × your benefit level ÷ your monthly pre-claim income = your back-to-work support benefit

If your new monthly ***income*** is more than your monthly ***income*** before the claim we'll stop the payments.

7.4 If you're on parental leave when you become too ill or injured to go back to work

If you get ill or injured while you're on maternity or paternity leave and can't go back to work when you were planning to, we might still be able to cover you. We assess whether your ***illness or injury*** means you are unable to do the main tasks of your ***occupation*** you'll return to after your parental leave and whether this will cause you to lose some or all of your ***income***. We base our assessment on medical evidence. If you meet the criteria to claim when your parental leave ends, we'll treat the first day of your ***illness or injury*** as the start of your ***deferred period***. We'll treat the day you were planning to go back to work as the beginning of your claim period.

EXAMPLE

Here's how it works:

If your parental leave is a full year, 52 weeks, we'll look to start paying you ***benefits*** from the day after those 52 weeks. If you've already been ill or injured for the length of your ***deferred period***, your ***deferred period*** will not apply. We'll need medical evidence to show us how long you've been ill or injured for.

We'll base what we pay you on your ***income*** before you started your leave. We'll need to know what hours you were planning to do when you returned – full time or part time, for example – so we can calculate how much your benefit payments should be. If you're employed, we may get in touch with your employer to find out more about these arrangements. If you're self-employed, we'll talk to you about your arrangements and consider how we can cover you.

7.5 If you have a terminal illness

Hopefully it will never happen, but if you're ***too ill or injured*** to work and according to your ***doctor***, you meet our definition of a ***terminal illness,*** your ***deferred period*** won't apply.

If the opinions of your ***doctor*** and ***our medical adviser*** differ, we reserve the right to base our final decision on the opinion of ***our medical adviser***.

7.6 When we stop paying your benefit

We'll keep paying your benefit until one of the following happens:

- The end of your 1, 2 or 5 year ***benefit period***, whichever applies.
- Your ***policy end date***.
- You no longer meet our definition of being ***too ill or injured*** to work.
- You no longer have a loss of ***income***.
- You cancel your policy.
- Any agreed back-to-work support payments end.
- You die.
- You're living abroad and you reach the end of the time we'll pay your ***benefits*** for. **We explain this in more detail in section 10.**

7.7 If we pay you too much

This might happen because of a mistake or because you were able to go back to work sooner than expected. If it does, you'll need to pay back the overpayment within 30 days of us asking you to. If you don't, we reserve the right to charge you interest on what you owe us. We'll base this on the Bank of England base rate over the period of time that you owe the money to us.

If someone deliberately withholds information, provides false information, or lies to us in their application, at any point during the lifetime of the policy or when making a claim, we'll cancel the policy and won't refund any of the money they've paid (the ***premiums***).

We will refuse to pay any claim made if we've had to cancel the policy for any of these reasons.

8. Claiming again after you go back to work

You can claim more than once for the same ***illness or injury*** and there's no limit to the number of times you can claim. If you have a limited ***benefit period*** (1, 2 or 5 years), you must have been back at work for 26 weeks or more before you can claim again.

Claiming works slightly differently depending on how long you've chosen to get your benefit payments for.

If you've chosen to get payments for 1, 2 or 5 years	If you've chosen to get payments until your policy ends
▪ **If you need to claim for the same illness or injury after getting benefits for the full 1, 2 or 5 years** Before you can claim again for the same ***illness or injury***, you must have been back at work for at least 26 continuous weeks without your ***illness or injury*** recurring. You'll need to wait for your chosen ***deferred period*** before your first payment. ▪ **If you need to claim for the same illness or injury after going back to work before the 1, 2 or 5 years are up** If you need to claim again for the same ***illness or injury*** within the following 26 weeks, your ***deferred period*** won't apply. We'll pay you straight away. We'll treat your subsequent claim period(s) as a continuation of the first. We add these periods together when we work out how long to pay your ***benefit*** for. If you need to claim again after 26 weeks have passed, then your ***deferred period*** will apply and we'll treat this as a new claim.	▪ **If you need to claim for the same illness or injury** If you need to claim again within 26 weeks of going back to work, your ***deferred period*** won't apply. We'll pay you straight away. If you need to claim again after 26 weeks have passed, then your ***deferred period*** will apply.
▪ **If you need to claim for a different illness or injury** You'll need to have gone back to work. We'll treat this as a new claim, and you'll have to wait until your chosen ***deferred period*** ends before we can make your first payment.	

When we decide whether you're claiming again for the same ***illness or injury*** or a different one, we look at all the medical evidence. If there's any doubt, we take the opinion of ***our medical adviser***.

You may have to go back to your pre-***illness or injury occupation*** part time or in a reduced role, or take on a new ***occupation*** that pays you less than you were earning before your claim. If any of these things happen, we may be able to pay you a reduced amount of ***benefit***, known as back-to-work support payments, once you're back at work. **You can find out more about these in section 7.3.**

9. When we wouldn't pay your benefit

- During your ***deferred period***, unless you've been diagnosed with a ***terminal illness*** **(see section 7.5)**. You'll only get payments if your ***illness or injury*** lasts longer than this. For example, if your ***deferred period*** is 4 weeks, you'll only get ***benefits*** if you're ill or injured for more than 4 weeks. Your ***benefits*** will start from week 5 of your ***illness or injury***.
- If you've made a fraudulent application or claim.
- If you claim for a pre-existing ***medical condition*** that you should have told us about but didn't. A pre-existing ***medical condition*** is an ***illness or injury*** or symptoms of an ***illness or injury*** you had before your policy started or when you applied to change it even if you had not yet seen a doctor to discuss it.
- If you claim for an illness that we've excluded. If there are any, they'll be on your ***Policy Schedule*** under ***special terms***.
- If you claim for an injury that resulted from an excluded activity. If we've excluded certain activities, they'll be on your ***Policy Schedule*** under ***special terms***.
- If you were working in an excluded ***occupation*** when you took your policy out.
- If you haven't paid your ***premiums*** or are on a ***premium holiday***
- If you're unemployed, made redundant, a student, a house person or retired.
- If you're doing any other paid or unpaid work, except as described in **section 7.3.**
- If you don't give us your consent to process your personal information in relation to your claim when we ask for it.

10. If you move abroad

We might be able to pay your Income Protection claim if you suffer an illness or injury while outside of the UK, as long as:

- You were a UK resident when you took your policy out, in line with our policy eligibility conditions.
- Local regulations allow us to do this.
- We've agreed with you in advance, and in writing, that we can insure you in that country.

Subject to the conditions listed above, if you added optional ***Children's Critical Illness Cover*** to your policy, we might be able to pay your claim if your ***child*** has an operation related to or is diagnosed with one of the listed ***critical illnesses***, except intensive care benefit, while outside of the UK.

The medical evidence you give us must be supplied by a medical professional who meets our reasonable requirements and will need to be in English. You'll also need a UK bank or building society account that we can pay your ***benefit*** into.

For Income Protection claims outside of the UK, if you live in one of the below countries, states, territories or dependencies, we can only pay ***benefits*** for up to 2 years unless you move back to the UK.

For ***Children's Critical Illness Cover*** claims outside of the UK, your ***child's*** operation or diagnosis must be confirmed by a ***doctor*** who practices in one of the below countries, states, territories or dependencies:

- Andorra
- Australia
- Canada
- Channel Islands
- ***EU***
- Gibraltar
- Iceland
- Isle of Man
- Liechtenstein
- Monaco
- New Zealand
- Norway
- Switzerland
- San Marino
- USA
- Vatican City

For Income Protection claims, if you're living permanently or temporarily anywhere else in the world, we can only pay your claim for up to 26 weeks unless you move back to the UK. If you've claimed ***benefits*** before while you were living outside the UK, we'll add your earlier claim periods together when we work out the maximum length of time we can continue to pay you for.

11. What you should do after you buy Protect

- Review your policy regularly to check that it still meets your needs.
- Check your ***benefit*** amount regularly to make sure it's not more than the ***maximum benefit*** you can get based on your ***income***.
- Tell us as soon as possible if:
  - You change your address.
  - You move outside the UK.
  - You become unemployed or a full-time student without an ***income***.
  - You retire.
  - You've been claiming ***benefit*** but are now fit enough to return to work, or your condition has changed.
- If your circumstances change, get in touch with us or contact your ***financial adviser*** so you understand your options. You don't need to tell us if you change your occupation – even if it's to one we don't cover. Our occupation promise means we'll still cover you, and at the same rate.
- If you added optional ***Children's Critical Illness Cover***, you will need to let us know if your ***child*** is no longer eligible. **For more information, see section 15.9**

12. Cancelling your policy

12.1 If you decide to cancel

You can cancel your Protect policy at any time. If you've added ***Fracture Cover*** and/or ***Children's Critical Illness Cover***, you can also cancel them at any time and keep your Protect policy. But if you cancel your Protect policy, your ***Fracture Cover*** and/or ***Children's Critical Illness Cover*** will also end.

To cancel your policy, just fill in the cancellation notice that comes with your policy documents and send it back to us. Post it to **British Friendly Society Limited, 45 Bromham Road, Bedford MK40 2AA** or email it to **enquiries@britishfriendly.com**.

If you cancel within 30 days of your policy starting or of receiving your policy documents, whichever is later, we'll refund any ***premiums*** you've paid in full. If you cancel later than this, you won't get back any ***premiums*** you've paid.

If you cancel your policy, then change your mind, we can reinstate your policy within 30 days of the date you cancelled. We'll need you to answer a few questions about your health and lifestyle and you'll need to bring any outstanding ***premiums*** up to date.

12.2 When we can cancel your policy

We reserve the right to cancel your policy or change it if:

- You make a false or misleading statement, or don't give us all the relevant facts when you apply for a policy, make changes to it or make a claim.
- You make a fraudulent claim – for instance, you're working and claiming ***benefit*** at the same time.
- You haven't paid your ***premiums*** for 4 months in a row.
- You were working in an ***occupation*** we don't insure when your policy started.
- You go to prison.
- You become unemployed.
- You're living outside the UK and local regulations do not allow us to insure you in that country.
- You unreasonably refuse to comply with your obligations under these Terms and Conditions.

If we cancel your policy, your cover will end immediately and you won't be able to claim ***benefits***. You won't be entitled to any refund of ***premiums*** or payment under the cancelled policy. Any ***benefits*** being paid will immediately stop and, if we've paid you ***benefits*** incorrectly, then we have the right to ask you to repay them.

If we suspect or identify fraudulent activity, we'll share information with the police, other insurers and similar bodies.

13. Sick pay protection for teachers or NHS dentists, doctors, midwives, nurses and surgeons

13.1 If you're a teacher, or an NHS dentist, doctor, midwife, nurse or surgeon, your benefit payments can flex around your sick pay

In the early years of being an NHS dentist, doctor, midwife, nurse or surgeon, you get a different amount of sick pay each year. This is similar in the first years of being a teacher. Your Protect benefit payments can flex around your sick pay so you get a consistent monthly payment and you do not have to contact us to change your ***deferred periods*** each year.

You need a 52 week ***deferred period*** to have this option.

13.2 For NHS dentists, doctors, midwives, nurses and surgeons

To be eligible for this, you need to:

- Work in a medical profession in the UK.
- Have sick pay that exactly matches the NHS sick pay structure, as set out below.
- Be registered, or provisionally registered, with the General Medical Council, Nursing and Midwifery Council, or General Dental Council.
- Have a current licence to practise in the UK if you're a doctor or surgeon.
- Choose a 52 week ***deferred period*** when you buy Protect.

We won't deduct any NHS sick pay when we work out the maximum monthly ***benefit*** we can pay. But we will take into account any continuing ***income*** that you may receive from other sources as defined in **section 2.1.**

You can use the sick pay protection to cover your ***income*** from your NHS ***occupation***. If you also have another ***occupation***, in private practice for example, which doesn't have or match the NHS sick pay structure, you can't use sick pay protection to cover any ***income*** from it.

When you claim, we will start paying you as early as possible, providing the claim is valid. How quickly we start paying will depend on how long your length of service is when you become unable to do the main tasks of your ***occupation***. As long as you have chosen a 52 week ***deferred period***, and we've agreed to pay the claim, we'll start paying before the end of the 52 week ***deferred period*** as explained **on page 29.**

This is how the NHS sick pay structure works

You need to check that your NHS contract matches this sick pay structure. If it doesn't, you cannot choose this option.

Which year of your NHS occupation you're in	How many months you get full sick pay for	How many months you get half pay for after that
Year 1	1 month	2 months
Year 2	2 months	2 months
Year 3	4 months	4 months
Year 4 and 5	5 months	5 months
Year 6 and onwards	6 months	6 months

We flex your benefit payments around this sick pay so you always have a more consistent amount of money coming in

When we accept your claim, we'll flex your benefit payments so they top up your sick pay.

Here is an example

Which year of your NHS occupation you're in	We pay 50% of your benefit payments after this much time	We pay 100% of your benefit payments after this much time
Year 1	1 month	3 months
Year 2	2 months	4 months
Year 3	4 months	8 months
Year 4 and 5	5 months	10 months
Year 6 and onwards	6 months	12 months

13.3 For teachers in England, Wales, and Northern Ireland

To be eligible for this, you need to:

- Be a teacher.
- Have sick pay that's set out:
  - For teachers in England and Wales – in the Conditions of Service for School Teachers in England and Wales, also known as the Burgundy Book.
  - For teachers in Northern Ireland – in the Department of Education, teachers Terms and Conditions.
- Choose a 52 week ***deferred period*** when you buy Protect.

We won't deduct any teachers' sick pay when we work out the maximum monthly ***benefit*** we can pay. But we will take into account any continuing ***income*** that you may receive from other sources as defined in **section 2.1.**

EXAMPLE

This is how the sick pay structure works

Your sick pay from your employer needs to match this structure. If it doesn't, you're not eligible for this option. A working day is defined in the teachers' pay and conditions contract.

Which year of your teaching occupation you're in	How many working days you get full sick pay for	How many working days you get half pay for after that
your first 4 months	25 working days	0 working days
Year 1	25 working days	50 working days (if you've been a teacher for four months or more)
Year 2	50 working days	50 working days
Year 3	75 working days	75 working days
Year 4 and onwards	100 working days	100 working days

We flex your benefit payments around this sick pay so you always have a more consistent amount of money coming in

When we accept your claim, we'll flex your benefit payments so they top up your sick pay.

EXAMPLE

Here is an example

Which year of your teaching occupation you're in	We pay 50% of your benefit payments after this much time	We pay 100% of your benefit payments after this much time
Your first 4 months	N/A	25 working days
Year 1 (between 4-12 months)	25 working days	75 working days
Year 2	50 working days	100 working days
Year 3	75 working days	150 working days
Year 4 and onwards	100 working days	200 working days

If you move school, or your school becomes an academy, you need to check your sick pay

If you move to an independent school, you need to check the new sick pay arrangement in your contract. If you don't have the same sick pay as above, we won't be able to flex your benefit payments. Instead we'd start your payments after your 52 week ***deferred period***.

If your school becomes an academy, most of your arrangements around sick pay and leave should stay the same. But you should double check this is the case. Your sick pay needs to match the sick pay above for us to be able to flex your benefit payments around it.

13.4 For teachers in Scotland

To be eligible for this, you need to:

- Be a teacher, governed by the Scotland Negotiating Committee for Teachers (SNCT).
- Have sick pay that's set out in the SNCT Handbook of Conditions of Service for School Teachers.
- Choose a 52 week ***deferred period*** when you buy Protect.

We won't deduct any teachers' sick pay when we work out the maximum monthly ***benefit*** we can pay. But we will take into account any continuing ***income*** that you may receive from other sources as defined in **section 2.1.**

EXAMPLE

This is how the sick pay structure works

Your sick pay from your employer needs to match this structure. If it doesn't, you're not eligible for this option. As soon as you've worked for 18 weeks or more, you're entitled to this sick pay.

Which year of your teaching occupation you're in	How many months you get full sick pay for	How many months you get half pay for after that
Year 1 (as long as you've worked for at least 18 weeks)	1 month	1 months
Year 2	2 months	2 months
Year 3	4 months	4 months
Year 4	5 months	5 months
Year 5 and onwards	6 months	6 months

We flex your benefit payments around this sick pay so you always have a more consistent amount of money coming in

When we accept your claim, we'll flex your benefit payments so they top up your sick pay.

EXAMPLE

Here is an example

Which year of your teaching occupation you're in	We pay 50% of your benefit payments after this much time	We pay 100% of your benefit payments after this much time
Your first 18 weeks	N/A	1 month
Year 1 (between 18 weeks and 12 months)	1 month	2 months
Year 2	2 months	4 months
Year 3	4 months	8 months
Year 4	5 months	10 months
Year 5 and onwards	6 months	12 months

If you move school, or your school becomes an academy, you need to check your sick pay

If you move to an independent school, you need to check the new sick pay arrangement in your contract. If you don't have the same sick pay as above, we won't be able to flex your benefit payments. Instead we'd start your payments after your 52 week ***deferred period***.

If your school becomes an academy, most of your arrangements around sick pay and leave should stay the same. But you should double check this is the case. Your sick pay needs to match the sick pay above for us to be able to flex your benefit payments around it.

14. Adding optional Fracture Cover at an extra cost

This section only applies to you if you've added ***Fracture Cover*** to your policy.

14.1 What is Fracture Cover?

Fracture Cover is an ***additional benefit*** you can add to Protect for an extra cost. It will pay you a lump sum if you suffer one of 18 specific fractures. The amount you can claim depends on the location of the fracture.

14.2 Who can add Fracture Cover, and when?

You can add ***Fracture Cover*** when you take out Protect. You cannot add it after you've taken your Protect policy out.

For more information on who can take out a Protect policy and how we assess applications, see section 1 of these Terms and Conditions.

14.3 What happens when you add this extra cover

Your ***Policy Schedule*** will show whether you have taken out ***Fracture Cover*** and it will also show the ***premiums*** you pay.

The ***premiums*** you pay for ***Fracture Cover*** will stay the same for the life of your policy. The amounts we pay out will also stay the same for the life of your policy.

We'll collect your ***premiums*** for ***Fracture Cover*** at the same time, and in the same way, we collect your ***premiums*** for Protect.

You won't need to pay your ***Fracture Cover premium*** while you're receiving ***benefit*** payments under your Protect policy, but you can still claim under ***Fracture Cover***. **There's more information on this in section 5.3.**

If you decide to take a ***premium holiday***, this will apply to your Protect policy and your ***Fracture Cover***. You cannot make a claim for your Protect policy or ***Fracture Cover additional benefit*** while on a ***premium holiday***. **You can find out more about premium holidays in section 5.3.**

If your Protect policy ends, so will your ***Fracture Cover***. It can't be standalone cover.

14.4 The fractures we cover and the amounts we'll pay

Fracture Cover will pay you a lump sum if you suffer one of the following fractures. If you have more than one of these fractures at the same time, we'll pay for whichever one has the highest claim amount.

The fractures we cover	The amount we'll pay
Skull (open)	£6,000
Skull (closed)	£4,000
Cheekbone	£1,500
Jaw	£3,000
Shoulder blade	£2,000
Collar bone	£1,500
Sternum	£2,000
Rib	£1,500
Arm (including elbow)	£3,500
Vertebrae	£2,500
Pelvis	£2,500
Wrist	£2,000
Hand (excluding fingers and thumbs)	£1,500
Upper leg	£6,000
Knee	£6,000
Lower leg	£4,000
Ankle	£2,500
Foot (excluding toes)	£2,000

14.5 Claiming under Fracture Cover

- You need to claim under ***Fracture Cover*** within 8 weeks of your fracture being diagnosed.
- You can claim only once in any ***policy year***.
- You'll need to complete a claim form and show us medical evidence confirming full details of the fracture from your ***doctor*** or hospital who diagnosed it. We may need further medical evidence to confirm the fracture.
- Claiming under ***Fracture Cover*** won't affect your eligibility to claim under other parts of your Protect policy.
- There's no waiting period for payment – but we'll only pay out if the fracture happens at least 7 days after your ***Fracture Cover*** start date.
- You can claim under ***Fracture Cover*** alone. Or, if your fracture means you're too injured to work, you may be able to claim on your main Protect policy as well. **You can find out more about claiming on Protect in section 6**.
- Once we have all the information we need, we'll make a decision as quickly as possible. If we agree to your claim, we'll pay the lump sum amount for your fracture into your bank account.

14.6 When you wouldn't be covered

We won't pay a claim under Fracture Cover if:

- You suffered a fracture during the first 7 days of your cover, or your fracture happened before your cover started.
- You get a fracture while taking part in any of the following:
  - Mountain boarding, parkour, cliff jumping, coasteering or base jumping.
  - Gaelic football, hurling, rugby or shinty.
  - Horse riding.
  - Martial arts, boxing or cage fighting.
  - Motor car or motorcycle sport.
  - Mountaineering, rock climbing, abseiling, caving or potholing.
  - Off-road mountain biking or BMX biking.
  - Private flying, gliding, paragliding or parachuting.
  - Skiing or snowboarding.
- Your fracture is classed as a fatigue, stress, hairline, avulsion/ chips or micro fracture.
- Your fracture is due to osteoporosis or a medical procedure.
- Your fracture is due to self-inflicted injury.
- You haven't paid your ***premiums*** or you're currently on a ***premium holiday***.
- You've made a fraudulent application or claim.
- You were working in an excluded ***occupation*** when you took your policy out.
- You're unemployed, made redundant, a student, a house person or retired.
- You don't give us your consent to process your personal information in relation to your claim when we ask for it

We may or may not be able to pay your claim if you move abroad. You can find out more about this in section 10.

14.7 When your Fracture Cover will end

- When your Protect policy ends.
- If you, or we, cancel either your ***Fracture Cover*** or your Protect policy.
- If you stop paying your ***premiums***.
- If you die.

14.8 Cancelling your Fracture Cover

You can cancel your ***Fracture Cover*** at any time. But if you do cancel it, you can't add it back in later on.

You can cancel your ***Fracture Cover*** and keep your Protect policy. But if you cancel your Protect policy, your ***Fracture Cover*** will also end.

See section 12 for more information about cancelling your Protect policy.

15. Adding optional Children's Critical Illness Cover at an extra cost

This section only applies to you if you've added ***Children's Critical Illness Cover*** to your policy.

15.1 What is Children's Critical Illness Cover?

Children's Critical Illness Cover is an ***additional benefit*** you can add to Protect for an extra cost. It will pay you a lump sum if your ***child*** is diagnosed with one of the ***critical illness*** covered. The amount you can claim depends on the ***cover amount*** you chose when adding ***Children's Critical Illness Cover*** and whether your claim is for a ***full payment*** or ***additional payment condition***.

15.2 Who is covered under Children's Critical Illness Cover?

Children's Critical Illness Cover covers all ***children***. A ***child*** includes your biological, step or legally adopted ***children*** or ***children*** under your legal guardianship or that you've been granted parental responsibility for. ***Children*** are covered from birth up to age 18 or, if they're in full time education, they're covered up to age 23. There's no limit on the number of ***children*** covered and we don't need your ***children's*** details when you take out this cover. Any additional ***children*** you have in future will automatically be covered.

You can only add one ***Children's Critical Illness Cover*** benefit per policyholder. However, a ***child*** can be covered by two policies (up to a maximum of £50,000 across all policies covered with us) if both parents add ***Children's Critical Illness Cover*** to their Income Protection cover with us.

15.3 Who can add Children's Critical Illness Cover, and when?

You can add ***Children's Critical Illness Cover*** when you take out Protect. There are also 5 instances, or life changes, in which you can add ***Children's Critical Illness Cover*** after you take out your policy.

The 5 life changes, and the timeframe when you can add ***Children's Critical Illness Cover***, are in the table below.

Life changes	When you can add Children's Critical Illness Cover
You are pregnant	During pregnancy
You have a *child*	Up to 6 months following birth
You legally adopt a *child*	Up to 6 months following adoption
You become a step-parent	Up to 6 months after becoming a step-parent
You become a legal guardian or are granted parental responsibility for a *child*	Up to 6 months following being granted legal guardianship or granted parental responsibility

If you add ***Children's Critical Illness Cover*** after you take out your policy:

- We won't pay a claim if either parent was aware that their ***child*** had a ***critical illness*** or related condition or an increased risk or symptoms of a ***critical illness*** or related condition before ***Children's Critical Illness Cover*** was added to your policy.
- Your premiums will go up in line with adding ***Children's Critical Illness Cover*** to your policy.
- We will update and re-issue your ***Policy Schedule*** to show that you've added ***Children's Critical Illness Cover*** and the amount of cover you've chosen. We won't issue you new Terms and Conditions.

If you'd like to add ***Children's Critical Illness Cover*** after you take out your policy, please speak with your financial adviser to receive advice within the relevant time period to successfully add ***Children's Critical Illness Cover***.

You'll need to meet a few conditions

If you'd like to add *Children's Critical Illness Cover* after you take out your policy, you'll need to:

- Have 5 years left to run on your policy.
- Be aged under 55.
- Provide evidence of the event happening where requested.
- You must be in work and earning an ***income***.
- Not be ***ill or injured***, claiming ***benefit***, in a ***deferred period*** or behind with your ***premiums***.
- Not be on a ***premium holiday*** or in policy arrears.

15.4 What happens when you add this extra cover

Your ***Children's Critical Illness Cover*** starts as soon as it is added to your Protect policy. Your ***Policy Schedule*** will show whether you have taken out ***Children's Critical Illness Cover.*** It will also show the ***cover amount*** of ***Children's Critical Illness Cover*** you've chosen and the ***premiums*** you pay.

The ***premiums*** you pay for ***Children's Critical Illness Cover*** will stay the same for the life of your policy.

The ***cover amount*** we pay out will also stay the same for the life of your policy, unless you choose to reduce your ***cover amount***. **See section 15.5 for more information about changing your *cover amount*.**

We'll collect your ***premiums*** for ***Children's Critical Illness Cover*** at the same time, and in the same way, we collect your ***premiums*** for Protect.

You won't need to pay your ***Children's Critical Illness Cover premium*** while you're receiving Income Protection ***benefit*** payments under your Protect policy, but you can still claim under ***Children's Critical Illness Cover***. **There's more information on this in section 5.3.**

If you decide to take a ***premium holiday***, this will apply to your Protect policy and your ***Children's Critical Illness Cover***. You cannot make a claim for your Protect policy or ***Children's Critical Illness Cover*** while on a ***premium holiday.*** **You can find out more about premium holidays in section 5.**

If your Protect policy ends, so will your ***Children's Critical Illness Cover.*** It can't be standalone cover.

15.5 Changing your cover amount

You can reduce your ***cover amount*** at any time to a minimum of £1,000. If you choose to reduce your ***cover amount***, your premiums may also be reduced to reflect this change. We will update and re-issue your ***Policy Schedule*** with your new ***cover amount*** and any changes to your ***premiums.*** Once you've reduced your ***cover amount*** it can't be increased again. You can't increase your ***cover amount*** after you've added ***Children's Critical Illness Cover***.

15.6 How much Children's Critical Illness Cover you get

Your ***Children's Critical Illness cover amount*** is how much we pay you when a ***child*** is diagnosed with one of the ***critical illness***. The minimum ***cover amount*** you can take out for ***Children's Critical Illness Cover*** is £1,000. The maximum ***cover amount*** you can take out for ***Children's Critical Illness Cover*** is £25,000. It's up to you to choose the ***cover amount*** you think you need and can afford. The ***cover amount*** you chose is shown in your ***Policy Schedule***.

A ***full payment*** means we'll pay 100% of the ***cover amount*** of ***Children's Critical Illness Cover*** you chose. An ***additional payment*** means we'll pay 50% of the ***cover amount*** of ***Children's Critical Illness Cover*** you chose. **See section 15.7 for more information about claiming *full payment* and *additional payment conditions*.**

15.7 Claiming under Children's Critical Illness Cover

- You need to claim under ***Children's Critical Illness Cover*** within 3 months of a confirmed diagnosis.
- You can only receive one ***full payment*** for each ***child***. Once a ***full payment*** has been claimed, cover for that ***child*** will end.
- You can only receive one ***additional payment*** for each ***child*** up to maximum of £12,500 depending on the ***cover amount*** you chose. If you claim an ***additional payment*** first, cover for that ***child*** continues until either a ***full payment*** for that ***child*** is claimed, they are no longer eligible or your policy ends.
- If your ***child*** meets the definitions for both a ***full payment condition*** and an ***additional payment condition***, then we'll only pay the ***full payment***.
- This policy does not cover the death of a ***child***.
- You'll need to complete a claim form and show us medical evidence confirming full details of the diagnosis from your ***doctor*** or hospital which diagnosed it. We may need further medical evidence to confirm the diagnosis.
- We may also ask for other evidence in support of your claim including:
  - Proof of your relationship to your ***child***.
  - Proof that your ***child*** is in full time education if they're between age 18 and 23.
- Depending on the age of your ***child***, we may need their consent to process their information. **More information about how we process personal information can be found in section 16.8.**
- Claiming under ***Children's Critical Illness Cover*** won't affect your eligibility to claim under other parts of your Protect policy. **You can find out more about claiming on Protect in section 6.**
- You may be able claim ***Children's Critical Illness Cover*** if your ***child*** has their operation or gets their diagnosis confirmed by a ***doctor*** in certain places outside of the UK. **You can find out more about claiming abroad in section 10.**

- Once we have all the information we need, we'll make a decision as quickly as possible. If we agree to your claim, we'll pay the lump sum amount for your ***Children's Critical Illness Cover*** into your bank account.

To make a claim, you can email **claims@britishfriendly.com,** call us on **0800 975 6565**, or visit **members.britishfriendly.com/make_a_claim/**.

15.8 When we will not pay your claim

We wouldn't pay a claim under *Children's Critical Illness Cover* if:

- Your ***child*** had any condition or related condition listed within the policy before the policy started or ***Children's Critical Illness Cover*** was added. This includes:
  - If you were aware that your ***child*** was already having symptoms related to a ***critical illness***.
  - If your ***child*** was awaiting investigations related to a ***critical illness***.
  - If your ***child*** was being investigated for a ***critical illness***.
  - If your ***child*** had been diagnosed with a ***critical illness***.
  - If either parent had sought counselling or medical advice related to your ***child*** being affected by a ***critical illness***.
  - If either parent was aware of an increased risk of your ***child*** being affected by a ***critical illness***.
  - If the diagnosis or reason for an operation is caused by any of the following:
    - Alcohol, solvent abuse or drugs (unless prescribed by a doctor).
    - Failing to follow reasonable medical advice.
    - The condition is caused as a direct result of you harming your ***child***.
- Your ***child's*** diagnosis doesn't meet one of the definitions of either a ***full payment*** or ***additional payment condition***.
- You've claimed a ***full payment*** for that ***child***.
- When your ***child*** is age 18 or between the ages 18 and 23 and no longer in full time education.
- You haven't paid your ***premiums*** or you're currently on a ***premium holiday***.
- You've made a fraudulent application or claim.
- You're unemployed, made redundant, a student, a house person or retired.
- You or your ***child***, where applicable, don't give us consent to process personal information in relation to your claim when we ask for it.

We may or may not be able to pay your claim if you move abroad. **You can find out more about this in section 10.**

15.9 When your Children's Critical Illness Cover will end

- When your Protect policy ends.
- If you, or we, cancel either your ***Children's Critical Illness Cover*** or your Protect policy.
- If you stop paying your ***premiums***.
- If you die.
- When your ***children*** are no longer eligible:
  - When your youngest ***child*** is age 18 or they're between the ages 18 and 23 and no longer in full time education.
  - If you were granted parental responsibility or your ***child*** was under legal guardianship and this ends.
  - If you've claimed a ***full payment*** for each ***child*** under age 18 or each ***child*** in full time education between the ages 18 and 23.

You must tell us as soon as possible if your ***children*** are no longer eligible and you no longer need ***Children's Critical Illness Cover*** so we can remove it from your policy. Since we don't ask for your ***children's*** details when you add ***Children's Critical Illness Cover*** to your policy, we won't know when your ***children*** are no longer eligible. If you don't tell us about changes in your ***children's*** eligibility, you could end up paying for cover that you can no longer use and we won't be able to refund you for the ***premiums*** you've paid.

15.10 Cancelling your Children's Critical Illness Cover

You can cancel your ***Children's Critical Illness Cover*** at any time. But if you do cancel it, you can't add it back in later on.

You can cancel your ***Children's Critical Illness Cover*** and keep your Protect policy. But if you cancel your Protect policy, your ***Children's Critical Illness Cover*** will also end.

See section 12 for more information about cancelling your Protect policy.

15.11 Children's Critical Illness definitions

Full payment conditions

If your ***child*** is diagnosed with one of the following illnesses or conditions, we'll pay 100% of the amount of cover chosen as shown in your ***Policy Schedule***.

Condition	Definition
Aorta graft surgery (for disease or trauma)	The undergoing of surgery for disease or trauma of the aorta requiring surgical replacement with a graft.
Aplastic anaemia (with permanent bone marrow failure)	A definite diagnosis by a UK Consultant Haematologist of aplastic anaemia. There must be permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.
Bacterial meningitis (resulting in permanent symptoms)	A definite diagnosis of bacterial meningitis by a UK Consultant Physician resulting in permanent neurological deficit with persisting clinical symptoms. **The following are not covered:** ▪ All other forms of meningitis other than those caused by bacterial infection
Benign brain tumour (resulting in permanent symptoms or undergoing defined treatment)	A definite diagnosis by a UK Consultant Neurologist of a non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull resulting in either: ▪ Surgery to treat the tumour, radiotherapy, chemotherapy, or ▪ Permanent neurological deficit with persisting clinical symptoms **The following are not covered:** ▪ Pituitary tumours
Benign spinal cord tumour (resulting in permanent symptoms)	A non-malignant tumour within the spinal canal and originating in, or arising from the meninges or spinal cord. The tumour must be interfering with the function of the spinal cord which results in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be made by a medical specialist and must be supported by appropriate evidence. **The following are not covered:** ▪ Cysts ▪ Granulomas ▪ Malformations in the arteries or veins ▪ Haematomas ▪ Abscesses ▪ Disc protrusion ▪ Osteophytes

Condition	Definition
Blindness (permanent and irreversible)	Permanent and irreversible loss of sight to the extent that, even when tested with the use of visual aids, it's measured by a certified UK Ophthalmologist as having a best corrected (with glasses or lenses) visual acuity in the better eye of: ▪ 6/60 or worse using a Snellen eye chart, or equivalent ▪ A loss of peripheral visual field and a central visual field of no more than 20 degrees in total If your claim doesn't meet this definition you may be able to claim under our ***additional payment condition*** 'significant visual impairment'.

Cancer
(excluding less advanced cases)
	Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.
	The term malignant tumour includes leukaemia, sarcoma, and lymphoma except those that arise from or are confined to the skin (including cutaneous lymphomas and sarcomas).
	The following are not covered:
	▪ All cancers which are histologically classified as any of the following:
	  ▪ pre-malignant
	  ▪ cancer in situ
	  ▪ having borderline malignancy
	  ▪ having low malignant potential
	▪ All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate)
	▪ Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above
	▪ Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above
	▪ All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0
	▪ Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin)
	▪ Any non-melanoma cancer that arises from and is confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas) unless it has spread to lymph nodes or distant organs
	If your claim doesn't meet this definition you may be able to claim under one of our ***additional payment conditions*** if your ***child*** has suffered one of these conditions:
	▪ Carcinoma in situ - specified types requiring surgery to remove the tumour
	▪ Carcinoma in situ of the breast - requiring surgery to remove the tumour
	▪ Low-grade prostate cancer - of specified severity
	▪ Ovarian tumour of borderline malignancy/low malignant potential - surgical removal of ovary

Condition	Definition
Cardiac arrest (with insertion of a defibrillator)	A sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted: ▪ Implantable cardioverter (defibrillator), or ▪ Cardiac resynchronisation therapy with defibrillator (CRT-D)
Cardiomyopathy (of a specified severity)	A definite diagnosis of cardiomyopathy by a UK Consultant Cardiologist resulting in at least one of the following: ▪ Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months ▪ Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain equivalent to at least Class III of the New York Heart Association (NYHA) functional classification system over a period of at least 6 months ▪ Implantation of cardioverter defibrillator (ICD) on the specific advice of a UK Consultant Cardiologist for the prevention of sudden cardiac death **The following are not covered:** ▪ All other forms of heart disease, heart enlargement and myocarditis ▪ Cardiomyopathy secondary to alcohol or drug abuse
Cauda equina syndrome (resulting in permanent symptoms)	A definite diagnosis by a UK Consultant of cauda equina syndrome evidenced by compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following: ▪ Permanent bladder dysfunction ▪ Permanent weakness and loss of sensation of the legs The diagnosis must be supported by appropriate evidence.
Cerebral palsy	A definite diagnosis of cerebral palsy made by an attending UK Specialist Consultant.
Chronic severe rheumatoid arthritis (resulting in permanent symptoms)	A definite diagnosis by a UK Consultant Rheumatologist of chronic rheumatoid arthritis as evidenced by widespread joint destruction with major clinical deformity that results in the permanent inability to perform at least 3 out of 8 of ***activities of daily living***.
Coma (requiring life support system)	A state of unconsciousness with no reaction to external stimuli or internal needs which requires the use of life support systems. **The following is not covered:** ▪ Coma secondary to alcohol or drug abuse
Coronary artery bypass grafts (undergoing surgery)	The undergoing of surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft surgery.
Creutzfeldt-Jakob disease	A definite diagnosis by a UK Consultant Neurologist of Creutzfeldt-Jakob disease.

Condition	Definition
Crohn's disease (with one surgical intestinal resection)	A definite diagnosis by a UK Consultant Gastroenterologist of Crohn's disease. There must have been at least one surgical intestinal resection as a result of the Crohn's diagnosis.
Cystic fibrosis	A definite diagnosis of cystic fibrosis made by an attending UK Specialist Consultant.
Deafness (permanent and irreversible)	Permanent and irreversible loss of hearing to the extent that the quietest sound that can be heard in the better ear is 70 decibels across all frequencies using a pure tone audiogram.
Dementia including Alzheimer's disease of specified severity	A definite diagnosis of Alzheimer's disease or dementia by a UK Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following: ▪ Remember ▪ Reason ▪ Perceive, understand, express and give effect to ideas **The following is not covered:** ▪ Mild cognitive impairment
Down's syndrome	A definite diagnosis of Down's syndrome by a UK Consultant Paediatrician.
Drug resistant epilepsy (requiring specified surgery)	Undergoing of surgery to brain tissue including vagus nerve and deep brain stimulation in order to control epilepsy that can't be controlled by oral medication.
Edwards' syndrome	A definite diagnosis of Edwards' syndrome by an appropriate specialist.
Encephalitis (resulting in permanent symptoms)	A definite diagnosis by a UK Consultant Neurologist of encephalitis resulting in permanent neurological deficit with persisting clinical symptoms. **The following are not covered:** ▪ Chronic fatigue syndrome ▪ Myalgia
Heart attack (of specified severity)	A definite diagnosis of acute myocardial infarction with death of heart muscle as evidenced by both of the following: ▪ New characteristic electrocardiographic changes or new diagnostic imaging changes; and ▪ The characteristic rise of cardiac enzymes or troponins. The evidence must show a definite acute myocardial infarction **The following are not covered:** ▪ Myocardial injury without infarction; or ▪ Angina without myocardial infarction

Condition	Definition
Heart failure (resulting in permanent symptoms)	A definite diagnosis by a UK Consultant Cardiologist of the failure of the heart to function as a pump which is evidenced by all of the following: ▪ Permanent and irreversible limitation to function to at least Class III of the New York Heart Association (NYHA) functional classification system ▪ Permanent and irreversible ejection fraction of 39% or less
Heart valve replacement or repair	Undergoing of surgery, on the advice of a UK Consultant Cardiologist, to replace or repair one or more heart valves.
Hydrocephalus (treated with the insertion of a shunt)	A definite diagnosis of hydrocephalus which is treated with an insertion of a shunt made by an appropriate medical specialist.
Intensive care benefit (requiring mechanical ventilation for 7 consecutive days)	Any sickness or injury resulting in the ***child*** requiring continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours a day) or more in an intensive care unit in a UK hospital. **The following are not covered:** ▪ Sickness or injury as a result of drug or alcohol misuse ▪ Sickness or injury as a result of the ***child*** being born prematurely (before 37 weeks)
Interstitial lung disease (permanent and irreversible)	A definite diagnosis of interstitial lung disease by a UK Consultant Respiratory Physician resulting in all of the following: ▪ Radiological evidence of pulmonary fibrosis ▪ Permanent and irreversible DLCO (diffusing capacity of the lung for carbon monoxide) below 40% of predicted
Kidney failure (requiring permanent dialysis)	Chronic and end-stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.
Liver failure (end stage)	End-stage liver failure resulting in all of the following: ▪ Permanent jaundice ▪ Ascites ▪ Encephalopathy **The following is not covered:** ▪ Liver disease secondary to alcohol or drug abuse.
Loss of hand or foot (permanent physical severance)	Permanent physical severance of a hand or foot at or above the wrist or ankle joint.
Loss of speech (total, permanent and irreversible)	Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

Condition	Definition
Major organ transplant (from another person)	The undergoing as a recipient, from another person, of a transplant of: ▪ Bone marrow ▪ Haematopoietic stem cell proceeded by total bone marrow ablation ▪ A complete heart, kidney, liver, lung or pancreas ▪ A lobe of liver ▪ A lobe of lung Or inclusion on a UK waiting list for any of the above-named procedures.
Motor neurone disease and specified diseases (resulting in permanent symptoms)	A definite diagnosis by a UK Consultant Neurologist of one of the following motor neurone diseases: ▪ Amyotrophic lateral sclerosis ▪ Kennedy's disease ▪ Primary lateral sclerosis ▪ Progressive bulbar palsy ▪ Progressive muscular atrophy ▪ Spinal muscular atrophy There must also be permanent clinical impairment of motor function.
Multiple sclerosis (previous or current clinical impairment)	A definite diagnosis by a UK Consultant Neurologist of multiple sclerosis. There must have been clinical impairment of motor or sensory function caused by multiple sclerosis.
Muscular dystrophy	A definite diagnosis of muscular dystrophy made by an attending UK Consultant Neurologist.
Neuromyelitis optica/Devic's disease (previous or current clinical impairment)	A definite diagnosis by a UK Consultant Neurologist of neuromyelitis optica. There must have been clinical impairment of motor or sensory function.
Open heart or structural heart surgery (with thoracotomy)	The undergoing of heart surgery requiring thoracotomy on the advice of a UK Consultant Cardiologist. **The following is not covered:** ▪ Any percutaneous, transluminal or investigative procedure
Paralysis of limb (total and irreversible)	Total permanent and irreversible loss of muscle function to the whole of any one limb.
Parkinson's disease (with permanent clinical impairment)	A definite diagnosis by a UK Consultant Neurologist. There must be permanent clinical impairment of motor function. This impairment should include either an associated tremor or muscle rigidity.

Condition	Definition
Parkinson-plus syndromes (with permanent clinical impairment)	A definite diagnosis by a UK Consultant Neurologist or Geriatrician of one of the following Parkinson-plus syndromes: ▪ Multiple system atrophy ▪ Progressive supranuclear palsy ▪ Parkinsonism-dementia-amyotrophic lateral sclerosis complex ▪ Corticobasal ganglionic degeneration ▪ Diffuse Lewy body disease There must also be permanent clinical impairment of at least one of the following: ▪ Motor function ▪ Eye movement disorder ▪ Dementia
Patau syndrome	A definite diagnosis of Patau syndrome by an appropriate medical specialist.
Peripheral vascular disease (resulting in surgery)	A definite diagnosis by a UK Consultant Cardiologist or Vascular Surgeon of peripheral vascular disease with objective evidence from imaging of obstruction in the arteries which results in bypass graft surgery to the arteries of the legs. **The following is not covered:** ▪ Angioplasty
Pneumonectomy (undergoing surgery)	The undergoing of surgery on the advice of a UK Consultant Medical Specialist to remove a complete lung due to disease or injury. **The following are not covered:** ▪ Removal of a lobe of the lungs (lobectomy) ▪ Lung resection or incision
Idiopathic pulmonary hypertension (of specified severity)	A definite diagnosis of idiopathic pulmonary hypertension that has caused permanent and irreversible impairment of heart function which is classified by a UK Consultant Cardiologist as at least Class III of the New York Heart Association (NYHA) functional classification system.
Pulmonary artery surgery (with surgery)	The undergoing of surgery on the advice of a UK Consultant Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.
Respiratory failure (advance stage)	Confirmation by a UK Consultant Physician of severe lung disease which is evidenced by the need for continuous daily oxygen therapy on a permanent basis.

Condition	Definition
Spina bifida	A definite diagnosis of spina bifida myelomeningocele or rachischisis made by an attending UK Consultant Paediatrician. **The following are not covered:** ▪ Spina bifida occulta, and ▪ Spina bifida with meningocele
Spinal stroke (resulting in permanent symptoms)	Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms.
Stroke (of specified severity)	Death of brain tissue due to inadequate blood supply or haemorrhage within the skull that has resulted in all of the following evidence of stroke: ▪ Neurological deficit with persistent clinical symptoms lasting at least 24 hours; and ▪ Definite evidence of death of tissue or haemorrhage on a brain scan **The following are not covered:** ▪ Transient ischaemic attack ▪ Death of tissue of the optic nerve or retina/ eye stroke
Surgery cover (inclusion on a UK waiting list for specified surgeries)	If on the advice of a UK Consultant your ***child*** is waiting to have one of the surgeries listed below, we'll pay 100% of the amount of cover specified on your ***Policy Schedule***. **Surgeries covered:** ▪ Aorta graft surgery ▪ Coronary artery bypass grafts ▪ Heart valve replacement or repair ▪ Insertion of a defibrillator following a cardiac arrest ▪ Pneumonectomy ▪ Pulmonary artery surgery ▪ Structural heart surgery ▪ Total colectomy
Surgical removal of an eyeball (injury or disease)	Surgical removal of a complete eyeball as a result of injury or disease. **The following are not covered:** ▪ Self-inflicted injuries

Condition	Definition
Systemic lupus erythematosus (of specified severity)	A definite diagnosis by a UK Consultant Rheumatologist of systemic lupus erythematosus resulting in either of the following: ▪ Permanent neurological deficit with persisting clinical symptoms ▪ Permanent impairment of kidney function with glomerular filtration rate below 30ml/min **The following are not covered:** ▪ Seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent neurological deficit
Third degree burns (10% surface of the body or 20% of the face's surface area)	Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% of the body's surface area or 20% loss of surface area of the face which, for the purposes of this definition, includes the forehead and ears. If your claim doesn't meet this definition you may be able to claim under our ***additional payment condition*** 'third degree burns - 5% of the body surface'.
Total colectomy (treated with permanent ileostomy)	Removal of the whole of the colon creating an opening on the abdomen joining the small intestine to the abdomen wall called an ileostomy. This procedure is covered if, in the opinion of a UK Consultant Gastroenterologist, it's established that the ileostomy is permanent.
Traumatic brain injury (resulting in neurological symptoms)	Death of brain tissue due to traumatic injury with subsequent neurological symptoms with corresponding neuroimaging abnormality.
Ulcerative colitis (with operation to remove the entire large bowel)	A definite diagnosis of ulcerative colitis by a UK Consultant Gastroenterologist, which is treated with total colectomy (removal of the entire large bowel).

Additional payment conditions

If your ***child*** is diagnosed with one of the following illnesses or conditions, we'll pay 50% of the amount chosen (up to a maximum of £12,500). We'll make a maximum of one ***additional payment*** for each ***child***. The amount of cover that has been chosen will remain in place should a claim be made on one of the listed ***full payment conditions***. If your ***child*** meets the definitions for both a ***full payment condition*** and an ***additional payment condition***, then we'll only pay the ***full payment***.

Condition	Definition
Angioplasty (corrective procedure required)	The undergoing of balloon angioplasty, or stent insertion on the advice of a UK Consultant Cardiologist to correct a lesion that has been shown to produce ischaemia. **The following are not covered:** ▪ Atherectomy ▪ Rotablation ▪ Laser treatment
Brain abscess (with surgery)	The surgical drainage of an intracerebral abscess within the brain tissue by a UK Consultant Neurosurgeon.
Carcinoma in situ (specified types requiring surgery to remove the tumour)	A positive diagnosis by a UK Consultant Oncologist of any carcinoma in situ with histological confirmation and surgery to remove the tumour. **The following are not covered:** ▪ Any carcinoma in situ of the skin or any other cancer or tumour covered elsewhere ▪ Tumours treated with radiotherapy, laser therapy, cryotherapy, loop excision, conisation, or diathermy ▪ Surgery doesn't include biopsies or non-invasive therapies, procedures or investigations (for example, endoscopies) or any radio-surgical procedures or therapies
Carcinoma in situ of the breast (requiring surgery to remove the tumour)	A positive diagnosis by a UK Consultant Oncologist of carcinoma in situ of the breast with histological confirmation and surgery to remove the tumour.
Carotid artery stenosis (50% stenosis)	Undergoing endarterectomy or angioplasty with or without stent on the advice of a UK Consultant Physician to treat symptomatic stenosis of at least a 50% diameter narrowing of the carotid artery. Supported by corresponding angiographic evidence.
Central retinal artery or vein occlusion (permanent visual impairment)	Death of optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in permanent visual impairment of the affected eye. **The following are not covered:** ▪ Branch retinal artery or vein occlusion or haemorrhage

Condition	Definition
Cerebral aneurysm (surgery or radiotherapy required)	The undergoing of treatment on the advice of a UK Neurosurgeon for a cerebral aneurysm using any one of the following: ▪ Craniotomy ▪ Stereotactic radiotherapy ▪ Endovascular treatment by using coils to cause thrombosis (embolisation) **The following is not covered:** ▪ Cerebral arteriovenous malformation
Cerebral arteriovenous malformation (surgery or radiation required)	The undergoing of surgery, embolisation or radiosurgery to treat an arteriovenous malformation of the brain. **The following are not covered:** ▪ Cerebral aneurysm or any other malformations in the brain
Endovascular procedure (50% stenosis)	Any endovascular procedure to widen one or more narrowed or obstructed artery with 50% or more stenosis, including any angioplasty procedures. The above procedure must have been carried out on the advice of a UK Consultant Cardiologist.
Low-grade prostate cancer (of specified severity)	A definite diagnosis by a UK Consultant of a malignant tumour of the prostate positively diagnosed and histologically classified as having a Gleason score between 2 and 6 inclusive and having progressed to clinical TNM classification T1N0M0 – T2aN0M0 inclusive. If the prostate cancer is classified as having progressed to a Gleason score of 7 and above or clinical classification T2bN0M0, we'll pay out the full amount covered.
Ovarian tumour of borderline malignancy/ low malignant potential (surgical removal of ovary)	Diagnosis by a UK Consultant of an ovarian tumour of borderline malignancy/low malignant potential that has resulted in surgical removal of an ovary. **The following is not covered:** ▪ Removal of an ovary due to a cyst
Pituitary tumour (surgery or radiotherapy required)	Diagnosis by a UK Consultant of a non-malignant tumour in the pituitary gland resulting in either of the following: ▪ Surgical removal of the tumour ▪ Use of radiotherapy to destroy tumour cells **The following are not covered:** ▪ Tumours treated with forms of treatment other than those stated

Condition	Definition
Serious Accident Cover (hospitalisation for 28 consecutive days or more)	Any accident resulting in the ***child*** requiring continuous hospitalisation for more than 28 consecutive days (24 hours a day).
Significant visual impairment (permanent and irreversible)	Permanent and irreversible loss of sight in the better eye to the extent that even when tested with the use of visual aids is measured by a certified Ophthalmologist as follows: ▪ Acuity of up to 6/24 (Snellen) with moderate contraction of the field, or aphakia (lens removal) or opacities blocking vision in the eye itself ▪ Acuity of 6/18 or better, if in addition suffering from a gross defect of visual fields (of both eyes, such as hemianopia) or marked contraction of the visual field due to retinitis pigmentosa, or glaucoma
Spinal aneurysm (requiring treatment)	The undergoing of treatment on the advice of a UK Neurosurgeon for a spinal aneurysm using any one of the following: ▪ Surgical resection ▪ Wrapping ▪ Clipping or embolisation
Spinal arteriovenous malformation (requiring treatment)	The undergoing of treatment on the advice of a UK Neurosurgeon for a spinal arteriovenous malformation using any one of the following: ▪ Surgical resection or removal ▪ Endovascular embolization ▪ Stereotactic radiosurgery ▪ Radiation therapy
Syringomyelia or syringobulbia (surgery required)	The undergoing of surgery to treat a syrinx in the spinal cord or brain stem.
Testicular cancer of low grade (requiring surgery to remove at least one testicle)	The undergoing of an orchidectomy (removal of a testicle) following diagnosis of intra-tubular germ cell neoplasia unclassified or benign testicular tumour.
Third degree burns (5% of the body surface)	Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% of the body's surface area.
Type 1 insulin-dependent diabetes mellitus (requiring permanent insulin usage)	A definite diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections. **The following are not covered:** ▪ Gestational diabetes ▪ Type 2 diabetes (including type 2 diabetes treated with insulin) ▪ Latent autoimmune diabetes of adulthood

16. The legal side of things

16.1 Your cover is tax free

Under the UK's current tax rules, we can pay your claim free of income tax and capital gains tax. We can do this as long as you pay your ***premiums*** from your personal taxable ***income*** and not a corporate account. This might change if the government changes the rules around tax in the future.

You can't claim your ***premiums*** as an expense for tax purposes.

16.2 Your policy has no cash value

It's not a savings or life insurance product. It won't pay you a lump sum when it comes to an end or if you die.

16.3 We'll communicate with you in English

All your policy documents will be in English. And when we write to you, we'll use English.

16.4 If we change your Terms and Conditions

The information in these Terms and Conditions was correct when we issued them. We might need to change them to correct any mistakes, if it's fair and reasonable to do so, or if there are changes to:

- The laws, regulations or codes of practice they have to comply with.
- The way we operate and run policies of this kind.
- How the life and pensions industry operates.
- The technology that underpins the life and pensions industry.

We'll always aim to give you at least 30 days' notice of any changes. Sometimes, we have to make changes immediately. If we do, we'll let you know within 30 days of making the change.

16.5 If you have a complaint

We hope you're always happy with your policy and our service. But if you're not, please call us on **01234 358 344**, email **complaints@britishfriendly.com** or write to us at **45 Bromham Road, Bedford MK40 2AA**. We'll do all we can to sort things out.

We'll write to you to acknowledge your complaint within 5 business days and pass it on to the relevant team to investigate. Within 8 weeks, you'll either get a final answer or we'll ask you for more details. If we're unable to resolve your complaint to your satisfaction, or haven't resolved it within 8 weeks, you have the right to refer your complaint to the Financial Ombudsman Service (FOS) free of charge in the following ways:

Go online
financial-ombudsman.org.uk/contact-us

Call
0800 023 4567

Email
complaint.info@financial-ombudsman.org.uk

Write
Financial Ombudsman Service Exchange Tower, London E14 9SR

Registering a complaint with the FOS won't affect your legal rights.

If you'd like to know more about how we handle complaints, ask us for a copy of our Complaints Handling Procedure.

Your legal rights won't be affected if you complain.

16.6 What would happen if we couldn't pay you

In the unlikely event that the ***Society*** becomes insolvent, you may be entitled to compensation from the Financial Services Compensation Scheme. You can contact the Financial Services Compensation Scheme in the following ways:

Go online
fscs.org.uk/

Call
0800 678 1100

Write
Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY

16.7 You can't transfer your policy to someone else

Your policy is personal to you.

16.8 How we use your personal information

We collect and use your personal information to manage your policy and to operate our business. This includes:

- Confirming your identity and taking steps to prevent fraud.
- Checking the information you provide.
- Processing your application.
- Processing your claims.
- Answering your questions and investigating any complaints.

If you've added optional ***Children's Critical Illness Cover*** and need to make a claim, we will also collect and use your ***child's*** personal information to process your claim and to operate our business.

Our privacy policies contain a full explanation of how we use your personal information. You can find our policies at **members.britishfriendly.com/privacy-policy/**. If you'd like us to send you a copy of our privacy policies, please call, email or write to us. If you have any questions on our privacy policies, please call, email or write to us. You'll find our contact details at the start of these Terms and Conditions.

16.9 All payments will be in sterling

The ***premiums*** you pay us, and the ***benefits*** we pay you, will be in pound sterling.

16.10 Helping us recover the cost of a claim from a third party

Like most insurance companies, we have a legal right to 'step into your shoes' to bring legal claims against a third party whose actions or negligence caused you to claim under your policy. This right is called 'subrogation'. You agree to provide us with all the information we reasonably ask for when we look to exercise our subrogation rights.

16.11 The laws that apply

The laws of England and Wales apply to your Protect policy. Legal claims relating to your policy will only be dealt with by the courts of England and Wales.

16.12 Our rights

Nothing we do or say, or that's done or said on our behalf, waives our rights under this policy unless we specifically say so.

16.13 Third party rights

Your policy does not give any rights to anyone except you and us.

16.14 You must cooperate with us

When we reasonably ask you to, you must cooperate fully with us in relation to your policy. This includes providing us with information and documents.

16.15 You must make sure the information you give us is correct and not misleading

If you later realise or suspect that information you have given us was incorrect or misleading, you must tell us as soon as possible.

16.16 Who we're authorised and regulated by

We're authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered No: 110013. Incorporated under the Friendly Societies Act 1992. Registered No: 392F. Member of the Association of Financial Mutuals.

16.17 Solvency and Financial Condition Report

Each year we publish a Solvency and Financial Condition Report which provides an overview of our financial position, how we're governed and our financial performance, among other things. You can find our Solvency and Financial Condition report on our website at **members.britishfriendly.com/about-us/society-information/**

17. Definitions of the policy terms we use

Activities of daily living (Children's Critical Illness Cover only)

- **Bending:** The ability to bend or kneel to touch the floor and straighten up again.
- **Climbing:** The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- **Communicating:** The ability to:
  - Clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room
  - Understand simple messages
  - Speak with sufficient clarity to be clearly understood
- **Dexterity:** The physical ability to write legibly using a pen or pencil, or type using a computer keyboard.
- **Financial competence:** The ability to recognise the transactional value of money and the handling of routine financial transactions such as paying bills or checking change when shopping.
- **Reading:** Having eyesight, even after correction by spectacles or contact lenses, sufficient to read a standard daily newspaper or to pass the standard eyesight test for driving. Failure for this activity would include being certified blind or partially sighted by a registered Ophthalmologist.
- **Responsibility and independence:** The ability to independently make arrangements to see a doctor and take regular medication as prescribed by a medical practitioner, or similarly qualified medical doctor.
- **Walking:** The ability to walk a distance of 200 metres on a level surface without stopping due to breathlessness, angina or severe discomfort, and without the assistance of another person but including the use of appropriate aids. For example, a walking stick.

Additional benefit

An extra benefit that you decide to add to your main policy benefits, and which you pay an extra premium for.

Additional payment condition (Children's Critical Illness Cover only)

These are less severe critical illness conditions where we'll pay 50% of the cover amount that you have chosen.

Benefit

The amount we pay you when you're too ill or injured to work. The maximum benefit you can choose is based on your yearly income. Your Policy Schedule will show the amount of benefit you've chosen to get. It may increase each year in line with the cost of living, if you've asked for this.

Benefit periods

Pays you a regular income if you're too ill or injured to work:

- For up to 1,2 or 5 years; or
- Until your chosen policy end date.

Child/children (Children's Critical Illness Cover only)

An eligible child includes your biological, step or legally adopted children or children under your legal guardianship or that you've been granted parental responsibility for.

Critical illness (Children's Critical Illness Cover only)

This means the illnesses, medical conditions or operations detailed within **section 15.11.**

Children's Critical Illness Cover

An optional additional benefit you can add to your Protect policy for an extra cost. It will pay you a tax-free lump sum in Pound Sterling if your child is diagnosed with one of the listed full payment or additional payment conditions.

Cover amount (Children's Critical Illness Cover only)

The amount of cover you choose when you take out Children's Critical Illness Cover. The amount you can claim depends on whether it is a full payment or additional payment condition. Your Policy Schedule will show the cover amount you've chosen to get.

Day 1

The first day, in your doctor's opinion, that your illness or injury means you're unable to do the main tasks of your occupation.

Deferred period

The amount of time you choose to wait between the first day you're too ill or injured to work and when we pay you your benefit. You choose how long your deferred period will be and we show what it is on your Policy Schedule. We start paying your benefit 1 week or 1 month in arrears when your deferred period is over. **See section 7.2 for more information.**

Doctor

A qualified, registered GP, consultant or specialist in the UK. We may specify the type of medical practitioner you'll need to see.

EU

The Member States of the European Union. You can find a list of them at **gov.uk/eu-eea**

Financial Adviser

A financial adviser authorised and regulated by the Financial Conduct Authority and/or the Prudential Regulation Authority.

Fracture Cover

An additional benefit you can add to your Protect policy for an extra cost. It will pay you a tax-free lump sum in Pound Sterling if you suffer one of 18 specific fractures.

Full payment condition (Children's Critical Illness Cover only)

These are more severe critical illness conditions where we'll pay 100% of the cover amount that you have chosen.

Guaranteed insurability option

The option to increase your benefit when certain events happen without having to answer any more questions about your health. These events include getting married, having a baby or increasing your mortgage. Your premiums will go up as well. **You'll find all the details in section 4.**

Higher premium

Means we'll accept your application if you agree to pay more each month. We'll show this on your Policy Schedule**.**

Illness or injury or too ill or injured

When you are unable to do the main tasks of your occupation due to an illness or injury that causes you to lose some or all of your income and you're not doing any other paid or unpaid work.

Income

The amount you were earning in the 12 months before you became too ill or injured to work. It includes other income or sick pay, but does not include any income from savings or investments.

Your income could be any of the following:

- Employed income: your personal income from your employment, before tax. It's made up of your gross annual earnings and any P11D benefits (known as 'benefits in kind').
- Self-employed income: your personal income from your business, before tax. It's made up of your gross annual earnings from your business, less any amount allowable as expenses against income tax. In other words, it's your annual share of pre-tax profits from your occupation or occupations.
- Income from company dividends: this includes taxable income you receive from your business in the form of company dividends. The dividends must:
  - Be paid from your annual profits after tax. If the dividends are higher than your profits after tax, then they don't reflect your profits in that year. Where this is the case, we'd base your income on your annual profits after tax.
  - Be paid direct to you in place of regular wages or salary in the 12 months immediately before you became too ill or injured to work.
  - Be in line with the regular wages or salary allowed by the trading position of the company paying you.
  - Stop when you become too ill or injured to work.
- Income from company dividends paid to your spouse/partner as long as:
  - Your spouse/partner doesn't take over running the business and
  - Your spouse/partner hasn't used the dividend income in their own cover.

Increasing cover

An option you can choose that pays you benefits that go up each year in line with the cost of living.

Level cover

Pays you benefits that stay the same for the whole of your policy.

Maximum benefit

The maximum amount of benefit you can be paid. It's based on your yearly income before tax in the 12 months immediately before your illness or injury. Your maximum benefit is 65% of your yearly income before tax up to £60,000, and then 45% of your yearly income before tax above this, up to a maximum of £100,000. The maximum we can pay is £57,000 a year. **You can find out more in section 6.5.**

Medical certificate

Signed, written confirmation from your doctor that you're too ill or injured to do the main tasks of your occupation. Photocopies are fine. We might also ask you to send us specific extra medical information in certain circumstances.

Medical condition

Any disease, illness, injury or condition that you've had a consultation, treatment or medication for, or asked advice on, or had symptoms of. If you've had an investigation or test that has identified the risk of a specific condition developing, we also count this as a medical condition. You may or may not have actually been diagnosed with it.

Mortgage payment option

We can pay your benefit directly to your mortgage lender if your mortgage is residential and on your main home. This must be in the UK and be the home you currently live in, or spend most of your time living in.

Occupation

This is your current occupation(s) that pays you your income.

Occupation promise

You don't need to tell us if you change your occupation.

Our authorised representative

One of our employees, our Medical Adviser or any other person we authorise to act on our behalf.

Our medical adviser

A registered medical practitioner or health professional that we've appointed.

Policy anniversary

The anniversary each year of the date your policy started.

Policy end date

The date that your policy and your entitlement to benefit, and, where applicable, Fracture Cover and/or Children's Critical Illness Cover ends.

Policy Schedule

The document that confirms the choices you've made to tailor your cover to you, as well as the cost of your cover, and any special terms or higher premiums applied to your policy.

Policy Year

This runs from the policy start date (shown in your Policy Schedule) until the day before the policy anniversary.

Premium

The amount you pay us each month to maintain your cover. This is outlined in your Policy Schedule and includes all the costs of administration, underwriting, claims, selling expenses, commission and fees for any medical information that we may request. There are different types of premium you can pay as explained in **sections 2.3 and 2.4.**

Premium holiday

Allows you to take a break from paying your premiums for up to 24 months. You can find out how it works in **section 5.3.**

Retail Prices Index (RPI)

The Retail Prices Index issued by the Office for National Statistics. It measures the average change over time in the prices we all pay for a range of goods and services. These include housing costs, such as council tax and mortgage interest repayments, as well as things like food, clothes and petrol.

Society/We/Us/Our

British Friendly Society Limited.

Special terms

Specific exclusions (if any) that we apply to your policy if there are any illnesses, injuries or activities we won't cover you for. Special terms mean we won't cover you for:

- A medical exclusion: we will not insure, and you will not be able to claim for, a particular medical condition or a particular part of your body; and/or
- An excluded activity: we will not insure, and you will not be able to claim for, any injuries or illnesses you get as a result of a particular activity.

If any special terms apply to you, we'll list them in your Policy Schedule. You can find out more about special terms in **section 1.3.**

Terminal illness

A definite diagnosis by the attending consultant of an illness that satisfies both of the following:

- An illness that either has no known cure or has progressed to the point where it can't be cured,
- and which, in the opinion of the attending consultant and our Medical Adviser, is expected to lead to death within 12 months.

Waiver of premium

As soon as we start paying your benefit, you stop paying us premiums. We call this 'waiver of premium' and we apply it automatically.

You/your

The person named on the Policy Schedule.

British Friendly Society Limited
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BRITISH FRIENDLY

It feels good to be covered

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