



Friendly Health

Policy Conditions

Everyday healthcare for today
Peace of mind for tomorrow

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This Policy Conditions document sets out the rules for our Friendly Health policy.

We're National Friendly and we design, manufacture and administer this product. This means we've created it and are responsible for how it works. This document is part of the contract between us - an agreement on how this product will work for you.

The Policy Conditions should be read alongside your Policy Schedule which we send you in your welcome pack. It shows the specific details of your policy including your personal details, the payments you'll make to us and the amount we'll pay out.

Another important document is the Policy Summary which gives a summary of the key information for the cover under your policy.

Please keep your documents safe so you can refer to them when it's time to claim.

You should review your cover from time to time to make sure it's still right for your needs.

If you have any questions about your policy, or if you would like to request any of the documents listed above, please contact us using the details on the back page. We're able to provide all documents in Braille, large print or audio if you need.

Definitions

We will use the following words in defining your benefits so you may need to refer to this list just to check your understanding.

Doctor: A medical doctor currently registered with the GMC (General Medical Council) to practise medicine in the UK or any consultant or specialist to whom you have been referred by a doctor as defined here.

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

Policyholder: The person who owns the policy, is responsible for making payments and any changes on it, and to whom we will pay any monetary benefits.

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

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

And:

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

Resident: Throughout the period during which you hold the policy you need to live permanently in the UK, hold a UK bank account and be registered with a UK doctor who has access to your medical records for the past 2 years.

UK: For the purpose of your policy cover and eligibility, this means England, Scotland, Wales and Northern Ireland, but not the Republic of Ireland, the Channel Islands or the Isle of Man.

1.0 Your Policy

Your cover and benefits

1.1 This section looks at the main benefits of the policy and different choices available to you. You should review your cover from time to time to decide whether this policy still meets your needs. The amount you can buy from the benefits from this policy may be reduced in future as the cost of living generally increases over time.

1.2 Where we say 'you' we mean the policyholder. 'We' or 'us' means National Friendly, or our subsidiary National Friendly Financial Solutions.

1.3 This policy can be purchased at 1 of 3 levels of benefit. These are Bronze, Silver and Gold. No person can be covered on more than one Friendly Health policy.

What we're covering you for

1.4 Please note that you cannot use these services in the first 7 days of the policy. After that, this is the table showing the benefits available to the policyholder. The levels of benefit are set out in the table below and assume your payments for the cover are up to date.

	Bronze	Silver	Gold
Diagnosis Pot*: Consultations, scans and tests**	£500	£1,000	£1,500
Emergency dentistry	X	X	✓
Excess per claim	£25	£50	£75
Friendly Dentist	Friendly Dentist: Access to an online dentist	Friendly Dentist+: Access to an online dentist and help sourcing emergency appointments	Friendly Dentist+: Access to an online dentist and help sourcing emergency appointments
Friendly GP+	Family has telephone/online access to a Private GP any time day or night		
Mental health	Up to 6 sessions of online support	Up to 6 sessions of online support	Up to 12 sessions of on- line support
Physiotherapy	Up to 6 sessions of online support	Up to 6 sessions of online support	Unlimited online support for policyholder and immediate family
Dermatology	✓	✓	✓
Dietitian	X	✓	✓
Friendly Care	X	Telephone access to a nurse to discuss your diagnosis and offer suggestions to help you deal with it	
Health Assessment	Home testing kits can be purchased from us	Home testing kit free every 5 years, starting year 2	Home testing kit free every 3 years, starting year 2

* Brought to you by National Deposit Friendly Society Limited. All other services are discretionary benefits, offered through National Friendly Financial Solutions. We will notify you of any changes to your policy benefits.

** Amounts shown are maximum sums you will receive from us, subject to you paying the excess amount shown

The benefits in more detail

1.5 This policy is designed to provide a number of benefits and services to support you when you need prompt access to healthcare.

Diagnostic consultations, scans and tests

1.6 Once you have been referred by a GP, either your own or using the Friendly GP service, or by a specialist, you will contact our claims team on 0333 014 6244 to get authorisation for your consultations, scans and tests.

1.7 We will only pay towards private diagnostic consultations, scans and tests we have authorised

1.8 Where authorised, our team will then tell you where you can go to get your scans, tests or consultations done. They will also advise the total cost, so you can assess whether or not you wish to go ahead and pay any costs over and above those covered by the Diagnosis Pot, including any excess. The £1,500 Diagnosis Pot can also be used, on Gold policies, to cover claims for Emergency Dentistry after the first 12 months.

1.9 Diagnosis must be for a new medical condition which you haven't suffered from before. No benefit is payable for follow-up treatment or control of the condition.

1.10 You will pay the first part (your excess) of any claim for these, for example, if you are a Bronze member, and your bill is £400, you will pay the first £25 and we will pay £375. Each cover level has a maximum amount (Diagnosis Pot) it will pay each policy year.

1.11 You will also be responsible for any costs over and above the limit for your cover level (Gold, Silver, Bronze) but we will discuss these with you ahead of any costs being incurred.

What we're not covering you for under consultations, scans and tests

- Appointments and services within the first 7 days of the policy.
- Diagnosis of medical conditions you knew about when you joined (pre-existing conditions).
- Consultations, scans or tests where these are not to confirm the diagnosis.
- Follow-up consultations, screening/monitoring, tests or treatment once your diagnosis has been made.
- A medical service which our claims team has not authorised and agreed in advance

- Genetic testing, screening, or for preventive treatments prior to diagnosis
- Where we have already used your Diagnosis Pot limit in a policy year.
- Follow-up treatment once your diagnosis has been discussed with your consultant.
- Benefits and services outside of those listed in our benefits table on page 3.
- Claims for pregnancy-related issues – these are best arranged by your antenatal team.
- Fertility testing
- Developmental diagnosis - ADHD, Autism, Aspergers, dyslexia or dyspraxia are examples. We may be able to help you find self-pay options for these.
- For any chronic (long-term) condition which you had when you joined and which has one or more of the following characteristics:
 - a. It continues indefinitely and has no known cure
 - b. It comes back or is likely to come back
 - c. It needs ongoing or long-term control or relief of symptoms
 - d. You need to be rehabilitated or specially trained to cope with it
 - e. It needs long-term monitoring through consultations, check-ups, examinations or tests

Other available services

Physiotherapy

1.12 We will provide an online physiotherapy service which will help diagnose and treat your issue, using exercises and advice to assist your recovery.

Mental health services

1.13 We will provide an online mental health service, using professionals registered under appropriate professional bodies, to help you manage your mental health.

Dermatology

1.14 You can speak to one of our GPs to discuss any skin-related issues or concerns and can share photos via phone or video to support your diagnosis.

Dietitian services

1.15 You can speak to a dietitian qualified with the Health and Care Professions Council (HCPC). They will talk through diet recommendations for things such as hormonal issues, digestive issues such as Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD), general nutrition, weight loss and weight gain, and for low energy. They will tailor a plan to suit you.

Health assessment

1.16 You will have access to a home testing kit which you can use in the comfort of your own home and then send away for analysis.

1.17 You can pay for the kits yourself, but can get them free under Silver and Gold Levels.

1.18 The frequency at which you can use these services is detailed in the table on page 3.

Access to private GP services

1.19 Your policy has the discretionary benefit of free access to our virtual GP services, called Friendly GP+.

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

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

1.22 The GPs can give you private prescriptions if they're needed. These can be delivered to you or a pharmacy you choose but you will have to pay for them.

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

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

1.25 Friendly GP+ also provides you and your family with the following support free of charge .

- Counselling
- Legal advice
- Financial guidance

1.26 You have access to Friendly GP+ at: wellbeing.hub.healthhero.com. On your first visit, please click "create a new account" and when asked, enter the following details:

Your organisation's username: NationalFriendly

Your organisation's password: Support

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

Friendly Dentist+

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

- Unlimited access to our chat dental helpline: Speak directly with qualified dentists whenever you need advice or support.
- Expert-led videos on dental health: Learn tips and best practices to keep your smile healthy, from brushing techniques to lifestyle tips for oral care.
- Smart educational articles: Stay informed with easy-to-read articles written by dental experts, designed to give you practical advice on maintaining your oral health.
- Prescriptions, including those for dental antibiotics. You will be responsible for payment of these.

Also available on Gold and Silver policies:

- Emergency online dental appointments and sourcing of in-person emergency treatment where required.

1.29 You will need to provide some personal details, including medical details. You can access the service on an app available through App Store or Google Play, and which we will make available when you join.

This service covers the policyholder only.

Emergency dentistry - dental trauma (Gold policies only)

1.30 If you open a Gold policy, then from the beginning of your 2nd policy year, you can claim if you suffer a dental trauma under the following circumstances:

Where you incurred costs from a dentist for treatment carried out as a result of accidental injury to your teeth, caused by direct external impact to your head. Examples would include:

- Sports injuries
- Falls
- Accidents where the impact is external

1.31 We will need to see full details of the accident, which must have occurred after you applied for the plan. This would include supporting medical evidence either from A&E, a police report or written confirmation from the treating dentist that the injuries are consistent with an accident involving external force.

1.32 The Friendly Dentist service can assist you if you suffer a dental trauma. Our dentists are available to provide instant guidance, including critical steps such as managing broken teeth, to safeguard outcomes and reduce the risk of complications.

1.33 Where treatment is required, we can:

- Provide an on-the-spot diagnosis or advice directly via the app
- Direct you to the most appropriate emergency dental service in your area

1.34 We do not pay where the injury is not external, for example where you bite something and this breaks or damages a tooth or teeth.

1.35 We will also not pay if the injury comes as a result of any criminal activity on your part.

1.36 You will be responsible for paying prescriptions and any sundry charges – we will only pay for the fixing of damaged teeth.

1.37 Claims for emergency dentistry will come from the £1,500 Diagnosis Pot shared with consultations, scans and tests.

1.38 You will always pay the £75 excess amount plus any costs over and above those available on the policy at the time of your claim.

1.39 Claims for reimbursement must arrive with us within 3 months of the accident

Access to Friendly Care services

1.40 If you hold Silver or Gold cover, you will have telephone access to a Personal Nurse who will help you understand your diagnosis and discuss next steps and options.

This includes symptoms and pain management, lifestyle changes, and access to charities and other help services, plus literature which you may find helpful.

Paying for cover during a claim

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

Where you're covered

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

When the policy ends

1.43 Your policy will end on your 65th birthday or, if you joined when you were 60, the policy anniversary in your 66th year. This will be shown on your Policy Schedule.

When we won't pay out

- Appointments and services within the first 7 days of the policy
- We will not pay for claims where the condition was pre-existing (see Definitions on page 2). This policy is designed to help provide a diagnosis of a new medical condition that started or where symptoms first commenced after the policy had started
- Follow-up consultations, screening/monitoring, tests or treatment once your diagnosis has been made
- Benefits and services outside of those listed in our benefits table on page 3
- You use a medical service which our claims team has not authorised and agreed in advance
- Claims for pregnancy-related issues
- Developmental diagnosis - ADHD, Autism, Aspergers, dyslexia or dyspraxia are examples
- Fertility testing
- Determining your extra risk of a condition suffered by a family member
- Consultations, scans and tests relating to pandemics

1.44 For any chronic (long-term) condition which you had when you joined and which has one or more of the following characteristics:

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

1.45 This means that conditions which you have when you join and will suffer from for the rest of your life, for example sickle cell disease, diabetes or Multiple Sclerosis will not be covered.

Fair usage

1.46 Where our services are unlimited these are subject to a fair usage as defined by National Friendly. We reserve the right to limit or withdraw the policyholder's use without notice if we feel the policyholder is in breach of fair usage.

If costs exceed your cover

1.47 If we've paid/agreed to pay the policy or benefit limit available to you, you will be responsible for any additional costs above the cover provided by your policy. Wherever possible, we will make you aware of any potential additional costs where they occur before proceeding.

1.48 The amount we pay will be deducted from any remaining Diagnosis Pot balance which applies as at the date your appointment takes place.

2.0 How to use this service

2.1 You will find details of how to access each of the services provided by this policy in the welcome pack we send you when you join.

2.2 This will be a mixture of telephone and online services, though if you are claiming for scans, tests and/or consultations, we will find a provider to do these in person.

When you'll pay and when you'll claim money back

2.3 We will always pay our share of any bill for consultations, scans or tests direct to the provider we have selected for you.

2.4 You will then receive a bill from the provider for any excess amount that is payable and for any shortfall between what we have paid and the cost of your appointment.

2.5 If you have dental trauma treatment under the emergency dentistry benefit (Gold members only), you will pay the bill and claim back any money due from us under the terms of the policy.

2.6 If you want a home testing kit, you can order one through us and we will pay, in accordance with the terms of your policy.

Medical evidence

2.7 All medical evidence we receive must be in English.

2.8 We will ask for your consent to:

- Allow us to access your medical reports, or to see your test results.
- Allow us to contact medical professionals involved in your care and claim.
- Allow us to contact other third parties for information and evidence relevant to your claim.

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

2.10 We will ask you to provide ongoing medical information throughout your claim.

2.11 Where you are claiming for emergency dentistry you will need to provide details of the injury and how it was sustained.

3.0 Your payments

3.1 You will pay us throughout your policy to qualify for the cover provided under it.

3.2 The payments you make to us are due monthly on the same date each month. They are payable in advance by direct debit on the dates shown on your Direct Debit Confirmation which contains details of the Direct Debit Guarantee. You can pay your direct debit on any day between the 1st and 28th of the month.

When we can review your payments

3.3 You will pay the amount which corresponds to your age band when you join. Your policy payment won't increase because of your age.

3.4 Every year we will review the payments you make and either increase or decrease them to make sure you are paying the right amount for your cover.

3.5 We will not review rates on an individual basis. When we carry out our review, we look at the expected future frequency and value of all claims for our Friendly Health policies for all covered policyholders. We also consider expected changes to our costs because of taxation and/or regulation plus changes to other assumptions we used when we first set your payments.

3.6 Where this results in a change to how much you pay, the change will take effect from your next policy anniversary. This could result in the amount you pay going up or down for the next year or staying the same until the next annual review. We will write to you in good time to tell you how much you need to pay for the following policy year.

If tax changes

3.7 The cost of your cover includes Insurance Premium Tax, and mental health benefits are subject to Value added Tax (VAT) which is also included in your payment amounts. We will have to change the amount you are required to pay if either or both of these rates change. See 'Tax' starting on page 11.

Missed payments

3.8 It's important to keep up payments to maintain the cover provided by this policy. If you don't, this could mean we won't pay benefits, or even that we end your policy. Should you be aware of any changes which could prevent us collecting payment from you, for example if you change bank, or are experiencing financial difficulty, please contact us as soon as possible, so that we can offer appropriate assistance.

3.19 If you miss a payment, we will write to you to let you know and ask you to contact us to make arrangements to pay it. If you don't pay it within 1 month after it becomes due, you will lose your entitlement to claim benefits. If you miss 3 months' payments, you can pay them up to date at any time before the end of the third month. If you're not able to do this by the end of the third month, we will end your policy and all cover under it. It won't be possible to reinstate your policy after this time.

4.0 Reviewing your cover

4.1 Throughout the time you hold this policy, you should review your cover and policy terms to make sure they are still appropriate to your circumstances and budget.

5.0 Making changes

Changes to your personal information

5.1 Please take care to read through and check the copy of your application and Policy Schedule. You should notify us of any incorrect or missing information as soon as possible.

5.2 Please tell us about any change to your name, postal or email address, telephone number or bank details as soon as possible, so we can maintain contact with you and collect your payments when due. We may ask you to provide further information, such as evidence of a change of name on marriage.

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

Increasing or decreasing your cover level

5.3 You can decrease your cover level at a policy anniversary.

5.4 You cannot increase your cover at any time.

Policy term

5.5 Your policy term will end on the latter of your 65th birthday or, if you joined at age 60, the policy anniversary in your 66th year. Your policy will last until this date, unless one of the following happens first:

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

Changes we can make at any time

5.6 We can vary these Policy Conditions:

- To reflect changes in legislation, regulation or taxation which affect the policy
- To allow us to administer the policy more efficiently
- To clarify anything which is unclear
- To correct any errors
- To provide enhanced policy features or options
- To change digital service providers or substitute a slightly different service should the current services no longer be available
- To ensure fairness between all members of the Society, regardless of which policy/ies they hold

5.7 We will write to you in good time to give you notice of any change to the Policy Conditions and explain any options you have at the time.

5.8 Nothing in these Policy Conditions affects your statutory rights.

6.0 General Information

Who can apply for this policy

6.1 You can apply for the policy if you are:

- A resident in the UK
- Aged 18 or over and no older than 60
- Registered with a doctor in the UK who has access to your medical records from the past 2 years
- A UK bank account holder and can pay us from that account
- Not covered on another Friendly Health policy.

Customer categorisation

6.2 We are required by the Financial Conduct Authority to categorise our customers to determine the level of protection they will receive. On this Friendly Health policy we will treat you as a retail consumer. This gives you the highest level of protection available under the Financial Conduct Authority rules.

The Policy Schedule

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

Law, language and currency

6.4 In the event of a dispute we will try and solve any disagreements quickly and efficiently. If you are not happy with the way we deal with any disagreement and you want to take court proceedings, you must do this within the UK. All correspondence will be in English, and all currency used will be in GB pound (£).

How to cancel your policy

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

Please use our contact details on the back page of this document to let us know if you wish to cancel this policy.

Within 30 days

You have the right to cancel your policy if you do so within 30 days of receiving your welcome pack of policy documents which includes your Policy Schedule. We'll refund any payments you've already made, less any claim amounts we have paid.

After 30 days

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

Applying for cover after cancellation

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

When we can cancel your policy

6.7 We can cancel your policy if:

- You have missed payment for 3 months' cover and your policy has then lapsed
- You have made a fraudulent claim
- Your behaviour in your dealings with anyone involved in the administration of your policy is deemed unacceptable

Fraudulent claims

6.8 If we have grounds to believe that information you, or anyone claiming or acting on your behalf, isn't correct or potentially fraudulent, we can take the following steps:

- We can use the true information to administer the policy. This could mean a change to your payments and/or the terms under which we cover you.
- Your policy could be cancelled.
- You may be expelled as a member of the Society.
- We can refuse to pay any claims on the policy and could claim money back in respect of claims we have paid.
- We may not refund any payments made to us.
- We could, in extreme cases, bring a prosecution and inform the police.
- We could also add you to an Insurance Fraud database making it harder to obtain insurance in the future.

How to make a complaint

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

You can tell us what's gone wrong by telephone, email or post.

- Phone us: **0333 014 6244** 8am-6pm Monday to Friday excluding bank holidays. Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes.

- Email us: complaints@nationalfriendly.co.uk

- Write to us:

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

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

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

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

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

How your policy is protected

6.14 National Deposit Friendly Society Limited is covered by the Financial Services Compensation Scheme (FSCS) in the event that we are unable to meet our liabilities.

6.15 Full details of what you're protected for can be found at www.fscs.org.uk. You can call them on **0800 678 1100**, or you can write to them at: **The Financial Services Compensation Scheme, PO Box 200, Mitcheldean GL17 1DY.**

Assignment

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

Solvency and Financial Condition Report Data Protection

6.17 On our website you can download our 'Solvency and Financial Condition Report' which provides information about our performance, governance, risk profile, solvency and capital management.

Tax

6.18 The cost of your cover includes Insurance Premium Tax (IPT) and the mental health service costs include Value Added Tax (VAT). If either rate changes, we will write to you to let you know the new amount you will need to pay. We will give you as much notice as we can before we make the change.

Tax law and practice can change in the future. Should the tax status of this type of policy change in the future then we will let you know.

About National Friendly

6.19 National Friendly is a trading name of National Deposit Friendly Society Limited, which is incorporated in England and Wales no. 369F. Our registered office is at **11-12 Queen Square, Bristol BS1 4NT**.

6.20 The Society's contractual business (the provision of insurance benefits) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 110008. You can check this at <https://register.fca.org.uk> or by telephoning **0800 111 6768**.

6.21 Other than those covered by the Diagnosis Pot, services are provided by National Friendly Financial Solutions Limited, part of the National Friendly Group.

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

6.23 As a mutual society we're owned by our members and so all of our profits are invested in improving member benefits and our service to our customers, instead of paying dividends to shareholders. The manner in which the Society operates is set out in a Rule Book. This can be found on our website or you can contact us to request a copy.

6.24 We are committed to protecting your privacy and as such National Friendly will only obtain, hold, and use your personal information where permitted by and in accordance with the Data Protection Act 2018. For further details on how we obtain, hold, and use your personal data, please see our privacy notices at: www.nationalfriendly.co.uk/privacy which set out the types of information we collect about you, how we collect and use the information, who we might share the information with and where such information may be transferred, how long we will hold the information for, the steps we will take to make sure it stays private and secure, and your rights in respect of your information.

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

Here's how you can contact us

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

You can call us on:

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

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

Calls are recorded for training and quality purposes.

Or email us at:

info@nationalfriendly.co.uk

Or visit us at:

www.nationalfriendly.co.uk

Or mail us at:

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

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

0333 015 0304

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