

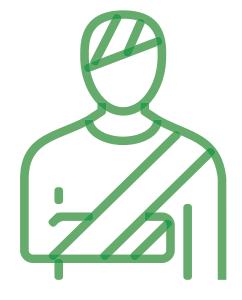
Optimum In/Day-patient Plan



Why choose National Friendly?

In 2018 we received the following customer satisfaction scores:

99% of medical claims...



...and we were rated 97 out of 10 for our medical claims management service



based on a survey of 185 private medical insurance policyholders

91% of calls were answered within 20 seconds



based on a sample of 16,499 calls

91% of written enquiries were responded to within 5 working days



based on 27,904 cases

Our customer service team also have a 96% satisfaction rating for speed of service...



based on a survey of 185 private medical insurance policyholders

...and a 95% satisfaction rating for ease of service



based on a survey of 185 private medical insurance policyholders

In/Day-patient Plan

There are times when you just can't afford to wait for an operation. That's why our In/Day-patient Plan could make all the difference. With waiting lists for NHS surgery growing, we can give you prompt access to a private hospital near you.

Our In/Day-patient Plan provides faster access to a range of in-patient and day-patient treatments and operations, including extensive heart and cancer treatments.

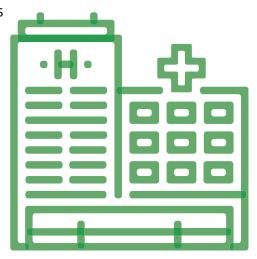


In/Day-patient Plan helps pay for:

- Great choice of hospitals we have one of the widest private hospital lists available from any insurer, which includes an extended hospitals list for central London locations (for an increased premium).
- Prompt access to private in-patient and day-patient treatments.
- Medical appliances and prostheses fitted as part of treatment.
- Extensive heart and cancer treatments.
- Follow-ups and monitoring after surgery.

We also offer:

- Fair treatment of individual claims your annual premium review won't take into account claims you have made personally.
- £1million cover per policy year towards private covered treatment as an in- or day-patient.
- No compulsory excess on this policy voluntary excess options are available to manage the cost of premiums.



Your application options

When you apply for the In/Day-patient Plan you can choose from three options for how we'll deal with any medical conditions you have now or before your policy starts. "We call these pre-existing medical conditions." The way we approach these and any related medical conditions is important because the policy is not intended to cover them, only new conditions that happen once your policy is up and running.

We explain the three application options here to help you understand our approach. Your policy documents will tell you exactly what's covered and what isn't.

Full medical underwriting

This option might be suitable for someone who wants to know for sure right from the outset whether a pre-existing condition will be covered.

You'll be asked to tell us about your medical history so that we can assess each medical condition and whether we'll cover it or not. We'll ask you questions about your medical conditions and we may also request information from your doctor or specialist. This will help us determine whether your condition is pre-existing or not, and whether it's likely to recur.



Continued personal medical questions

If you're looking to switch from another policy this option is designed to provide you with the choice of having a quicker way to apply. We do this by carrying across to your new policy any personal medical exclusions that are currently not covered on your existing policy. This means those excluded medical conditions won't be covered on your new policy. You'll be asked to provide us with a certificate of insurance as evidence from your existing insurer.

We also ask you a few questions about your recent health so that we can tell you which medical conditions we'll cover. As with full medical underwriting we'll assess your answers and tell you whether we'll cover any recent or suspected medical conditions or not. We'll ask you questions about your medical conditions and we may also request information from your doctor or specialist. This will help us determine whether your condition is pre-existing or not, and whether it's likely to recur.

Moratorium

A moratorium application is where you accept that pre-existing medical conditions experienced in the five years before taking out a policy will not be covered until two consecutive years on the policy have passed free from any recurrence of that condition. Our moratorium option is common to most medical insurers and might be suitable for you if you're generally well with no health problems, or if you've had a recent medical condition that is unlikely to recur in future. If you

choose this option we won't ask you any questions about your health when you apply. Instead, should you need to claim in future we'll ask you questions about your medical condition at that time and we may also request information from your doctor or specialist. This will help us to determine whether your condition was pre-existing or not. This is important because you won't be covered for treatment of any pre-existing medical condition where you:

- Had signs, symptoms, medication, treatment or advice for it in the five years before the start of your policy.
- Have not been clear of signs, symptoms, medication, treatment or advice for two years continuously after the start of the policy.

For more information on the In/Day-patient Plan and your application options please contact your broker or ask us to send you the Policy Summary.

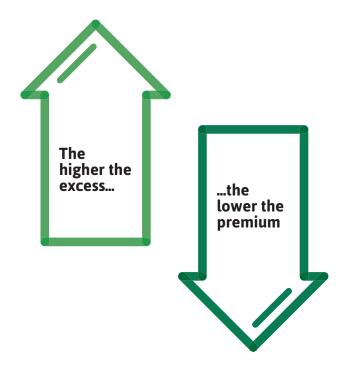
Your excess options

Should you need to claim, an excess is an optional amount that you can choose to pay towards the cost of treatment in any policy year.

This can be beneficial if you want to keep down the price you pay for your private medical insurance. Your premiums will be lower the higher the excess you choose. Or you might decide that you would rather not pay an excess and that is one of our options too.

The four excess options are:

- No excess
- £250
- £500
- £1,000



If you would like to know how much of a difference each option could make to your monthly premium, please contact your broker or ask us for a personalised quote.

About National Friendly

Founded in 1868, we have been helping people prepare for life's uncertainties for over 150 years.

We are 100% UK based; our customer service team is in Bristol and staffed by our friendly, expert team who will help you get the most from your policy.

As a mutual we are owned by our members and we never forget that. Our members' money is safeguarded and soundly invested. With no shareholders to satisfy, the profits are used to look after the members themselves.

Find out more

Please contact your broker for more information or ask us to send you the Policy Summary which tells you everything you need to make the decision on whether the In/Day-patient Plan is right for you.

Call us on

0333 014 6244

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

We're open from 8am to 6pm, Monday to Friday excluding bank holidays. Calls are recorded for training and quality purposes.

Write to us at

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Follow us at

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Email us at

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