

One Fund

Your plan explained

# Contents

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## Your plan

What does the One Fund plan offer? .....	<b>3</b>
How your plan works .....	<b>4</b>
How the excess works .....	<b>5</b>
How much you can claim .....	<b>6</b>
A guide to what you can claim for .....	<b>7</b>
Making a claim .....	<b>11</b>
Extra information .....	<b>13</b>
Glossary .....	<b>15</b>

# Your plan

Welcome to your One Fund plan from National Friendly. This document explains the relevant details of the plan, including what type of benefits the plan provides, details of what is and isn't covered, and an explanation of how to claim.

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## What does the One Fund plan offer?

One Fund provides cash assistance towards some of the bills which you pay towards improving your health.

This benefit is provided to you by your employer.

Simple and innovative, you will have access to an annually renewable single pot of money that can be used across six key benefits.

- Consultation
  - Prompt diagnosis and access to scans and tests
- Counselling
  - 24 hour access to fully trained counsellors
- POCAH (physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy)
  - Provision towards your full course of treatment
- Dental
  - Cash towards most non cosmetic dental treatment
- Optical
  - Eye tests and money towards prescription glasses and contact lenses
- Health screening
  - Because prevention is better than cure.

You can find full details of what is and isn't covered on pages 7-10.

A monthly premium, which is paid by your employer, entitles you to these six benefits. There is a maximum amount which can be claimed each year, and you will need to pay an amount towards your first claim for each benefit in each plan year.

Your employer may also provide cover for your partner and your children. If they do, your partner will have access to their own annual allowance each year, and your children will share either your allowance or your partner's allowance. This should be decided at the outset of the plan.

There is an excess of £40 payable in each plan year once for each of the six benefits. The only exception to this is in the case of eye tests where there is no excess. For further details, and examples, see How the excess works on page 5.

Claims for optical expenses and health screening, both of which are often timed and budgeted to suit you rather than to meet a medical need, are subject to separate cover limits.

We think this is better than capping all individual benefits.

If you do need to claim, this is very straightforward, you will pay the bill and send the original receipt to us, we will then reimburse the cost straight into your bank account.

For guidance on how to make a claim and complete your claim form, see pages 11-12.

# How your plan works

The One Fund plan provides an annual allowance that you can use to pay towards improving your health.

Your employer will pay a monthly premium on your behalf, which entitles you to a maximum annual allowance. Your annual allowance is shown on your policy schedule, and can also be seen in the table below.

Your annual allowance will run for one year from the date shown on your plan schedule. On the anniversary of this date, your annual entitlement will be reset to the maximum. A new excess will also be payable per benefit from the date of your plan anniversary.

Maximum total claimable per year

	£720 annually	£864 annually	£1008 annually	£1152 annually	£1296 annually	£1440 annually
<b>The six benefits of One Fund</b>	Pay just £40 <sup>†</sup> excess then claim up to					
<b>1 Consultation</b>	£720	£864	£1008	£1152	£1296	£1440
<b>2 Counselling</b>	£720	£864	£1008	£1152	£1296	£1440
<b>3 POC AH*</b>	£720	£864	£1008	£1152	£1296	£1440
<b>4 Dental</b>	£720	£864	£1008	£1152	£1296	£1440
<b>5 Optical</b>	Not more than £120 annually	Not more than £160 annually	Not more than £190 annually	Not more than £220 annually	Not more than £250 annually	Not more than £300 annually
<b>6 Health Screening</b>	Not more than £120 annually	Not more than £160 annually	Not more than £190 annually	Not more than £220 annually	Not more than £250 annually	Not more than £300 annually
	£10 a month	£12 a month	£14 a month	£16 a month	£18 a month	£20 a month
	Premium level					

\* POC AH (Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homeopathy)

† Each benefit is subject to an excess of £40, payable once in each plan year.

Premiums inclusive of insurance premium tax at 5%. Premiums may increase if this rate increases.

When you require treatment, you will pay an excess for each of the six benefits. This excess is payable once per benefit in each plan year except for claims for eye tests. We will pay any amount above this, up to the overall maximum shown on your policy schedule for that particular benefit.

Every claim you make will reduce the overall amount left available to claim across all benefits in that plan year.

At the start of the following plan year, the overall amount you can claim returns to the maximum shown on your schedule, and the excess to cover the first £40 of each benefit applies.

## Please note

- If your children have been added to your plan, they will share your allowance. Therefore any claim made on behalf of a child will reduce the maximum available that you can claim in that plan year.
- National Friendly reviews premiums and benefit levels on an annual basis.

### How the excess works

As mentioned previously, when you require treatment, you will pay £40 towards your first bill for each of the six benefits. Any amount above this will be paid by us, up to the maximum shown on your policy schedule in any plan year.

If you make another claim for the same benefit in the same plan year, you will not have to pay another excess in that plan year – we will cover the full amount, up to your remaining level of cover.

#### Example

##### Dental Treatment

You go to the dentist and the bill is £40 for a routine check up. You pay the bill in full and we pay nothing. You would keep your receipt or submit it to us at the address shown in 'Making a claim' on page 11. However, the dentist tells you that you need a crown fitted on your next visit. When you go back, your bill is £350. We will pay the bill in full, as long as this treatment is received in the same plan year and you have enough cover remaining. £350 will be deducted from the total available to claim for the remainder of that plan year.

#### Example

##### Physiotherapy Treatment

You go to the physiotherapist on the advice of your GP and the bill is £100 for a first consultation and treatment. The physiotherapist says you need 6 sessions of treatment. Your bill is £400. You wait until the treatments have been completed and pay the bill in full. You then send the bill to us and we pay your bill, less the £40 excess, i.e. £360. This example assumes that treatment is received within the same policy year and therefore that one excess only is payable. £360 will be deducted from the total available to claim for the remainder of that plan year.

The overall benefit limit is an annual one. You can claim up to the overall limit in one benefit, or across 2 or more benefits, but the maximum we will pay in any plan year is limited by your overall maximum.

You can only claim a set amount of your overall limit in any plan year for **optical benefit** (glasses, contact lenses etc), or for **health screenings**.

The other benefits can be claimed up to the full annual limit. This is subject to the first £40 of a claim being paid by you, for the first claim in each plan year, for each benefit.

The only exception to this is in the case of eye tests, which will be covered in full, up to the cover limits with no excess to pay.

# How much you can claim

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## **The maximum claim depends on:**

- Whether the excess is payable
- The annual limits of the plan that has been chosen
- Any separate limit which applies to optical and health screening benefits
- How much you have previously claimed in the current plan year.

Additionally, we won't pay any amounts which have already been claimed from another source such as another insurance or optical/dental care scheme.

## **Your level of cover**

Please see the illustration on page 4 to check the maximum annual allowances for your premium.

The excess of £40 is not fixed forever and we reserve the right to change it at an annual review.

In such circumstances the excess would change on your plan anniversary.

# A guide to what you can claim for

Here's a list of what we do and don't pay for under this plan for each type of claim. You should also check our general exclusions on page 10. Children will share your cover limits if they are named on your plan.

Dental Cover	
<p><b>✓ What's covered under the plan?</b> You can claim up to the annual limits for your premium for the following:</p>	
Check-ups	Dentures, whether partial, or complete, plus denture repairs
Dental x-rays	Dental implants
Hygienist fees	Dental operations including anaesthetic
Extractions	Crowns, bridges or inlays
Fillings	Dental braces for adults
<p>All treatments to be carried out by a member of the General Dental Council. All bills paid up to the annual limit upon proof of purchase in the form of a receipted account as detailed in the Making a claim section on page 11.</p> <p><b>Each claim paid is subject to the claimant paying the first £40 under this benefit in each plan year.</b></p>	
<p><b>✗ What's not covered?</b> Any other dental treatment or expense not listed in 'what's covered' above, including:</p>	
Teeth whitening or any other cosmetic treatment	Treatments for gum disease
Dental veneers	Prescription charges or anything which does not constitute treatment, such as missed appointment fees or purchased items such as, but not limited to, bite guards, floss or brushes
Dental braces for children	We won't pay any amounts which have already been claimed from another source such as another insurance or dental care scheme

## Optical Cover

### ✓ What's covered under the plan?

You can claim up to the specified annual limit for your premium for the following:

Prescription glasses	Eye tests*
Prescription contact lenses, including monthly prescribed	Laser eye treatment – subject to your policy being held and paid for 2 years minimum
Sunglasses or goggles issued under prescription	Other eye operations to improve eyesight, e.g. cataracts, stigmatisms
Repairs to, or replacement of, frames or prescription lenses	

All treatments to be carried out by, and all purchases made through, a member of the General Optical Council.  
All treatment paid up to annual limit upon proof of purchase in the form of a receipted account as detailed in the Making a claim section on page 11.

**Each claim paid is subject to you paying the first £40 under this benefit in each plan year, \*with exception of eye tests where no excess applies.**

### ✗ What's not covered?

Any other optical treatment not listed above, including:

Any cosmetic eye treatment or operation	Charges for anything which does not directly improve eyesight, such as missed appointment fees, guarantees or purchased items such as glasses cases, lens solutions or other cleaning agents
Non-prescription glasses, sunglasses, contact lenses or goggles	We won't pay any amounts which have already been claimed from another source such as another insurance or optical care scheme

## Consultations

### ✓ What's covered under the plan?

You can claim up to the annual limits for your premium for the following:

Any consultation with a specialist consultant, consultant physician or surgeon which is referred by a GP

Medical tests, scans or investigative procedures undertaken as part of the consultant's diagnosis

All treatment paid up to the annual limit upon proof of purchase in the form of a receipted account as detailed in the Making a claim section on page 11.

**Each claim paid is subject to you paying the first £40 under this benefit in each plan year.**

### ✗ What's not covered?

Consultations not directly linked to improved general health such as, but not limited to:

Vasectomy, sterilisation or other fertility/infertility treatments or family planning

Other charges for anything which does not directly improve your health, such as missed appointment fees or sundry fees for staffing or room hire passed on by a consultant

Consultations for obesity or any eating disorder

Health screening – see separate allowance on page 4

Costs associated with medical reports for work

Cosmetic treatments, surgery or advice other than in respect of problems which started after joining e.g. as a result of accidents

## Treatments – Physiotherapy, Osteopathy, Chiropractic, Acupuncture and Homeopathy

### ✓ What's covered under the plan?

You can claim up to the annual limits for your premium for the following:

Treatments received and paid for from registered practitioners of the above – see Glossary for definitions of registered practitioners

All treatment paid up to the annual limit upon proof of purchase in the form of a receipted account as detailed in the Making a claim section on page 11.

**Each claim paid is subject to you paying the first £40 under this benefit in each plan year.**

### ✗ What's not covered?

Any treatment not listed above, including:

Any medical appliances or pharmacy items, other than those prescribed by a homeopath

Treatment which falls outside of the named categories even if they are of a similar nature

Scans or x-rays (these may be available under Consultations allowance)

Treatment administered by members not affiliated to bodies recognised by the Society

Other charges for anything which does not directly improve your health, such as missed appointment fees or sundry fees for staffing or room hire passed on by the treatment provider

Medicines other than homeopathic medicines prescribed by a homeopath and purchased through him or her

Spa treatments

## Health Screening

### ✓ What's covered under the plan?

You can claim up to the specified annual limit for your premium for the following:

Full health screens, well man and well woman screens, plus heart, breast & bone density screening recommended by a GP as part of a general health check

These should be carried out by medically qualified staff at a recognised hospital or clinic

If you are unsure what qualifies as a health screen please contact us in advance of your appointment

**Each claim is paid subject to you paying the first £40 under this benefit in each plan year**

### ✗ What's not covered?

Any other screenings for specific complaints, e.g. genetic disorders

Any supplementary charges not directly linked to improved health, such as missed appointment fees

Routine screenings requested by outside sources such as your employer, the courts or an insurance company

Children are not covered for this benefit

## Counselling

### ✓ What's covered under the plan?

You can claim up to the specified annual limit for your premium for the following:

You will have access to fully-trained providers of telephone and face-to-face counselling. If you require professional help you can call free on 08000 277 844. You will be asked a few details about your plan by the counsellor, including your plan number but your call will be totally confidential. You can call anytime day or night

The cover will include any required face to face sessions up to the annual limit for the premium that is being paid

**Each claim is paid subject to you paying the first £40 under this benefit in each plan year**

### ✗ What's not covered?

Children are not covered for this benefit

Any treatment not listed above

## General Exclusions

We won't pay a claim if we don't receive the information we ask for

We won't pay a claim for treatment administered or for items purchased outside of the United Kingdom

We won't pay a claim if you cease to be a UK resident

We won't pay a claim if your company has unpaid premiums outstanding

We won't pay any amounts which have already been claimed from another source such as another insurance or optical/dental care scheme

We won't pay a claim for injuries sustained as a result of reckless endangerment either through participation in dangerous sports, professional sports (in which you are being paid or compensated for playing) or through your involvement in criminal activity in which you are not an innocent victim

We won't pay a claim if treatment is needed as a result of abuse of, or dependency upon, drugs, alcohol, solvent or other addictive substances

We think these exclusions are reasonable. If you have concerns about any of these please do not hesitate to contact us on 08000 147 471 and we will talk them through with you

# Making a claim

When you have paid for treatment and want to claim money back through this plan, you will need to send us original, dated receipts.

You will need to complete our claim form. These are available by:-

- Calling on **08000 147 471**
- Downloading a copy from [www.onefundplan.co.uk](http://www.onefundplan.co.uk)
- e-mailing [onefundclaims@nationalfriendly.co.uk](mailto:onefundclaims@nationalfriendly.co.uk)

We will also leave a supply with your company representative.

**National Friendly will never pay a treatment provider directly. We will only reimburse a paid receipt.**

When we receive a claim, we will do a number of checks.

- That the receipt tells us everything we need to know to pay the claim
- That the treatment is covered under the plan
- That you have not exceeded your annual limit for this type of claim
- That the appropriate excess has been paid

We will keep hold of any receipts so you should take a copy if for any reason you need a record of the details.

All receipts sent to National Friendly should clearly show full details (name, address and qualifications) of the treatment provider, so we can contact them.

The receipt should also show the name, of the person who received the treatment.

The receipt should be itemised, or if this is not possible, a separate breakdown should be provided by the practitioner.

## Sample receipt

Name, address and qualifications of practitioner

### Physiotherapy Clinic

HPC REGISTERED  
4-5 WORCESTER ROAD,  
BRISTOL BS8 3JL

Details of recipient of treatment

MR A. N. OTHER, 11 HIGH STREET,  
ANYTOWN, A1 2MS

Details of treatment including date, description of treatment and cost

03/02/10 TREATMENT £18.00  
12/02/10 TREATMENT £18.00  
19/02/10 TREATMENT £18.00

Confirmation that the practitioner has been paid for the treatment

RECEIPT PAID IN FULL  
19/02/10

We will be unable to pay any claim which does not have sufficient supporting evidence as listed above.

**All receipts must be original, we will not accept amended receipts, photocopies, credit or debit card receipts or estimated bills.**

Receipts in respect of claims should be submitted **within 3 months** of the treatment being administered. Receipts relating to payment of the excess only can be submitted to support a claim at any time during the plan year – you may wish to hold on to these receipts until you make a claim, to save postage.

The date treatment was received will determine which plan year we use to calculate the benefit allowance to pay the claim.

You will need to complete your bank details so we can pay money straight into your account, which will remove any need for you to bank a cheque. This will ensure that money reaches your account much quicker, usually within 3 working days of us paying it.

If you have any queries about how to make a claim, please call on **08000 147 471**.

We will pay claims in accordance with the terms outlined in this document. We regret we cannot pay for charges incurred in claiming.

Completed claim forms should be sent to: National Friendly, Po Box 1362, Liverpool, L69 2BF

### **When we won't pay**

We will not pay a claim where:

- the treatment claimed for is not covered under the terms outlined in this document
- the cost of the claim falls within the excess
- the amount claimed causes you to exceed the annual limit of your plan. In this case we would reimburse you up to your annual limit
- your employer, for whatever reason, has failed to pay your monthly premium.

### **Integrity**

We trust that you will operate within the spirit of the plan and will make claims for genuine dental, optical and medical benefits. Should we discover, upon checking with treatment providers, that you have made a claim which is fraudulent or otherwise lacks integrity, we reserve the right not only to decline the claim, but also to cancel the plan, see page 14 for more information.

# Extra information

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## Where to get further information

If you have any questions about the One Fund plan and would like further information, please call us on **08000 147 471** (8am–6pm weekdays, except public holidays).

## Membership and voting rights

As this is a group sponsored scheme for employees, neither the company nor individual plan holders will be members of National Friendly or be entitled to vote on member matters.

## Data consent

By joining the One Fund plan, you agree to us holding and processing medical and other personal details on our computer system and paper records.

We may share this data with other relevant organisations so that we can set up and run your One Fund plan, validate claims and prevent fraud and money laundering. For the purposes of data protection law, National Friendly is the data controller.

## If you have a complaint

We are a mutual association that exists to support our customers and we aim to provide the highest standards of service. If we fall short at any time and you wish to make a complaint, please contact us by:

### Telephone

**08000 147 471** (8am–6pm weekdays, excluding public holidays, calls are recorded for monitoring and quality purposes)

### Email

[compliance@nationalfriendly.co.uk](mailto:compliance@nationalfriendly.co.uk)

### Fax

0117 980 9358

### Post

National Friendly, Compliance Department  
4–5 Worcester Road, Clifton, Bristol BS8 3JL.

A copy of our complaints procedure is available on request or from [www.nationalfriendly.co.uk](http://www.nationalfriendly.co.uk).

If you make a complaint and are dissatisfied with our response, you can ask the Financial Ombudsman Service for an independent review. You can contact them by:

### Telephone

08000 234 567 (free from land lines)

0300 123 9123 (free for mobile phones users who pay a monthly charge for calls to numbers starting 01 or 02)

### Email

[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

### Website

[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### Post

Financial Ombudsman Service, South Quay Plaza,  
183 Marsh Wall, London E14 9SR.

The Financial Ombudsman Service cannot deal with your complaint until you have first raised it with us. In making any complaint, your right to take legal proceedings is not affected.

## The Financial Services Compensation Scheme

The Financial Services Compensation Scheme (FSCS) protects customers of nearly all financial services in the UK, including customers of this plan. Depending on your plan and the circumstances of any claim, you may be entitled to compensation from the FSCS if we can't meet our obligations, for example to pay what we owe.

If you are entitled to a claim, most insurance policies are covered for 90% of the claim with no upper limit. You can ask for more information from the FSCS on 020 7892 7300 or at [www.fscs.org.uk](http://www.fscs.org.uk).

### **Our right to cancel your plan or decline your application**

We have the right to expel any plan holder who, in connection with this or any other National Friendly plan has:

- Provided false information with the aim of gaining money from us
- Not acted in a fair and reasonable way.

If we feel we have to cancel a plan, we will first explain what will happen and a plan holder's right to appeal. If a plan is cancelled we reserve the right to recoup all reasonable expenses incurred.

### **Cancellations and terminations**

You may cancel your plan at any time. If you wish to do so, please notify your employer.

### **Tax implications - PIID benefits**

The premiums may be assessed as a benefit in kind, for tax purposes. Your HR representative will be able to provide you with more information about this.

### **Applicable law**

If there is a legal dispute, English law will apply.

### **Language and currency**

All correspondence will be in English and all currency will be £ sterling. All literature is available in Braille, large print or audio. To request a copy, please call us on **08000 147 471** (8am-6pm weekdays, excluding public holidays).

### **Alterations to the policy terms**

The terms and conditions of your plan may change as a result of a new law or regulation. We also have the right to change the terms and conditions at any time as a result of product or system development, or changes in the cost of providing a service or product to you, or to remove any ambiguities. We will write to your employer and then let you know of any changes. If your employer does not accept the changes then your plan will be cancelled.

### **Our regulator**

We are authorised and regulated by the Financial Services Authority (FSA). Our FSA register number is 110008. Our permitted business is sickness, medical, income replacement and term assurance, life assurance, investment bonds, personal pension annuities and health cash plans.

You can check this on the FSA's register by visiting [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234.

# Glossary

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## Words and phrases explained

### **Acupuncture /chiropractic/homeopathy/osteopathy/physiotherapy**

Treatment given by a practitioner who is qualified, and registered with an approved professional organisation recognised by us in the appropriate field.

### **Acupuncturist**

A doctor who is also a Medical Member or an Accredited Member of the British Medical Acupuncturist Society and recognised by us as being fit to carry out such treatment.

### **Annual entitlement/Claims entitlement/Annual limit/Annual allowance**

The maximum amount which can be claimed overall on a One Fund plan in a plan year.

### **Children**

Born to you or your partner, or legally adopted by you or your partner, and under the age of 18 years, or 21 if in full-time education and residing with you.

### **Chiropractor**

A practitioner on the Register of Chiropractors kept by the General Chiropractic Council as required as part of the Chiropractors Act 1994, and recognised and agreed by us.

### **Company/employer**

The organisation which pays the premiums for the One Fund plan.

### **Company representative**

The person within the company responsible for signing the application form on behalf of the company, and acting as the named contact for the company's One Fund plan.

### **Consultation**

A meeting with a medical specialist to find out more about a medical condition and decide how to treat it.

### **Cosmetic treatment**

Treatment received to change appearance and not to cure or alleviate a medical condition.

### **Counselling**

Telephone and face-to-face counselling as delivered by our approved counselling provider, Oakdale, who can be contacted confidentially on 08000 277 844.

### **Dangerous or hazardous sports/pursuits**

Dangerous (hazardous) pursuits and sports include, but are not limited to, canyoning, gorge walking, hang-gliding, high diving, horse jumping, microlighting, mountain boarding, parasailing and rock climbing.

### **Employee**

Any person employed by, or working in some capacity for, the company which pays the premium for the One Fund plan.

### **Excess**

A fixed contribution that must be paid by you in each benefit category in each plan year if a claim is made.

### **GP**

A general medical practitioner (doctor) who has a Certificate of General Practice Training and is registered with the General Medical Council in the UK.

### **Homeopath**

A practitioner whose name appears on the register of The Homeopathic Medical Association, The Society of Homeopaths, The Faculty of Homeopathy or The Alliance of Registered Homeopaths.

### **Hospital**

- A private hospital in the UK which is registered in accordance with UK law and which has specialist facilities for major surgical operations
- Any facility or establishment that we agree is appropriate for providing treatment.

### **Osteopath**

A practitioner on the Register of Osteopaths kept by the General Osteopathic Council as required as part of the Osteopaths Act 1993, and recognised and agreed by us.

### **Our/Us/We/The Society**

National Friendly, PO Box 1362, Liverpool, L69 2BF.

National Friendly is a trading name of National Deposit Friendly Society Limited which is authorised and regulated by the Financial Services Authority.

### **Partner**

A person who lives with you on a permanent basis, as a domestic partner.

### **Physiotherapist**

A physiotherapist regulated by and registered as practising with the Health Professions Council and recognised by us.

### **Plan anniversary**

The anniversary of the date on which the plan started.

### **Plan/policy schedule**

The document containing details of your One Fund plan. We will give you a plan schedule when you join, and we will update it whenever your account or other details change.

### **Plan year**

The annual period commencing on the start date, or the anniversary of the start date as shown on your plan schedule.

### **Specialist**

A medical practitioner, who is registered under the Medical Acts and is a specialist in the treatment referred for. Registered as a specialist under the General Medical Council. They will be or will have been a National Health Service Consultant and must be recognised as a specialist by our claims team.

### **Treatment**

Surgical or medical services (including diagnostic tests) to diagnose, relieve or cure a disease, illness or injury.

### **UK**

This means England, Scotland, Wales, and Northern Ireland, plus the Channel Islands and the Isle of Man.

### **UK resident**

A person who is ordinarily resident in the UK.

### **You/your**

The plan holder, typically an employee or their partner.

# Notes

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# Notes

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# Notes

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If you  
have any  
questions,  
please:



Call

**08000 147 471**

**(8am-6pm weekdays, excluding public holidays.**  
Calls are recorded for quality purposes)

Email

**onefundenquiries@nationalfriendly.co.uk**

or contact your healthcare intermediary if you require advice

www

**onefundplan.co.uk**

To request a copy in Braille, large print or audio  
please call us on:

Call **08000 147 471** (8am-6pm Monday to Friday, except public holidays)



Registered office: 4-5 Worcester Road, Clifton, Bristol BS8 3JL.  
Tel: 0117 973 9003 Fax: 0117 980 9358 Email: enquiries@nationalfriendly.co.uk

National Friendly is the trading name of National Deposit Friendly Society Limited.  
Incorporated and registered friendly society no. 369F.  
Authorised and regulated by the Financial Services Authority. Registration no. 110008.

NF348 07/10



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