

# BF Care

Financial support for you and your family through life-changing events



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## What is BF Care?

BF Care is our discretionary benefits package, included with your Income Protection policy at no extra cost. We designed it to help and support our members when they need it most.

There's a range of benefits offering extra financial support during life-changing events. We will pay out up to £2,000 across the BF Care package, and across the term of the policy. So, whether you're returning to work after a long-term claim, or are dealing with the death of a loved one, we're here to help.

**Please note, the BF Care benefits package is not available in the following circumstances:**

- If you are a commuted member
- If you are in arrears (behind on your monthly premiums)
- If you are taking a Premium Holiday
- If the Income Protection policy was not in force at the time of the event

For full details of how to claim, and the conditions surrounding each benefit, please visit our website [here](#).

# What benefits are included?



## Care Assistance Benefit

Provides additional financial support to new and existing insured members whose partner, spouse, child (up to age 18) or parent/parent-in-law needs at least 35 hours a week of full-time care for a continuous period of 4 weeks or more. **Find more information on page 4.**



## Death Benefit

Provides a lump sum equal to 26 weeks of an insured member's Income Protection benefit, up to £2,000, and is paid following their death. **Find more information on page 6.**



## Bereavement Benefit

Provides a lump sum equal to 13 weeks of an insured member's Income Protection benefit, up to £2,000, and is paid following the death of their partner, spouse or child (up to age 18). **Find more information on page 8.**



## Terminal Illness Benefit Option

Our Death Benefit and Bereavement Benefit also include a Terminal Illness Benefit option which is available if the member or their partner, spouse or child (up to age 18) receive a terminal diagnosis (an illness or condition which is expected to lead to death within 12 months). **Find more information on page 10.**



## Recovery Support Benefit

Provides claimants with a cash lump sum after they return to work following a claim that has lasted a period of 26 weeks or more. **Find more information on page 11.**

# Care Assistance Benefit

Providing full-time care can be stressful. Disruptions to working patterns and additional costs for assistive devices, treatments, or hospital charges can all add to the stress.

That's why we provide Care Assistance Benefit, to help carers care for themselves, and their families.

For more information, please refer to the [Care Assistance Benefit FAQs, here](#).



## Key Features

- Covers members whose partner, spouse, child (up to age 18) or parent/parent-in-law needs at least 35 hours a week of full-time care, for 4 weeks or more
- Fixed benefit of £125 per week for up to 16 weeks for the member's partner, spouse or child, or 13 weeks for their parent/parent-in-law
- Available to all insured members at no extra cost



## What is Care Assistance Benefit?

We include Care Assistance Benefit with our policies, at no extra cost. It offers financial support if a members' partner, spouse, child, or parent/parent-in-law needs at least 35 hours of care per week, for at least 4 weeks.

### It can't be claimed if the members' loved one:

- already needed care before the policy was taken out
- had a condition that existed before the policy was taken out that has resulted in the need for full-time care
- had a condition that existed before we introduced this benefit, (1<sup>st</sup> September 2016 for children/partners/spouses and 19<sup>th</sup> September 2017 for parents/parents-in-law) that has resulted in the need for full-time care.

For information on what qualifies as a full-time care need, please refer to the Care Assistance Benefit FAQs [here](#).

The benefit is discretionary which means the Society can change or withdraw it at any time.

## Who is eligible to receive this benefit?

All insured members who take out their policy between ages 18-54 are eligible. Cover expires for eligible members on their 60<sup>th</sup> birthday.

## Who isn't eligible to receive this benefit?

- Non-insured or commuted members are not eligible to receive this benefit.
- Members who have already claimed £2,000 worth of benefit across our BF Care package.

## Making a claim

The member making the claim must notify us within 3 months of the event happening. They can call, e-mail, or write us a letter to make a claim.

## Does the member need to stop working?

The member does not need to stop working to receive this benefit.

## Is there a deferred period?

Yes, a 4-week deferred period will apply. A deferred period is the time the member will wait before we can pay the benefit. This deferred period may be different to the one applied to the member's Income Protection policy.

For more information on how the deferred period works, please refer to the Care Assistance Benefit FAQs [here](#).

## How much benefit do you pay?

The member will receive £125 per week, paid for up to 16 weeks for their partner, spouse or child, or 13 weeks for their parent/parent-in-law. This can only be claimed once per member, regardless of how many policies they hold with us.

## When will you pay benefits?

Benefit payments will start during the 5<sup>th</sup> week, following the 4-week deferred period. We will backdate payments to the 1st day full-time care was needed.

For more information about conditions for claiming, including about the evidence we need, when we wouldn't pay a claim and the impacts of claiming on tax and state benefits, please refer to the Care Assistance Benefit FAQs [here](#).

# Death Benefit

We know that coping with loss is difficult.

That's why we provide a Death Benefit to all insured members, at no extra cost. Death Benefit provides a lump sum payment to the member's chosen recipient(s) following their death, to help with costs and allow your loved ones to focus on what's important.

For more information, please refer to the [Death Benefit FAQs, here](#).



## Key Features

- Provides a lump sum equal to 26 weeks' worth of the member's Income Protection benefit, up to £2,000 per member
- Paid following the death of the insured member
- Available to all insured members at no extra cost



## What is the Death Benefit?

Death Benefit provides a lump sum equal to 26 weeks' worth of an insured member's Income Protection benefit, up to £2,000. This is paid following the death of the member.

This benefit is discretionary which means the Society can change or withdraw it at any time. It is not a substitute for life insurance.

## Who is eligible to receive this benefit?

All insured members.

## Who isn't eligible to receive this benefit?

- Non-insured or commuted members are not eligible to receive this benefit.
- Members who have already claimed £2,000 worth of benefit across our BF Care package.

## Who receives the benefit after the member's death?

Members need to nominate the individual(s) with our Death Benefit Nomination Form, the individual must be at least 16 years old. This is available on our website, or we can post forms to the member if they ask us to. The form should be completed and returned to us. This is how we know who to pay the Death Benefit to in the event of the member's death. If no nomination has been made, the benefit will be paid to the member's estate. This may be subject to tax.

## How much benefit do you pay?

We pay a lump sum equal to 26 weeks' worth of the insured member's Income Protection benefit. The maximum we will pay is £2,000. If a member has more than one policy with us, we will only pay up to £2,000 across all the policies.

## Are there any circumstances where you would not pay the benefit?

### We will not pay this benefit:

- If the member dies by suicide within 12 months of taking out their policy
- If the member's death is caused by a pre-existing medical condition that they should have told us about but didn't. For more information on what we mean by pre-existing medical condition, please refer to the Death Benefit FAQs [here](#)
- If the member's death is as a result of a particular medical condition, or relates to a part of their body or a particular activity that we've excluded from the policy

## Making a claim

The individuals making the claim must notify us within 3 months of the event happening. They can call, e-mail, or write us a letter to make a claim. We will ask for confirmation of the member's death in writing, and a copy of the certified death certificate. We will also ask for proof of the claimant's identity.

## Is Death Benefit taxable?

The amount of benefit received may be subject to tax. See our death benefit FAQs for more information.

## Terminal Illness Benefit option

We include a Terminal Illness benefit option in our discretionary Death Benefit. **For more information, please see page 10.**

# Bereavement Benefit

The death of a loved one can be overwhelming.

It's easy to forget how much it could also impact your finances. This is especially the case if you need to take time to grieve or adapt to a life without them. We offer Bereavement Benefit at no extra cost, to help ease financial pressure during this difficult time.

For more information, please refer to the **Bereavement Benefit FAQs**, [here](#).



## Key Features

- A lump sum equal to 13 weeks' worth of the insured member's Income Protection benefit, up to £2,000 per member
- Paid following the death of the insured member's partner, spouse, or child (up to age 18)
- Available to all insured members at no extra cost





### What is the Bereavement Benefit?

Bereavement Benefit provides a lump sum equal to 13 weeks' worth of an insured member's Income Protection benefit, up to £2,000. It is paid following the death of their partner, spouse, or child (up to age 18).

The benefit is discretionary which means the Society can change or withdraw it at any time. It is not a substitute for life insurance.

### Who is eligible to receive this benefit?

All insured members.

### Who isn't eligible to receive this benefit?

- Non-insured or commuted members are not eligible to receive this benefit.
- Members who have already claimed £2,000 worth of benefit across our BF Care package.

### How much benefit do you pay?

The member will receive a lump sum equal to 13 times their weekly Income Protection benefit. We will pay up to £2,000 per member. If a member has more than one policy with us, we will only pay up to £2,000 across all the policies.

### Are there any circumstances where you would not pay the benefit?

#### We will not pay this benefit if:

- The member's partner, spouse or child was temporarily or permanently living outside the UK at the time of their death
- The member, their partner, spouse, or child are unable to provide any reasonable medical or other evidence we ask for to consider a claim
- The member's partner, spouse or child had any consultations, treatment and/or medication, asked advice on or had any symptoms of a medical condition (whether or not a diagnosis has been made) before:
  - the start date of the member's policy
  - the date this benefit was introduced
  - the member married their spouse or entered a civil partnership with their partner
  - the member started living with the deceased for a minimum of 2 years as if they were married or in a civil partnership; or
  - the member legally adopted the child or became the legal guardian or step-parent of the child
- Either of the child's natural parents received counselling or medical advice in relation to the medical condition before the child was born
- We have already paid the member a Bereavement Benefit claim

### Making a claim

The member making the claim must notify us within 3 months of the event happening. They can call, e-mail, or write us a letter to make a claim. We will ask for confirmation of the death of their partner, spouse or child in writing and a certified copy of the death certificate. We may also ask for proof of the relationship the member has with the deceased.

### Terminal Illness Benefit option

We include a Terminal Illness benefit option in our discretionary Bereavement Benefit. **For more information, please see page 10.**

# Terminal Illness Benefit Option

Our Death Benefit and Bereavement Benefit also include a Terminal Illness Benefit option.

This is available if the member or their partner, spouse, or child aged up to 18, receives a terminal diagnosis (an illness or condition which is expected to lead to death within 12 months).

The benefit is discretionary which means the Society can change or withdraw it at any time.

We can only pay the benefit to insured members who are up to date on their monthly Income Protection premiums.

For more information, please refer to either the Death or Bereavement benefit FAQs, [here](#).



## How much benefit do you pay?

Members can take Terminal Illness Benefit in place of Death Benefit or Bereavement Benefit.

In place of Death Benefit, we will pay 26 weeks' worth of the member's Income Protection Benefit, up to £2,000.

In place of Bereavement Benefit, we will pay 13 weeks' worth of the member's Income Protection Benefit, up to £2,000.

## Making a claim

The member making the claim must notify us within 3 months of the event happening. They can call, e-mail, or write us a letter to make a claim. During the claims process we will ask for a letter from the medical specialist confirming the diagnosis. This must also include the date of the first diagnosis and the prognosis. This is subject to our medical adviser agreeing with the diagnosis and prognosis.

## More information

If Terminal Illness Benefit has been claimed, we will pay no further payment following the member's, or their spouse, partner's or child's death.

We can only pay Terminal Illness Benefit once for Bereavement Benefit and once for Death Benefit per member, regardless of how many policies they hold with us.

For more information, please see Death Benefit on page 6 and Bereavement Benefit on page 8.

# Recovery Support Benefit

Returning to work after extended illness or injury can be tough, and we know it's hard getting back into a work routine.

It can be even harder if you don't get paid for a while after your claim ends. We include our discretionary Recovery Support Benefit at no extra cost. It provides a cash lump sum to insured members, after they return to work following a claim.

For more information, please refer to the Recovery Support Benefit FAQs, [here](#).



## Key Features

- A lump sum equal to 4 weeks' worth of the insured member's Income Protection benefit, up to £2,000 per member
- Paid after member returns to work for at least 4 weeks, following a claim of 26 weeks or more
- Available to all insured members at no extra cost



### **What is Recovery Support Benefit?**

Recovery Support Benefit provides members with a cash lump sum after they return to work following a claim.

The benefit is discretionary which means the Society can change or withdraw it at any time.

### **Who is eligible to receive this benefit?**

All insured members.

### **Who isn't eligible to receive this benefit?**

- Non-insured or commuted members are not eligible to receive this benefit.
- Members who have already claimed £2,000 worth of benefit across our BF Care package.

### **When do you qualify to receive this benefit?**

**Members will qualify to receive this benefit if they meet all the following conditions:**

- They have received their Income Protection benefit continuously for 26 weeks or more
- Their claim ends at least 4 weeks or more before the end of their benefit payment term or policy termination date
- We have stopped paying all their benefits (i.e. Income Protection benefit and Back to Work support payments)
- They have returned to work full time for a continuous period of 4 weeks

### **Making a claim**

The member making the claim must notify us within 3 months of the event happening. They can call, e-mail, or write us a letter to make a claim. The member can do this after they have returned to work for at least 4 weeks, following a claim of 26 weeks or more. Our Claims Team will then assess whether we can pay Recovery Support Benefit on a discretionary basis.

### **How much benefit do you pay?**

We will pay a lump sum equal to 4 weeks' worth of the member's last weekly benefit payment, up to a maximum of £2,000. We will pay this 4 weeks after we have paid the last Income Protection benefit, or Back to Work support payment.

### **Can this benefit be claimed more than once?**

Yes. However, we will only pay Recovery Support Benefit for the next claim if it happens more than 26 weeks after we paid the last benefit for the previous claim. All claims are subject to the £2,000 limit.

### **What information is required to claim?**

Our Claims Team may need proof that the member has been back at work full time, continuously for at least 4 weeks.

### **When will a claim not be paid?**

We will not pay benefit if the member is unable to give us any reasonable evidence we ask for after making a claim.

Recovery Support Benefit was added on 24<sup>th</sup> May 2018. We will only pay this benefit if the member qualifies for this benefit on or after this date.

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British Friendly Society Limited is incorporated under the Friendly Societies Act 1992. Registered Office: 45 Bromham Road, Bedford MK40 2AA. Registered No. 392F. It is a member of the Association of Financial Mutuals.

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