

Friska Firman

PRE-CONTRACT INFORMATION

APPLICABLE FROM 1 JANUARY 2025

Insurer - Bliwa Livförsäkring

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This pre-contract information contains brief and general information about Säkra's *Friska Firman* with Bliwa Livförsäkring (referred to below as 'Bliwa'). This pre-contract information includes the information that Bliwa is liable to provide by law before concluding an agreement for group insurance. You can get full insurance conditions ('*Försäkringsvillkor Säkra Friska Firman*' – Insurance Conditions for Säkra's *Friska Firman*) from sakra.se/friska-firman or order them from Säkra.

1. General information about the insurance

This pre-contract information includes the following insurance products:

- Life insurance – death benefit and terminal illness
- Personal accident insurance
- Healthcare insurance, Premium Plus

DEDUCTIBLE

A deductible means that you will pay a deductible in conjunction with each new insurance event. The amount of the deductible is shown in the insurance statement and the application documents. You do not have to pay a deductible if you can produce a referral issued by a physician in conjunction with each new insurance event. If you are given a referral later during the period of treatment, this does not mean that any deductible previously paid will be repaid. If you do not pay the deductible to Bliwa, Bliwa may decline to continue the provision of care under the insurance until the deductible is paid.

WHERE THE INSURANCE APPLIES

Life insurance including terminal illness and also child protection applies worldwide regardless of how long the stay abroad lasted.

Personal accident insurance covers incapacity to work and accidents that the insured suffers during a stay in the Nordic countries. The personal accident insurance also covers accidents that the insured suffers when staying outside the Nordic countries but only if the stay was for no longer than 12 months.

Costs of accidents that are compensated by separate travel insurance, the travel component of home insurance or under some other insurance, are not compensated under personal accident insurance. Compensation of costs as a result of an accident that occurred abroad is dealt with as if the accident had occurred in Sweden. This means, for instance, that compensation is only paid for health and medical care and pharmaceuticals up to the level of the Swedish high cost protection. The insurance does not compensate costs as a consequence of the homeward transport (repatriation) of the insured. Nor does it compensate treatment costs of dental injuries or other medical costs if the costs arose abroad after the date or time when the homeward journey was originally planned.

Compensation is only paid for costs of care and treatment up to the level of the Swedish high cost protection.

Healthcare insurance applies for planned care and also costs within Sweden. Care will be provided by care providers in the medical network to which Bliwa has access or by care providers otherwise nominated by Bliwa. The insurance does not cover care and costs outside Sweden.

REPORTING AN INSURANCE EVENT

'Insurance event' means an event that occurred during the term of the insurance and which is covered by the insurance. Accidents and life claims must be reported to Bliwa as soon as possible. Reports should be made online via Bliwa's website or on the standard form provided by Bliwa.

You should contact Bliwa's Healthcare Centre if you need care advice and/or care as a consequence of an insurance event. Contact details are shown on the reverse of the pre-contract information.

BLIWA'S LIABILITY PERIOD

Bliwa's liability period (i.e., the period during which Bliwa is liable for an insurance event) extends for as long as the insurance is in force. The liability period ceases if the insurance ceases. However, you may be entitled to extended cover protection and continuation insurance.

2. The various parts of the insurance protection

LIFE INSURANCE INCLUDING TERMINAL ILLNESS AND ALSO CHILD PROTECTION

This insurance provides insurance against risk and does not include any saving component. The components 'terminal illness' and also 'child protection' are also included in your 'life insurance – death benefit'.

You can choose from different levels for the sum insured in the insurance. The different levels are shown in the application documents. It is also shown there how much the insurance costs,

This insurance means that a sum insured will be paid out to your beneficiaries if you die before attaining the age at expiry for the insurance.

The insurance applies until the month in which you attain the age of 70.

Terminal illness

Compensation of half the sum insured for the life insurance may be paid out under the insurance as an advance payment if you, as the insured, suffer a sickness during the term of the insurance and that is assessed by a specialist physician during the term of the insurance to most likely result in you, as the insured, dying within twelve months of the date of the assessment. The compensation is then paid out to you as the insured.

Child protection

The life insurance includes insurance protection that covers the death of a child. This insurance covers the insured's children under the age of 20 who are entitled to inherit.

The insurance protection means that one price base amount is paid out to the child's estate if the child dies before they attain the age of 20. In this context, a stillborn child who died after the end of the 22nd week of pregnancy is also equated to a 'child entitled to inherit'. If your life insurance ceases, the same applies to child protection.

Compensation can only be paid once per child and agreement.

Special limitation for insurance taken out subject to full capacity to work

The following applies if you have had symptoms of or received care or medication for a sickness/injury/complaint at any time during the 12 months immediately before the insurance entered into force:

No compensation is paid out if you are affected by a terminal illness or die within 36 months of the insurance entering into force if the reason for the terminal illness or death is caused by, or has a medical connection to, the sickness/injury/complaint that you had symptoms of or received care or medication for during the 12 months immediately before the insurance entered into force. This limitation does not apply for child protection.

PERSONAL ACCIDENT INSURANCE

Personal accident insurance can provide you with financial benefits if you sustain an accidental injury that results in costs or invalidity. A maximum benefit amount applies for some injuries/costs. Further information is available in the insurance conditions.

A precondition for entitlement to benefits in the case of an accidental injury is that the injury is so serious that it required treatment within the health services.

The sums insured from which you can choose and how much the insurance costs are shown in the application documents.

Definition of the term 'accident'

All of the following fundamental requirements, among other things, must be satisfied for an event to be regarded as an 'accidental injury' and afford entitlement to benefits:

- Bodily injury. The event must have resulted in a bodily injury.
- External event. The injury must have been caused by an external event.
- Sudden event. The injury must have occurred suddenly.
- Therefore, an injury that has arisen following overexertion or repetitive movements is not considered to be an accidental injury.
- Involuntariness. The injury must have been sustained involuntarily. Persons who intentionally injure themselves, or who have demonstrated a manifest indifference to the risk of getting injured, are not deemed to have sustained an accident

Accidental injury also includes bodily injury that you have sustained through:

- frostbite, heatstroke, sunstroke, borrelia infection or TBE owing to a tick bite
- rupture of an Achilles tendon or knee-twist injury.

In this insurance, the following sudden events are also counted as an accidental injury if they arise at an identifiable time and place.

- Heart attack. For the event to be regarded as an accidental injury, it is a requirement that you, as the insured, have not been previously diagnosed for any of the following sicknesses and/or symptoms: high blood pressure, high blood lipids, heart or vascular disease or diabetes mellitus.
- Stroke – cerebral haemorrhage or cerebral thrombosis. For the event to be regarded as an accidental injury, it is a requirement that you, as the insured, have not been previously diagnosed for any of the following sicknesses and/or symptoms: high blood pressure, high blood lipids, coagulation disorders, heart or vascular disease or diabetes mellitus.
- Meningeal haemorrhage – Subarachnoid haemorrhage.

- Blood clot in the lung – Pulmonary embolism. For the event to be regarded as an accidental injury, it is a requirement that you, as the insured, have not been previously diagnosed for any of the following sicknesses and/or symptoms: coagulation disorders or deep vein thrombosis.
- Rupture of aorta – Rupture of aortic aneurysm.
- Sudden, unexplainable deafness – 'Sudden deafness'.
- Sudden retinal detachment. For the event to be regarded as an accidental injury, it is a requirement that the insured has not been previously diagnosed for any of the following sicknesses and/or symptoms: eye disease, visual impairment by 8 dioptres or more.

What is not an accident?

Bodily injury, for example, that has arisen through the following is not counted as an accident:

- overexertion, repetitive movements, stretching, twisting or pathological changes
- dental injury that has arisen as a consequence of chewing or biting
- infection through bacteria, viruses or other contagion, infection or poisoning through food or drink or hypersensitivity reaction
- use of medicinal preparations, operations, treatment or examinations that have not resulted from an accidental injury covered by this insurance
- nuclear explosion or radiation (nuclear reaction).

Compensation and benefits under personal accident insurance

In the case of accidental injury, the insurance can cover medical costs and costs of dental injuries, travelling costs, additional costs, costs of rehabilitation and aids and also costs of crisis therapy. The insurance may pay invalidity benefit (financial or medical) and compensation for pain and suffering, scars and other appearance-related consequences of the injury. Furthermore, the insurance includes death benefit. The applicable benefit amounts, limitations to amounts and other limitations are shown in Bliwa's full insurance conditions and also in the application documents.

Important limitations to the personal accident insurance

Benefits are only paid for direct consequences of an accidental injury. Personal accident insurance does not compensate loss of income from work. Benefits are not paid for deterioration of health status after the accident owing to a bodily defect that was either pre-existing at the time of the accident or subsequently arose and is unconnected to the accidental injury.

The insurance only compensates necessary and reasonable costs that arose as a consequence of the accidental injury. If the costs should be compensated through some other party according to, for instance, law or collective agreement, Bliwa will not compensate the same costs. The same applies for costs that have been compensated through other insurance. This applies regardless of whether compensation has been paid according to a flat-rate model or against original receipts. There are limitations to your entitlement to benefits if an accident occurred outside your place of residence or abroad. Costs are only compensated if they can be verified by a receipt or similar certificate. Compensation is never paid for costs that arose after the final medical invalidity benefit has been determined.

The insurance applies up to and including the month in which you, as the insured, attain the age of 70.

3. Special information about Säkra's healthcare insurance

The insurance includes the following components:

- Healthcare advice/care planning
- Specialist care
- Investigations, treatment, operations
- Treatment by a physiotherapist, naprapath and chiropractor
- Medical aids
- Treatment by a psychologist
- Enhanced healthcare planning
- Guarantee period
- Second opinion
- Patient public healthcare fees
- Speech therapist
- Dietician
- Travel and accommodation
- Pharmaceutical costs
- Aftercare/medical rehabilitation
- Substance misuse treatment
- Care navigator

BRIEF DESCRIPTION OF THE VARIOUS COMPONENTS

Healthcare advice/care planning

Bliwa's Healthcare Centre is manned by registered nurses who provide you, as the insured, with advice on medical issues and tips for self-care measures. They will also help you to make appointments with an appropriate care provider in the medical network to which Bliwa has access. You can contact Bliwa's Healthcare Centre for advice every day between 07:00 and 22:00. Care planning (booking of appointments with care providers in the medical network to which Bliwa has access) is provided by Bliwa's Healthcare Centre between 08:00 and 17:00 on ordinary weekdays. Contact details for Bliwa's Healthcare Centre are shown on the reverse of the pre-contract information.

Specialist care

The insurance covers specialist care by care providers in the medical network to which Bliwa has access. The care shall be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre.

Investigations, treatment and operations

You will have access to further investigations, treatment and operations with one of the care providers in the medical network to which Bliwa has access when this is medically justified. The investigation, treatment or operation must have resulted from an insurance event and be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre. The care must comply with the national guidelines issued by the National Board of Health and Welfare and be performed in accordance with medical science.

Treatment by a physiotherapist, naprapath and chiropractor

The insurance provides you with a right to up to ten treatments per insurance event with a physiotherapist, naprapath and chiropractor. The treatment shall be approved in advance by Bliwa, arranged by Bliwa's Healthcare Centre and performed by a care provider in the medical network to which Bliwa has access.

Medical aids

The insurance compensates necessary and reasonable costs of personal medical aids during the period for treatment and healing of the injury. The aid must be medically justified, prescribed by a treating physician, preceded by care within the framework of the insurance and approved in advance by Bliwa. You can only obtain compensation for the cost of one aid of the same kind per insurance event. Bliwa compensates costs of up to SEK 1,500 for heel cushions and up to SEK 2,500 for other aids.

Treatment by a psychologist

The insurance provides you with a right to up to ten treatment sessions with a psychologist or psychotherapist per insurance event. The treatment shall be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre.

Compensation is not paid under this component for complaints where it has been assessed that it is not possible to treat the symptoms within ten treatments. The same applies to complaints in the form of chronic fatigue syndrome.

Enhanced healthcare planning

You can still get assistance in the form of advice and help with booking a care appointment for an injury, sickness or other complaint that is not covered by the insurance. You will have to pay for this care yourself and the care is not otherwise covered by the insurance.

Guarantee period

The insurance includes a guarantee period. This means that you are guaranteed to get to see a specialist within seven ordinary weekdays from when you contacted Bliwa's Healthcare Centre and Bliwa has received the medical documentation required, if Bliwa considers this necessary.

You are guaranteed an appointment for further investigations, treatment or an operation within 14 ordinary weekdays from when the person performing the measure has decided on which measure is to be performed and Bliwa has had access to the medical documentation required.

If you are not offered care within the guarantee period, you will receive a benefit of SEK 1,000 per ordinary weekday until such time as you have been offered care, though at most SEK 10,000 for an appointment with a specialist and similarly SEK 10,000 for an appointment for an investigation, treatment or an operation. The guarantee period only applies for the first consultation with a specialist and the first investigation, treatment or operation. The guarantee period does not apply if you do not accept the appointment offered or if an investigation, treatment or operation cannot be performed for medical reasons.

Second opinion

The insurance may entitle you to a second opinion. This means that you have the right to a further medical assessment by a specialist physician if you need to undergo a major operation or have suffered a serious sickness as a consequence of an insurance event. Bliwa must give its prior approval for a second opinion. You are only entitled to a second opinion once per insurance event.

Patient public healthcare fees

The insurance compensates costs of patient fees in publicly financed health and medical care in Sweden up to the level of the Swedish high cost protection. The insurance only compensates costs that can be verified by an original receipt.

Speech therapist

The insurance provides you with a right to up to five treatment sessions with a speech therapist following a referral by a treating physician. The treatment shall be approved in advance by Bliwa, arranged by Bliwa's Healthcare Centre and performed by a care provider in the medical network to which Bliwa has access.

Dietician

The insurance provides you with a right to up to five treatment sessions with a dietician following a referral by a treating physician. The treatment shall be approved in advance by Bliwa, arranged by Bliwa's Healthcare Centre and performed by a care provider in the medical network to which Bliwa has access.

Travel and accommodation

The insurance compensates necessary and reasonable costs of travel and accommodation in conjunction with care covered by the insurance and planned and arranged by Bliwa's Healthcare Centre. Compensation can only be paid for costs of travel and accommodation within Sweden. The insurance compensates costs of the least expensive means of transport appropriate considering your health status. Compensation is only paid subject to the precondition that the trip is made between the permanent home and the care establishment and that the distance is at least 100 km for a one-way trip. Compensation may also be paid for reasonable and necessary costs of a custodian accompanying an insured child. The insurance compensates the cost of accommodation (maximum SEK 1,500 per day). The need must be approved by Bliwa in advance.

Pharmaceutical costs

The insurance compensates the cost of prescription pharmaceuticals prescribed by a physician. The insurance compensates costs up to the level of the Swedish high cost protection and only if they can be verified by an original receipt.

Aftercare/medical rehabilitation

The insurance compensates reasonable aftercare and medical rehabilitation costs. The aftercare or medical rehabilitation must have been preceded by a medical investigation and be prescribed by a physician following care having been provided within the framework of the insurance. The aftercare/rehabilitation shall in the first instance be performed by a care provider included in the medical network to which Bliwa has access. Aftercare/rehabilitation can be provided by another care provider if the kind of care provider required is not available in the medical network to which Bliwa has access. Such care and the cost of this must always be approved in advance by Bliwa

The insurance compensates the costs of at most one aftercare/rehabilitation period per insurance event. Bliwa compensates costs of aftercare and medical rehabilitation by at most SEK 100,000 per event that affords the right to care.

Substance misuse treatment

The insurance compensates costs of substance misuse treatment. The substance misuse shall be diagnosed and the treatment medically justified. The insurance does not apply to a diagnosis made within 24 months from when the insurance entered into force. The insurance only compensates costs of one consecutive uninterrupted treatment period for substance misuse regardless of diagnosis. The treatment shall have been approved in advance by Bliwa. The insurance covers costs of treatment programmes up to SEK 100,000.

Care Navigator

The insurance entitles the insured in certain cases to a care navigator. A 'care navigator' means that the insured has contact with a named registered nurse at Bliwa's care planning centre who follows developments of the insured's sickness or an accidental injury regardless of whether the care is being performed under the insurance or within publicly financed care. The purpose of the care navigator is to increase the insured's participation and understanding of their sickness or injury and its consequences, and also to have an insight into how the care process functions. The care navigator shall be available to the insured for questions and need for clarification and also act in an advisory and supportive way. The care navigator shall be able to obtain medical documentation with the insured's consent. If both the sickness or injury and the care required are covered by the insurance, the care navigator will also arrange for the care to be booked in accordance with the insurance conditions in a coordinated way.

You are entitled to a care navigator:

- when several care providers at different healthcare institutions are participating in investigations and treatment
- in the case of a complex disease panorama with several different diagnoses and need for treatment
- in the case of a life-threatening or particularly serious sickness or injury
- in the case of an unclear or still unidentified diagnosis that requires a long investigation.

The insured contacts Bliwa who determines whether the insured is entitled to a care navigator. Bliwa may also offer the insured access to a care navigator in those cases where we consider that there is a need for such service.

IMPORTANT LIMITATIONS TO THE INSURANCE PROTECTION

Sickness, etc. prior to the insurance coming into force

The insurance does not apply for sickness, diagnosis, accident or their consequences for which you have had symptoms, received care or medication or in some other way knew about prior to the insurance coming into force. The same applies if it is possible to confirm medically that the sickness or complaint first manifested itself prior to the insurance coming into force. However, the insurance applies for such diagnosis, sickness, accident or their consequences, provided you have been symptom-free and have not received any care or medication for a consecutive period of at least 12 months before such new need for care or medication arose during the term of the insurance.

Missed appointments

You may lose the right to continued care and compensation of costs if you miss a care appointment without having cancelled the appointment in good time, in accordance with the provisions of the insurance conditions. Further information about this is available in the full insurance conditions.

Nor does the insurance apply for:

- Emergency medical care.
- Care that has not been approved in advance by Bliwa.
- A medical service (x-ray, laboratory sampling, etc.) for which you have been referred by a care provider that is not included in the medical network to which Bliwa has access.
- Costs that cannot be verified by an original receipt.
- Investigation and treatment of neuropsychiatric diagnoses.
- If you are not covered by the social insurance and are not registered with the Swedish Social Insurance Agency, compensation will only be paid for those costs that would have been compensated if you had been registered and had made full use of the benefits that the social insurance provides.
- An injury that has been aggravated owing to your failure to follow Bliwa's or the care provider's instructions.
- Weight-reducing operation and its consequences.
- Care that is not aimed at improving your medical condition. Treatments of a cosmetic nature are not covered by the insurance.
- Deteriorations of your health status that, according to medical experience, result from various forms of substance misuse.
- Coronary angiography (coronary vessel X-ray) and consequential treatment.
- Fertility investigation or treatment of infertility. Nor does the insurance cover gynaecological examinations or checkups, unless the need has arisen as a consequence of an insurance event.

- Congenital illnesses, birth injuries, disability or their consequences.
- Eating disorders and their consequences.
- Dental care regardless of cause.
- Investigation or treatment of snoring or sleep apnoea.
- Correction of visual defect, unless the visual defect arose as a consequence of an insurance event.
- Organ transplants and their consequences.
- Dialysis treatment.
- Dementia.
- Sickneses subject to the Communicable Diseases Act.
- Somatoform disorders, for example chronic pain syndrome together with unspecified pain or aches .
- Electrosensitivity.
- Treatment of chronic back problems.
- Fatigue syndrome, fatigue depression or burnout. ICD F43.8 or Z73.0.
- Costs of spectacles and hearing aids.
- Costs of medical certificates.
- Costs that are compensated from somewhere else, for example pharmaceutical or patient insurance scheme or the like where there is a pharmaceutical or care provider liability. Costs that are compensated from somewhere else as a consequence of, for example, statute, enactment, convention or collective agreement.
- Loss of income from work.
- Compensation for personal injury, violation or property damage that arose in conjunction with health and medical care performed by a care provider nominated by Bliwa, for example damages for personal injury. However, the insurance does afford a right to care as a result of personal injury or violation that has been caused by a care provider nominated by Bliwa.
- Injury or loss that arose in conjunction with care that has not been nominated by Bliwa.

DUTY OF DISCLOSURE AND INCORRECT INFORMATION

As a policyholder and insured, you have a duty of disclosure and are obliged to provide correct and complete answers to Bliwa's questions. You must also provide information to Bliwa about other circumstances that may affect your entitlement to compensation under the insurance. If you have provided incorrect or incomplete information, this may mean that the insurance does not apply; see the insurance conditions for further details.

OTHER LIMITATIONS TO THE COVER

Compensation may be reduced if you have induced or aggravated the consequences of an insurance event through gross negligence, with intent or owing to the influence of alcohol. Further information is available in the insurance conditions.

Bliwa's liability is limited in the case of a state of war, nuclear reaction, acts of terrorism and other situations in the nature of *force majeure*, as explained in more detail in the insurance conditions.

Participation in sport or athletics if the insured earned income of more than two price base amounts per year owing to their participation ('income' is equated to contributions from sponsors).

The insurance does not cover public healthcare or care outside Sweden with the exception of the component 'Compensation for deductible in the case of care abroad'.

4. General provisions

INSURER

Bliwa Livförsäkring, ömsesidigt, corporate identity number 502006-6329 ('Bliwa') is the insurer for the insurance. Bliwa

is a mutual insurance company, which means that the company is owned by its policyholders. This means in its turn that the policyholders are entitled to a bonus from the surplus that may arise from Bliwa's operations. Find out more under the heading 'Allocating surpluses and covering losses'. Bliwa is based in Stockholm. Bliwa's insurance activities are subject to the supervision of the Swedish Financial Supervisory Authority (Finansinspektionen), postal address Box 7821, SE-103 97 Stockholm, Sweden. Visiting address: Brunngatan 3, Stockholm. Email address: finansinspektionen@fi.se. Telephone number +46 (0)8-408 980 00. Website: www.fi.se. Bliwa's marketing is subject to the supervision of the Swedish Consumer Agency, postal address Box 48, SE-651 02 Karlstad. Visiting address: Tage Erlandergatan 8A. Email address: konsumentverket@konsumentverket.se. Telephone number +46 (0)771-42 33 00. Website: www.ko.se. There is information about Bliwa's financial status in the annual report. The annual report is available at bliwa.se and can also be ordered from Bliwa.

THE INSURANCE AGREEMENT

There is a group agreement between Säkra and Bliwa that forms the basis of the insurance. The group agreement states, among other things, what is required for a member to be regarded as a group member and be able to apply for insurance with Bliwa. Application documents, insurance statement and the full insurance conditions also apply for the insurance. The insurance applies for no more than one year at a time; for new policies, the first term of the insurance runs until the end of the year, i.e., to 31 December of the year in which the insurance was taken out. The insurance will be renewed annually provided notice was not given terminating either the insurance or the group agreement at the end of the term of the insurance. New conditions for the insurance may then start to apply. See below under the heading 'Amendment of the insurance conditions'.

WHO CAN TAKE OUT THE INSURANCE?

The group agreement defines who are group members and who can thereby apply for or be covered by the insurance. For compulsory insurance, the group members are automatically covered by the insurance. For Säkra's voluntary healthcare insurance with Bliwa, it is natural persons who are either customers of Säkra or employees of a legal person that is a customer of Säkra and who have not attained the age of 70. They can apply for insurance according to these conditions for themselves, their husband/wife or cohabitee (who have not attained the age of 70) and also, if it is shown in the application documents, children of their husband/wife or cohabitee (who have not attained the age of 25). The group entitled to compulsory insurance is shown in the group agreement.

ASSIGNMENT

The life insurance can be assigned to someone who may be a policyholder such as, for example, employer, partner/associate, husband/wife, and others. In the event that the owner of the insurance is someone other than you personally, any insurance compensation will be paid out to the owner of the insurance. An assignment lapses upon a transfer to continuation insurance. Other insurance products cannot be assigned.

HEALTH REQUIREMENTS

A group member is required to be fully capable of working on the date on which the insurance enters into force in order to be covered by the voluntary group insurance.

A person, who is not fully capable of working and owing to this is denied the opportunity to take out insurance, may be granted insurance when this person is once again fully capable of working and certifies this.

For compulsory group insurance, the group members are

normally covered by the insurance without health requirements. They are automatically affiliated to the insurance directly on the basis of the group agreement. However, requirements in respect of the group member's health may be imposed in certain agreements upon affiliation to the insurance. In such a case, this is shown in the group agreement.

WHEN THE INSURANCE STARTS TO APPLY

Voluntary group insurance

Voluntary group insurance can enter into force no earlier than the date specified in the group agreement. For applications via physical forms, the insurance enters into force on the day on which Säkra received the application. In the case of other forms of application, such as, for example, via the Internet, the insurance enters into force on the day after Säkra has received the application. The insurance enters into force subject to the precondition that the insurance can be granted according to the provisions of these insurance conditions and Bliwa's health requirements.

Compulsory group insurance

Compulsory group insurance enters into force on the day specified in the group agreement and covers those who are group members on that date. For those who subsequently become group members, the insurance enters into force on the day after they join the group unless otherwise specified in the group agreement. The group entitled to insurance for compulsory insurance is shown in the group agreement.

POLICYHOLDER/INSURED

The group agreement defines who are group members and who can thereby apply for or be covered by the insurance. For compulsory insurance, the group members are automatically covered by the insurance.

For Säkra's voluntary healthcare insurance with Bliwa, it is natural persons who are either customers of Säkra or employees of a legal person that is a customer of Säkra and who have not attained the age of 70. They can apply for insurance according to these conditions for themselves, their husband/wife or cohabitee (who have not attained the age of 70) and also, if it is shown in the application documents, also children of their husband/wife or cohabitee (who have not attained the age of 25). The group entitled to compulsory insurance is shown in the group agreement.

BENEFICIARY

The following persons are the beneficiaries of amounts that are to be paid out owing to the death of the insured for life insurance – death benefit:

- in the first instance, the insured's husband/wife or cohabitee
- in the second instance, all of the insured's children entitled to inherit
- in the third instance, the insured's heirs.

The insured's estate is the beneficiary of amounts that are to be paid out owing to the death of the insured for personal accident insurance.

The insured is entitled to write their own nomination of beneficiary, which should be sent to Bliwa. A standard form for a separate nomination of beneficiaries can be ordered from Säkra or printed out directly from sakra.se/friska-firman. The insured is at liberty to choose who should be a beneficiary/beneficiaries through the nomination of beneficiaries. A nomination of beneficiaries can be changed at any time. A nomination of beneficiaries cannot be amended through a will.

PREMIUM

The price for the insurance products ('the premium') is calculated and determined by Bliwa for one year at a time and may be adjusted at the end of the year. The development of claims and distribution of ages among those insured may influence the future premium. The premium for voluntary insurance is shown in the application documents. The premium for compulsory insurance is specified in or in connection with the group agreement.

Premium payment

The premium must be paid by you as the policyholder. If you do not pay the premium, Bliwa is entitled to give notice terminating the insurance, subject to a notice period of 14 days. Payment is made by direct debit, E-invoice or paying-in slip.

For compulsory insurance, the group representative is always the person responsible for paying the premium.

WHEN THE INSURANCE CEASES

The insurance applies up to and including the month in which you, as the insured, attain the age of 70.

Bliwa is entitled to give notice terminating the insurance if the premium is not paid on time (further information is available under the heading 'Premium payment') or if you, as the insured, have provided incorrect or incomplete information (further information is available under the heading 'Duty of disclosure and incorrect information').

The insurance ceases if the group agreement ceases following notice of termination by Säkra or Bliwa.

The insurance ceases if you leave the group entitled to insurance.

A person who is covered by compulsory insurance may decline the insurance at any time through a notification to Säkra.

EXTENDED COVER PROTECTION

Extended cover protection only applies for those who have been insured for at least six months when the insurance ceases to apply. If your insurance ceases to apply, you will have continued insurance protection without charge for three months, known as 'extended cover protection'.

You are not entitled to extended cover protection if notice has been given terminating the group agreement completely or partly or if you have personally opted to give notice terminating the insurance but are still a member of

the group entitled to insurance. Nor are you entitled to extended cover protection if you have been granted or can obviously be granted insurance protection of the same kind as before in some other way. Extended cover protection applies with the same insurance conditions as immediately preceding the period of extended cover protection.

CONTINUATION INSURANCE

If notice is given terminating the group agreement between Bliwa and Säkra, your insurance also ceases. You will be notified if this occurs. You are then entitled to apply for continuation insurance within three months from the date on which your insurance ceased. You are also entitled to continuation insurance if you leave the group entitled to insurance. You are not entitled to continuation insurance if you have been insured for less than six months, or if you have chosen to give notice terminating the insurance but remain within the group entitled to insurance. Nor are you entitled to continuation insurance if you have been granted, or can obviously be granted, insurance protection of the same kind as before in some other way.

For compulsory insurance, each insured is entitled to continuation insurance if Bliwa's liability ceases owing to the policyholder not having paid the premium. However, this does not apply to a person who has been insured for less than six months.

SENIOR INSURANCE

An insured who has been covered by personal accident insurance for at least six months, and who has attained the age at expiry for the insurance and who is still a group member, can apply for Säkra's senior personal accident insurance. This also applies to any co-insured.

The insurance conditions, sums insured and premiums for senior insurance differ to those for the previous personal accident insurance.

TAX RULES

The insurance products constitute capital insurance according to the Income Tax Act (1999:1229). As the insurance products constitute capital insurance, this means, among other things, that compensation under the insurance products is exempted from tax.

If the employer pays the cost of the premium, the employee shall be taxed for a benefit in kind. Benefits under the insurance are valued at the employer's cost of the benefit, i.e., the premium. The benefit value of all insurance products, apart from the healthcare insurance, is 100% of the premium. Bliwa's healthcare insurance also includes tax-free benefits, such as preventive treatment and rehabilitation. Bliwa has therefore calculated the benefit value of the healthcare insurance to be 60% of the premium.

If the employer pays the cost of the premium, the employer may deduct the entire premium as a payroll expense and shall pay employer's contributions for the premium.

AMENDMENT OF THE INSURANCE CONDITIONS

Bliwa is entitled to apply new or amended insurance conditions and also increase or reduce the premium in conjunction with renewal of the insurance. Bliwa shall provide information about a new premium and new conditions no later than in conjunction with renewal of the insurance. Bliwa may also amend the insurance conditions during the term of the insurance, but only if an amendment is needed owing to the nature of the insurance or owing to some other special circumstance such as, for instance, amended law, application of law or official regulation.

ALLOCATING SURPLUSES AND COVERING LOSSES

If a surplus should arise in Bliwa's insurance activities, the annual gain will be appropriated to a 'consolidation reserve'. It is not necessary for all surpluses to be appropriated for consolidation but they may instead be distributed to the policyholders through a bonus, in the first instance in the

form of a reduction of future premiums. If a deficit should arise in the operation, an appropriation from Bliwa's consolidation reserve may be made to cover the loss.

Any decisions on appropriations from the consolidation reserve to cover losses or for a bonus from the surplus will be made by Bliwa's general meeting in accordance with Bliwa's Articles of Association and also Bliwa's Technical Guidelines and Technical Data for Calculations applicable at any given time. Both Bliwa's Articles of Association and the Technical Guidelines and Data for Calculations may be amended in the future as regards the right to any surplus.

According to Bliwa's Articles of Association, the company's consolidation reserve may be used to cover losses, to allocate bonuses to the policyholders or to make donations for the public benefit or comparable purposes. The Articles of Association may be amended in the future as regards how the consolidation reserve is to be used.

TIME LIMIT

A party who wishes to receive insurance compensation or other insurance cover must institute proceedings against Bliwa within ten years from the date when the circumstance in respect of which the insurance agreement affords a right to such cover occurred.

If a party who wishes to have insurance cover has presented the claim to Bliwa within the period prescribed by the first paragraph, the time limit for instituting proceedings is always at least six months from when Bliwa has given notice of the final position it has adopted on the claim.

The right to insurance cover will lapse if proceedings are not instituted in accordance with this clause.

PROCESSING OF PERSONAL DATA

Bliwa protects your personal privacy. All processing of personal data is performed on the basis of applicable legislation, recommendations issued for the industry and Bliwa's internal rules. You can find out more about how Bliwa processes your personal data at www.bliwa.se/personuppgifter. Here you can also find out what rights you have in relation to us. Please contact Bliwa if you would prefer to have this information sent to your home.

APPLICABLE LAW, ETC.

The insurance is subject to the Insurance Business Act (2010:2043), the Insurance Contracts Act (2005:104) and Swedish law generally. Bliwa provides insurance conditions and all other information in Swedish. Any legal proceedings concerning these conditions or the insurance in some other respect shall take place in Sweden, applying Swedish law.

COOLING-OFF PERIOD

If you have taken out voluntary insurance, you are entitled to withdraw from the insurance agreement ('cooling-off period') within 30 days from the date on which you received the insurance documents and information that the insurance agreement started to apply. You must notify Bliwa if you wish to exercise your cooling-off right. You are also entitled to give notice terminating voluntary insurance at any time. You are always obliged to pay the premium for the period during which the insurance was in force.

INFORMATION ABOUT INSURANCE DISTRIBUTION

Bliwa's insurance products may be distributed by Bliwa or another distributor engaged by Bliwa to deal with the distribution. The party distributing the insurance must provide the customer with information about the distribution. It is Säkra that distributes the insurance package friska firman and provides the customer with information about the insurance

Telephone: +46 (0)771- 87 80 90

CUSTOMER SERVICES AT BLIWA
+46 (0)8-696 22 80, kund@bliwa.se

BLIWA LIVFÖRSÄKRING
Box 13076, SE-103 02 Stockholm, Sweden

IF WE DO NOT AGREE

Liability for treatment, care and advice, etc.
Bliwa is not liable in relation to you for the care or the medical advice arranged through the insurance and provided by a care provider within the framework of the insurance. This means that any claims as a result of care, medical advice, determination of diagnoses or other measures taken by a care provider shall be presented to the care provider. This also applies to those measures taken by a cooperating partner that issues healthcare advice on behalf of Bliwa.

Reconsideration by Bliwa

You should in the first instance contact Bliwa if you are dissatisfied with Bliwa's decision in order to have the matter reconsidered. A complaint or request for reconsideration must be presented to Bliwa within six months from Bliwa's final notice in the matter. However, if new circumstances occur, Bliwa will reconsider a matter even after this period has expired. Reconsideration is conducted in accordance with Bliwa's guidelines for dealing with complaints applicable at any given time. In the first instance we would like you to contact the person who dealt with your matter to have it reconsidered. If you are subsequently still dissatisfied with the case officer's decision, you can contact the Complaints Officer who will reconsider your matter free of charge.

You can also contact the Complaints Officer or some other instance for dispute resolution in accordance with the following if you are not satisfied with Bliwa's distribution.

Complaints Officer

Bliwa, Klagomålsansvarig (Complaints Officer), Box 13076, SE-103 02 Stockholm, Sweden,
klagomalsansvarig@bliwa.se.

The Swedish Consumers' Insurance Bureau

The Swedish Consumers' Insurance Bureau can provide general information and guidance on insurance issues: Konsumenternas försäkringsbyrå, Box 24215, SE-104 51 Stockholm, Sweden. Telephone: +46 (0)200-22 58 00.

Municipal Consumer Advice Officer

The consumer advice officer in your municipality can help consumers with general advice and information.

The Board for Insurance of Persons

The Board for Insurance of Persons only considers matters that involve insurance-medical issues and where the Board therefore needs the support of a consultant physician: Personförsäkringsnämnden, Box 24067, SE-104 50 Stockholm, Sweden. Telephone: +46 (0)8-522 787 20.

The National Board for Consumer Complaints (ARN)

ARN is a government authority that considers without charge disputes between private individuals and business operators. The Board does not consider disputes relating to amounts of less than SEK 2,000 and does not conduct any medical assessments:

Allmänna reklamationsnämnden, Box 174, SE-101 23 Stockholm, Sweden. Telephone: +46 (0)8-508 860 00.

Judicial review

An insurance dispute can also be considered by a general court. A Swedish district court (*tingsrätt*) is the first instance.

BLIWA'S HEALTHCARE CENTRE

bliwa@capio.se