

# Bliwa

# SÄKRA

## Friska Firman

**INSURANCE CONDITIONS**  
EFFECTIVE AS OF 1 JANUARY 2025

*Insurer - Bliwa Livförsäkring*



## GENERAL INFORMATION ABOUT THE INSURANCE

Säkras insurance package Friska Firman with Bliwa includes three different insurance products that provide financial protection for the insured in the event of accident and death, as well as access to healthcare advice and specialist care by those private care providers included in the medical network to which Bliwa has access or otherwise nominated by Bliwa in accordance with the detailed provisions below.

All of the insurance products are pure risk insurance, which have no value if they cease before an insurance event has occurred. An individual person may be covered by group insurance with Bliwa if a group agreement entitling them to such insurance has been concluded between Bliwa and a group to which they belong, i.e., Säkra.

## INSURER

Bliwa Livförsäkring, ömsesidigt, corporate identity number 502006-6329 (referred to below as 'Bliwa') is the insurer for this insurance. Bliwa is a mutual insurance company, which means that the company is owned by the policyholders. This means in its turn that the policyholders are entitled to a bonus from any surplus that may arise from Bliwa's operations; see Sub-clause 1.17. Bliwa's insurance activities are subject to the supervision of the Swedish Financial Supervisory Authority (Finansinspektionen), postal address Box 7821, SE-103 97 Stockholm. Visiting address: Brunnsgratan 3, Stockholm. Email address: [finansinspektionen@fi.se](mailto:finansinspektionen@fi.se). Telephone number +46 (0)8-408 980 00. Website: [www.fi.se](http://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 Erlandergratan 8A. Email address: [konsumentverket@konsumentverket.se](mailto:konsumentverket@konsumentverket.se). Telephone number +46 (0)771-42 33 00. Website: [www.ko.se](http://www.ko.se).

Information about Bliwa's financial status is provided in Bliwa's latest adopted annual report. The annual report is available from Bliwa's website [www.bliwa.se](http://www.bliwa.se) and can also be ordered from Bliwa. Bliwa's contact details are shown at the end of these conditions.

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.

## BLIWA'S HEALTHCARE CENTRE

Bliwa's Healthcare Centre is provided by Capio Partner, corporate identity number 556805-7268, with which Bliwa has a cooperation agreement. The Healthcare Centre is manned by registered nurses who provide the insured with medical advice, assess care needs and also plan care (book care appointments). Contact details for Bliwa's Healthcare Centre are shown at the end of these conditions.

## INFORMATION ABOUT THE CONDITIONS, ETC., GOVERNING THE INSURANCE

These insurance conditions apply from and including 1 January 2025. This means that the conditions apply to insurance products taken out or renewed from 1 January 2025 or later. The conditions also apply to an insurance event that occurs from 1 January 2025 or later. The insurance is also governed by the group agreement concluded for each group, the insurance statement issued for the insurance, and also by the pre-contract information and the application documents for voluntary insurance. Furthermore, the Insurance Business Act (2010:2043), the Insurance Contracts Act (2005:104) and Swedish law in general together with official regulations, where applicable, also apply. A provision specially agreed in a group agreement takes precedence over these conditions.

## TAX RULES

Care insurance constitutes capital insurance according to the Income Tax Act (1999:1229).

If the employer pays the cost of the premium, the employee will be taxed for a benefit in kind. The benefit of the care insurance is valued at the employer's cost of the benefit, i.e., the premium. Bliwa's care insurance also includes tax-exempt benefits, such as preventive treatment and rehabilitation. Bliwa has therefore calculated the value of the benefit for the employee to be 60% of the premium. If the employer pays the premium for the care insurance for the employee, the employer may deduct the entire premium as a payroll expense and must pay employer's contributions in respect of the premium.

## COOLING-OFF PERIOD

If the policyholder is a consumer, they are entitled to withdraw from the insurance agreement ('cooling-off period') within 30 days from the date on which they received the insurance documents and were informed that the insurance agreement started to apply. The policyholder must notify Säkra if they wish to exercise their cooling-off right. A policyholder is also entitled to decline or give notice terminating the insurance at any time; see Sub-clause 1.9. The policyholder is always obligated to pay the premium for the period during which the insurance was in force.

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## Definitions

### EMERGENCY MEDICAL CARE

Care provided in the event of sickness or an accident that requires immediate care within the healthcare services.

### APPLICATION DOCUMENTS

In these insurance conditions, 'application documents' means both the application document itself and its appendices in the form of good-health declaration.

### INCAPACITY TO WORK

In these insurance conditions, 'incapacity to work' means, unless otherwise specified in the group agreement, that a person has lost their capacity to work or had it reduced by at least a quarter owing to sickness or an accidental injury and as a consequence of this has been granted sickness benefit or other compensation by the Swedish Social Insurance Agency owing to incapacity to work on the grounds of sickness or an accidental injury.

### BENEFIT PERIOD

The longest period during which the benefit can be paid out to the insured under the group agreement.

### FULLY CAPABLE OF WORKING

The person in question should be able to perform their normal work without limitation in order to be considered 'fully capable of working'. A person who to some extent is on sick leave, has been granted sick pay, sickness or rehabilitation benefit, activity compensation, sickness compensation or similar compensation or at least half occupational injury annuity is not 'fully capable of working'.

A person receiving dormant activity compensation, dormant sickness compensation or at least half of dormant occupational injury annuity is not considered to be 'fully capable of working' for the period during which the compensation or occupational injury annuity is dormant.

### INCREASE IN PREMIUM

Bliwa may notify a higher cost that is to apply for a particular insurance if the risk of future ill health is so high that Bliwa considers that the insurance could not otherwise be granted.

### BENEFICIARY

The person(s) entitled to receive a benefit under an insurance upon the death of the insured owing to nomination of beneficiaries contained in these insurance conditions or through a separate nomination of beneficiaries.

### INSURED

The person in respect of whose life or health the insurance applies. However, each insured is deemed to be a policyholder as regards: the right to nominate beneficiaries, their relationship with creditors and the right to insurance compensation in general provided the insurance applies in respect of the insured's life or health for the benefit of the insured personally or their rightholders.

### INSURANCE STATEMENT

An insurance statement will be issued when insurance is provided, including details about the fundamental rights and obligations resulting from the insurance together with important limitations to the insurance protection. An insurance statement will also be issued when the insurance has been amended or renewed, provided the change is significant or if the new insurance conditions include a limitation to the insurance protection.

### INSURANCE EVENT

An event that may afford entitlement to insurance compensation under the insurance conditions for the respective insurance product. A detailed description is provided below in conjunction with each respective insurance product, specifying the time at which an insurance event is deemed to have occurred.

### POLICYHOLDER

A policyholder is the person who has entered into an insurance agreement with Bliwa.

### TERM OF INSURANCE

The period during which the insured is covered by the insurance.

### GROUP AGREEMENT

The agreement concluded between Bliwa and a group representative that specifies, among other things, the person entitled to the insurance, the insurance products included in the agreement, what is required in order to be covered by or to take out each respective insurance product, what the insurance costs and how the premium should be paid. It is a precondition that a valid group agreement has been concluded and continues to apply in order for it to be possible to grant a particular insurance product and for it to be valid.

### GROUP REPRESENTATIVE

The natural or legal person representing the group entitled to insurance in relation to Bliwa. This is Säkra for voluntary insurance. The respective company is the group representative for compulsory group insurance.

**GROUP MEMBER**

A person belonging to the group specified in the group agreement and who is thereby entitled to apply for and be covered by insurance. In these conditions, for voluntary insurance, these are natural persons who are either customers of Säkra or employees of a legal person that is a customer of Säkra.

The group entitled to compulsory insurance is shown in the group agreement.

**QUALIFYING PERIOD**

The time for which a sickness period should run before the insured may be entitled to benefits.

**PRIMARY CARE**

Health and medical care activities that constitute the first level of care, without restriction as regards sickness, age or patient group, which shall satisfy the basic care needs, preventive work and rehabilitation for the population and that do not require the medical and technical resources of a hospital. Primary care is provided at, for instance, a healthcare centre, the occupational health service or a family doctor clinic.

**PRICE BASE AMOUNT**

The price base amount determined each year under Chapter 2, Section 7 of the Social Insurance Code (2010:110).

**PRIVATE CARE**

Care that is not financed by public funds.

**REFERRAL**

Document issued by the treating physician to a physician with specialist competence within a certain area for further investigation or other care of a patient or referral for further examination.

A referral is valid for six months from the date of issue.

**SICKNESS**

A deterioration of the insured's physical or mental health confirmed by a physician that was not caused by an accident. A deterioration that has been caused by the insured voluntarily or through negligence is not considered to be sickness.

**SICKNESS PERIOD**

The period during which the insured is incapable of working owing to sickness or an accident.

**SPECIALIST CARE**

Health and medical care activities that comprise the second level of care and require more specialised measures than primary care can provide.

**SYMPTOM**

Manifestation of sickness or signs of sickness. A symptom is deemed to exist even if the manifestation of sickness has temporarily ceased as a result of medication or other care.

**CARE**

Measures to medically investigate and treat sicknesses and injuries. Examples of such measures may be drug treatment, medical-technical treatment, functional and activity training, manual treatment (such as, for instance, treatment by a physiotherapist or naprapath), psychological and psychosocial treatment and also an operation.

**MARRIAGE**

'Marriage' also means registered partnership in these insurance conditions.

**1. Common provisions****1.1 INFORMATION ABOUT THE GROUP AGREEMENT AND VOLUNTARY AND COMPULSORY INSURANCE****THE GROUP AGREEMENT**

Under the Insurance Contracts Act, a valid group agreement is a precondition for an individual group insurance agreement. The group agreement is concluded between Bliwa and the group representative. The group agreement determines whether the insurance is compulsory or voluntary and also the general scope of the insurance. The agreement also governs who belongs to the group entitled to insurance, the earliest date on which the insurance products can start to apply, how the insurance is to be administered, the term of validity of the group agreement, the right to give notice terminating the agreement, etc. If the group agreement relates to compulsory insurance, the premium for this is also specified in the group agreement. The group representative or Bliwa may give notice terminating the group agreement. If notice is given terminating the group agreement, this means that all of the insurance products issued on the basis of the group agreement cease to apply.

**VOLUNTARY GROUP INSURANCE**

Säkra's insurance is voluntary group insurance. This means that those covered by the group agreement are entitled to make their own decision about whether or not they want to have the insurance protection. The insurance agreement is then concluded between the group member, as the policyholder, and Bliwa. This is done by the group member applying for and being granted insurance. However, the company is the policyholder for the

disability business interruption insurance included in the insurance agreement.

#### COMPULSORY GROUP INSURANCE

If the group insurance is compulsory, those specified in the group agreement as being entitled to the insurance are automatically covered by the insurance with Bliwa. The insurance agreement is concluded between the group representative, as the policyholder, and Bliwa. However, each insured is deemed to be a policyholder in terms of the right to insurance compensation, their relationship with creditors and also the right to control the insurance, for example by making a nomination of beneficiaries.

#### 1.2 THE INSURANCE CONDITIONS AND THE INDIVIDUAL INSURANCE AGREEMENT

These insurance conditions apply to each individual group insurance concluded on the basis of the group agreement between the group representative and Bliwa. The application documents and health certificates applicable at any given time, Bliwa's pre-contract information and also the latest insurance statement issued also apply to each individual group insurance.

#### 1.3 TERM OF VALIDITY OF THE INSURANCE

The insurance applies for no more than one year at a time unless otherwise specified in the group agreement. The first term of the insurance for new policies runs until the end of the year, i.e., up to and including 31 December of the year in which the insurance was taken out. The term of the insurance then runs for one year at a time, from 1 January to 31 December of each year. The insurance will be renewed annually provided notice has not been given terminating either the insurance or the group agreement at the end of the term of the insurance. Bliwa is then entitled to amend the insurance conditions; see Sub-clause 1.18. The insurance will be renewed for no longer than up to and including the date on which the insured attains the age at expiry for the insurance. The age at expiry is shown in the description of each product below.

#### 1.4 WHO CAN APPLY FOR GROUP INSURANCE

The group agreement defines who are group members and who can thereby apply for or be covered by the insurance products. For Säkra's voluntary group 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. They can apply for voluntary insurance in accordance with these conditions. For compulsory insurance, the group members are automatically covered by the insurance. The group entitled to

compulsory insurance is shown in the group agreement.

The application documents also show whether Bliwa has imposed health requirements as a precondition for granting voluntary insurance.

A precondition for affiliation to the voluntary group insurance is that the policyholder and the insured are permanently resident in Sweden.

### 1.5 WHEN THE INSURANCE ENTERS INTO FORCE

#### VOLUNTARY GROUP INSURANCE

##### *Upon application*

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 may be granted according to the provisions of these insurance conditions and Bliwa's health requirements; see Sub-clause 1.6.

If the insurance can only be granted subject to a reservation clause and/or an increase in premium, the liability only enters into force when the applicant has been offered the insurance with the reservation clause/increase in premium and has accepted this offer.

Bliwa's health requirements are specified in the application documents. The same provisions apply when the insurance protection is extended.

If the insurance is to be completely or partly reinsured, the insurance does not enter into force until the reinsurance has been granted, provided this has been stipulated in the group agreement.

#### COMPULSORY GROUP INSURANCE

Compulsory group insurance enters into force on the date 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.

### 1.6 HEALTH REQUIREMENTS

#### VOLUNTARY INSURANCE

A group member is normally 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 higher health requirement applies for some insurance products. This means that those entitled to insurance should answer Bliwa's questions about health and that Bliwa will grant or reject the insurance application following a risk assessment. 'Reservation clauses' and an increase in premium may be applied to the insurance products if the insurance could not otherwise be granted.

Health requirements are usually also imposed when the sum insured is increased or the insurance protection is otherwise extended. The health requirements are shown in the application documents.

Bliwa is entitled to request the information and documents required to enable Bliwa to assess the entitlement to insurance, extension of insurance or increase of sum insured. Such a document often comprises an authorisation entitling Bliwa to request information from a third party, for example from the health services. The insurance or extension/increase may not be granted if Bliwa does not receive the documents requested.

#### **COMPULSORY INSURANCE**

For compulsory insurance, the group members are covered by the insurance without health requirements. They are automatically affiliated to the insurance directly on the basis of the group agreement. However, in order for the group member to be entitled to insurance compensation in connection with an insurance event, requirements in respect of the group member's health may be imposed in certain agreements upon affiliation to the insurance. In such cases this will be shown in the insurance statement issued.

#### **1.7 PREMIUM**

The price for the insurance products ('the premium') is calculated and determined by Bliwa for one year at a time. The amount of the premium may, for example, depend on the distribution of ages among those insured and the development of claims within the group. 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 for the insurance products must be paid by the person who is the policyholder. This means that the group member is the person responsible for paying for voluntary insurance.

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

#### **NOTICE OF TERMINATION OWING TO UNPAID PREMIUM**

The first premium must be paid within 14 days from the date on which Säkra sent a premium payment demand. The premium for a subsequent premium period must be paid by no later than the first day of the period. The same applies for the first premium for an insurance product renewed under Sub-clause 1.3. If the premium relates to a period of more than one month, the premium must be paid no later than one month from the date on which Säkra sent a premium payment demand. Bliwa is entitled to give notice terminating the insurance or limiting its liability in accordance with the provisions of these conditions if the premium is not paid on time and the delay is not insignificant.

Notice of termination takes effect 14 days after the notice was sent from Säkra, unless the premium is paid within this time limit.

If it has not been possible to pay the premium for voluntary group insurance within the fourteen-day time limit because the group member was seriously ill, has been deprived of their liberty, has not received their pension or wages from their main employment or because another similar unexpected impediment occurred, the notice of termination takes effect one week after the impediment has ceased, though no later than three months after the fourteen-day time limit has expired.

If delay in payment of a premium for voluntary group insurance is due to the omission of a party acting as intermediary for the premium under the group agreement, the notice of termination only takes effect for the group member one week after the group member became aware of this delay.

For compulsory insurance, each insured is entitled to continuation insurance (see below in Sub-clause 1.11) if Bliwa's liability ceases owing to the policyholder not having paid the premium.

#### **REVIVAL OF INSURANCE**

If notice of termination has been given and has taken effect in accordance with Sub-clause 1.7.2 and the delay in premium payment does not relate to the first premium for the insurance, the voluntary group insurance will be revived if the outstanding premium amount is paid within three months from notice of termination taking effect. This applies subject to the precondition that the applicable group agreement is still in force. In the event of revival, the insurance will start to apply again from and including the day after the date on which the premium is paid.

The above-mentioned also applies to compulsory insurance, although this can only be revived for the entire group.

Bliwa is not liable for claim events that occurred or that are due to an event that occurred during the period when the insurance did not apply.

#### REPAYMENT OF PREMIUM

If a premium has been paid for a period after the term of the insurance for an insurance product has expired, the premium paid in error will be repaid, though no more than premiums for the past twelve months. This period is counted from the day on which Säkra received a request to repay premiums.

A premium will only be repaid if the aggregate amount exceeds 0.3 per cent of the price base amount applicable on the date of repayment.

#### 1.8 WHEN THE INSURANCE CEASES TO APPLY

The insurance applies for at most up to and including the month in which the insured attains the age at expiry for the insurance. The age at expiry for the insurance is shown in the description of each product below. The insurance may cease to apply prior to that if the group agreement ceases owing to notice of termination by Bliwa or by the group representative. If Bliwa gives notice terminating the group agreement, the insurance cannot cease to apply any earlier than upon the end of the current calendar year. If the group representative gives notice terminating the group agreement, the insurance cannot cease to apply any earlier than one month after Bliwa has received the notice of termination. The insurance also ceases to apply if the policyholder, the insured or Bliwa give notice terminating the agreement owing to an unpaid premium or incorrect information. The insurance also ceases to apply when the insured is no longer a member of the group entitled to be covered by the insurance under the group agreement.

The insurance cannot be extended by paying the premium for the period after the insurance has ceased to apply for any of the above-mentioned grounds.

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

#### 1.9 EXTENDED COVER PROTECTION

An insured is entitled to extended insurance protection ('extended cover protection') for three months if they have been covered by the respective insurance with Bliwa for at least six months and the insurance ceases to apply because the insured is no longer a member of the group.

However, the insured is not entitled to extended cover protection if notice has been given terminating the group agreement completely or partly or if they

have personally opted to give notice terminating the insurance but remain within the group. Nor is the insured entitled to extended cover protection if they have been granted, or can obviously be granted, insurance protection of the same kind as before in some other way.

'Extended cover protection' means that an insurance event that occurs during the extended cover protection period and before the insured attains the age at expiry for the insurance is regulated in accordance with the insurance conditions and at the sum insured applicable immediately preceding the extended cover protection period.

If the person covered by the insurance attains, or has attained prior to this, the age at expiry for the insurance during the extended cover protection period, the extended cover protection is limited as follows:

- Extended cover protection for life insurance ceases.
- Extended cover protection for personal accident insurance is limited to the scope applicable for accidents under Säkra's senior insurance.

#### 1.10 CONTINUATION INSURANCE

If the group agreement ceases owing to notice of termination by the group representative or Bliwa, each insured is entitled to be granted equivalent protection, without a health check, through Bliwa's continuation insurance. In some group agreements, an insured group member, who leaves the group for some reason other than having attained the age at expiry for the insurance, is also entitled to continuation insurance. Bliwa will provide information about entitlement to continuation insurance in conjunction with notice terminating the group agreement. An application for continuation insurance must be made within [BLANK].

For compulsory insurance, each insured is entitled to continuation insurance if Bliwa's liability ceases owing to the policyholder not having paid the premium.

A person, who has been insured under the respective insurance for less than six months or has chosen to give notice terminating the insurance but remains within the group, is not entitled to continuation insurance. This is also the case for a person who has been granted, or can obviously be granted, insurance protection of the same kind as before in some other way. A person may not take out continuation insurance if they have attained the age at expiry for the group insurance.

The continuation insurance has different insurance conditions, sums insured and premiums than the group insurance.

### 1.11 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, is entitled to take out continued insurance protection without a health check through Säkra's senior personal accident insurance, including personal accident insurance.

Säkra must have received the application for senior insurance no later than within three months from when the previous insurance ceased. The senior insurance has different insurance conditions, sums insured and premiums.

### 1.12 MEASURES REQUIRED FOR PAYOUT

A notification of sickness or an accident for which the insured is in need of care must be made to Bliwa's Healthcare Centre (does not apply for the need of emergency medical care). The insured shall refer to a physician on their own initiative if the insurance applies with a requirement for referral.

An insurance event in respect of an accident must be reported and payout of compensation requested as soon as possible. Reports should be made online via Bliwa's website or on the standard form provided by Bliwa.

The documents and other information that Bliwa considers are necessary to assess the insured's entitlement to insurance compensation must be submitted to Bliwa. Bliwa does not compensate any costs for arranging this. If required for Bliwa to be able to assess entitlement to insurance compensation, and if Bliwa so requests, the insured shall submit an authorisation so that Bliwa can obtain information from the policyholder, the insured, the employer or other group representative, physician, hospital, other care establishment, the Swedish Social Insurance Agency or another insurance establishment. If the insured does not submit such an authorisation, Bliwa may deny the entitlement to insurance compensation. How Bliwa processes the information obtained is described at the end of these conditions.

In the event of sickness or an accident, the insured shall seek health and medical care as soon as possible and follow the instructions provided by the care provider, the Swedish Social Insurance Agency and Bliwa. If Bliwa so requests, the insured shall agree to be examined by a physician appointed by Bliwa at the expense of Bliwa.

If the insured does not assist in the manner described above, the benefit that would otherwise have been paid out will be reduced according to what is reasonable considering the circumstances.

### 1.13 DATE OF PAYOUT

When Bliwa has established that an insurance event has occurred and the person requesting compensation has presented or assisted with the investigation in the manner that may reasonably be requested to enable Bliwa to determine its payment obligation and the person to whom payout should be made, the insurance event is to be settled speedily through Bliwa paying out compensation.

### 1.14 INTEREST ON LATE PAYOUT OF BENEFIT

Bliwa will pay interest under Section 6 of the Interest Act (1975:635) on a sum insured that has not been paid out on time according to these insurance conditions. The right to interest applies if the delay in payout was more than 30 days. Bliwa is not responsible for other losses that may arise if the investigation of the insurance event or payout of the insurance benefits is delayed. Interest for delay is not paid if the delay is due to an event in the nature of *force majeure*; see Sub-clause 5.7.

Irrespective of whether or not payout was delayed, Bliwa may pay interest on a death benefit that has fallen due for payment but remains under Bliwa's administration. The right to interest then applies from and including one month from when the sum insured should have been paid out. The rate of interest that is then applied is the reference interest rate less two percentage points and, when applicable, reduced by the tax on returns that Bliwa must pay in respect of such amount. This interest is deducted from the interest for delay. No interest is payable if the aggregate interest amount for the sum insured referable to the same insurance event is less than 0.5 per cent of the price base amount for the year in which the sum insured is paid.

### 1.15 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.

#### **1.16 ASSIGNMENT OF INSURANCE**

The life insurance may 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 the insured, any insurance compensation will be paid out to the owner of the insurance. An assignment lapses upon a transfer to continuation insurance.

#### **1.17 RULES FOR 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'; see Sub-clause 1.17.1. However, 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.

#### **HOW THE CONSOLIDATION RESERVE MAY BE USED**

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.

#### **1.18 AMENDMENT OF THE INSURANCE CONDITIONS**

Bliwa is entitled to amend these insurance conditions during an ongoing term of insurance if the 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. An amendment that may need to be made owing to the

nature of the insurance may, for example, be due to an amendment to a collective agreement forming the basis of the insurance. An amendment that is due to an amended law, application of law or official regulation, and trivial amendments, may start to apply immediately. Other amendments start to apply one month after Bliwa issued the amendment. Bliwa is also entitled to apply new insurance conditions in conjunction with renewal of the insurance.

#### **1.19 REPRESENTATION SYSTEM**

Bliwa Livförsäkring is a mutual insurance company. This means that the company is owned by its policyholders and that it is normally the policyholders that decide on the company's affairs. Bliwa has a representation system whereby the powers to make decisions are exercised by special delegate members appointed at Bliwa's general meeting. According to Bliwa's Articles of Association, half of the delegate members are appointed through direct election by the policyholders of Bliwa together with a small number of named organisations entitled to each appoint one delegate member. The other half of the delegate members are appointed by those customers of Bliwa who have paid the highest premiums during the immediately preceding financial year.

More information about the representation system, election of delegates and the general meeting of the company is available at [bliwa.se](http://bliwa.se).

## **2. Life insurance, including terminal illness, and also child protection**

This insurance means that an amount is paid out to the insured's beneficiaries if the insured dies during the term of the insurance. The insurance includes child protection; see Sub-clause 2.2.

The sum insured is determined in the group agreement and shown in the application documents and insurance statement issued. The sum insured does not decrease with increasing age.

The date of the insurance event for the death benefit is the date on which the insured died. The date of the 'terminal illness' component is the date of the physician's assessment.

The insurance applies for at most up to and including the month in which the insured attains the age of 70.

#### **2.1 NOMINATION OF BENEFICIARIES FOR GROUP LIFE INSURANCE**

The beneficiaries of the death benefit are, unless a written nomination has been presented to Bliwa:

- 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 heir(s).

Beneficiaries may waive their rights completely or in part. The persons next in line according to the nomination then become the beneficiaries instead. Any waiver should be made before the beneficiary may be considered to have taken possession of the benefit they acquired and before an estate inventory has been submitted to the Swedish Tax Agency.

A nomination for the benefit of a husband/wife ceases to apply when an application for divorce has been received by a court, unless it is indicated by the circumstances that the insured had a different intention.

In the event that heirs are nominated, the sum insured will be allocated in accordance with the rules of the Inheritance Code.

However, the insured may notify Bliwa of a different nomination of beneficiaries through a personally signed written communication (separate nomination of beneficiaries). The insured is at liberty to choose who should be a beneficiary through such a nomination. A standard form for a separate nomination of beneficiaries can be printed out from Säkra's website [sakra.se/friska-firman](http://sakra.se/friska-firman) or from [www.bliwa.se/sakra](http://www.bliwa.se/sakra).

The nomination of beneficiaries cannot be amended through a will.

No payout will be made under the insurance if there are no beneficiaries.

## 2.2 TERMINAL ILLNESS

Compensation of half the sum insured for the life insurance may be paid out under the insurance as an advance payment if the insured contracts 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 the insured's death within twelve months of the date of the assessment. The compensation is then paid out to the insured. After compensation for terminal illness has been paid out, half of the sum insured remains for the life insurance.

## 2.3 CHILD PROTECTION

'Life insurance - death benefit - children' insurance is included as part of the life insurance. Children, who are entitled to inherit from a person insured under the life insurance - death benefit are insured under life insurance - death benefit - children. A stillborn child who died after the end of the 22<sup>nd</sup> week of pregnancy is equated to a 'child entitled to inherit'.

The insurance means that if an insured child under the age of 20 dies during the term of the insurance, the sum insured is paid out to the child's estate.

Compensation is only paid once per child and agreement. The sum insured is one price base amount.

The insurance applies for at most up to and including the month in which the child attains the age of 20 (the age at expiry for the insurance). If the life insurance ceases to apply prior to this, the child's insurance also ceases to apply.

## 2.4 SPECIAL LIMITATION FOR INSURANCE TAKEN OUT SUBJECT TO FULL CAPACITY TO WORK

The following applies if the insured has 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 the insured contracts a terminal illness (under Sub-clause 2.3) or dies 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 the insured 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.

## 3. Personal accident insurance

Personal accident insurance can provide the insured with financial compensation in the event of an accident that has resulted in costs or caused invalidity. The insurance covers, for example, medical costs, travelling costs, costs of rehabilitation and aids and also costs of crisis therapy. A maximum benefit amount applies for some losses/costs.

The insurance event is deemed to have occurred at the time of the accident.

The insurance applies for at most up to and including the month in which the insured attains the age of 70.

### 3.1 TERM OF VALIDITY

The insurance covers accidental injury that occurs during the term of the insurance. The insurance applies full-time, i.e., around the clock. Injuries that have occurred at work or on the way to or from work must be reported to the Swedish Social Insurance Agency. If the insured is covered by industrial injuries insurance (for example, work injury

insurance for private employees (TFA), work injury insurance for employees of municipal, county and regional authorities, the Church of Sweden and certain municipally owned companies (TFA-KL) or compensation for Personal Injury Agreement work injury insurance for government employees (PSA)), the injury should also be reported to AFA Försäkring; see also Sub-clause 9.3.1.

### 3.2 DEFINITION OF THE TERM 'ACCIDENT'

An accident that affords entitlement to benefits under this insurance must have comprised an external event. The accident must also have been caused by a sudden and unexpected event that resulted in the insured involuntarily suffering a bodily injury. The person making the claim for benefits has to prove that an accidental injury has occurred.

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.

#### 3.2.1 Injuries equated to an accidental injury

Bodily injury that has arisen through frostbite, heatstroke, sunstroke, borrelia infection and TBE owing to a tick bite is equated to an accidental injury. The date on which such injury presented itself is deemed to be the date of the accidental injury. The rupture of an Achilles tendon or knee twist injury are also equated to an accidental injury without a requirement regarding an external event.

Accidental injury also includes under this insurance the following sudden events if these arise at an identifiable time and place without a requirement regarding an external event.

##### *Heart attack*

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 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 the insured has not been previously diagnosed for any of the following sicknesses 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 the insured has not been previously diagnosed for any of the following sicknesses 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 or symptoms: eye disease, visual impairment by 8 dioptres or more.

#### 3.2.2 Injuries that are never considered to be an accidental injury

Accidental injuries only comprise injuries that satisfy the preconditions of Sub-clauses 3.2 and 3.2.1. Accidental injuries therefore do not include, for example, a bodily injury that has arisen through the insured intentionally having injured themselves or having demonstrated a manifest indifference to the risk of getting injured. Nor do they include injuries that have arisen through, for example:

- overexertion or repetitive movements (repetitive strain injury), stretching, twisting or pathological changes
- infection through bacteria, viruses or other contagion, infection or poisoning through ingesting 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).

### 3.3 SCOPE OF THE INSURANCE BENEFITS

Benefits can be paid for the following items:

- medical costs – see Sub-clauses 3.4 and 3.5.1
- costs of dental injuries – see Sub-clauses 3.4 and 3.5.2
- travelling costs – see Sub-clauses 3.4 and 3.5.3
- additional costs – see Sub-clauses 3.4 and 3.5.4
- costs of rehabilitation and aids – see Sub-clauses 3.4 och 3.5.5
- costs of crisis therapy/psychology services – see Sub-clauses 3.4 and 3.5.6

- compensation for pain and suffering – see Sub-clause 3.6
- compensation for scars and other appearance-related consequences of an injury – see Sub-clause 3.7
- invalidity – medical and financial invalidity – see Sub-clause 3.8, including sub-headings
- benefit in the event of death – see Sub-clause 3.9.

Limitations to amounts and other limitations to the amount of the benefit are specified below.

### 3.4 IMPORTANT LIMITATIONS TO THE SCOPE OF THE BENEFIT

This insurance only pays benefits for adequate consequences of an accidental injury that required treatment within the health services. If the insured's health status has deteriorated 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, no benefits are paid for the costs, the pain and suffering and/or the invalidity resulting from such deterioration in health status. Nor is death benefit paid in such a case. 'Bodily defect' means sickness, pathological change and also defect and disablement.

As regards compensation of costs, the insurance only compensates necessary and reasonable costs that the insured has incurred as a consequence of the accident. Bliwa does not compensate costs that should be compensated by another party according to law, statute, convention or collective agreement. Costs that have been compensated through other insurance are not compensated under this insurance. This applies irrespective of whether such compensation is paid according to a flat-rate model or against an original receipt. Nor does Bliwa compensate costs that are to be compensated under patient or healthcare insurance that has been taken out separately. If an accident occurred outside the insured's place of residence or abroad, the insurance does not compensate the costs compensated by separate travel insurance or a travel component of home insurance. This restriction and other important limitations that apply to the right to compensation in the case of an accident that occurred abroad are shown in Sub-clause 5.3.

Bliwa only compensates costs that can be verified by an original receipt. If the insured is not covered by the social insurance and is not registered with the Swedish Social Insurance Agency, compensation is only paid for those costs that would have been compensated if they had been registered

and had made full use of the benefits that the social insurance provides.

Compensation is not paid for loss of income from work.

If the injury has been reported as an occupational injury, the insured must notify Bliwa of this as soon as possible. What is deemed to be 'work' and 'time for travel to or from work' is determined according to the definitions applied by the Swedish Social Insurance Agency and AFA Försäkring. If the injury has been classified as an occupational injury by the Swedish Social Insurance Agency or AFA Försäkring, Bliwa will not pay out compensation for the costs, etc., as a consequence of the occupational injury for which compensation has been paid by the Swedish Social Insurance Agency or AFA Försäkring.

There is never entitlement to benefits for an invalidity that existed before the insurance entered into force.

### 3.5 COMPENSATION OF COSTS

#### 3.5.1 Medical costs

Compensation is paid for the costs of essential medical care, hospital care, treatment and aids prescribed by a physician for treatment of the injury. Compensation is only paid for costs of care and treatment up to the level of the Swedish high-cost protection.

Compensation is only paid for the costs of care or treatment abroad if the accident occurred abroad; see Sub-clause 5.3 regarding when compensation is paid for accidents abroad.

Compensation is paid for medical costs if they have arisen within five years from the date of the accident. If the accidental injury resulted in medical invalidity but it was not possible for Bliwa to make a final settlement within five years, compensation is paid for medical costs until Bliwa has announced that a final settlement has been made.

Compensation is never paid for costs that arose after the final medical invalidity benefit has been determined.

#### 3.5.2 Costs of dental injuries

This insurance does not compensate costs of a dental injury that has arisen as a consequence of chewing or biting.

Compensation is paid for costs of essential treatment of dental injuries as a consequence of an accident. 'Dental injury' also means damage to a dental prosthesis that was in the mouth when it was damaged. Treatment and costs of dental injuries must be approved by Bliwa in advance. However,

compensation is also paid for reasonable emergency treatment costs if there was no time to obtain approval before treatment.

If there was already a need to treat the teeth damaged in the accident at the time of the injury, Bliwa is entitled to make an appropriate reduction to the amount of the benefit.

Compensation is only paid for costs of dental treatment in Sweden if the treatment is covered by the dental care insurance under the Social Insurance Code. Compensation is not paid for the costs of implant treatment that are not covered by the dental care insurance. Compensation is only paid for costs of treatment of damage to implants if the treatment is covered by dental care insurance.

Compensation is paid for costs of treatment within five years from the date of the accident.

Compensation is only paid for any emergency treatment costs for persons who are entitled to free dental care owing to their age.

If treatment needs to be postponed to a later date owing to the age of the insured, because not all of the insured's teeth are fully developed, compensation is paid for the costs of the postponed treatment if it is carried out before the insured has attained the age of 25. If postponed treatment is carried out later, but before the insured has attained the age of 30, compensation is only paid for the costs of the postponed treatment subject to the precondition that Bliwa approved the postponed treatment before the insured attained the age of 25.

No further compensation is paid if Bliwa has compensated costs of final treatment of a dental injury.

Compensation is only paid for the costs of treatment abroad if the accident occurred abroad; see Sub-clause 5.3 regarding when compensation is paid for accidents abroad.

### 3.5.3 Travelling costs

Compensation is paid for travelling costs between the permanent home and health and medical care establishment in conjunction with care and treatment prescribed by a physician to heal the injury.

Compensation is paid for reasonable additional travelling costs between the insured's permanent home and workplace or school if the insured has to engage special means of transport to be able to carry out their ordinary professional work or schooling/employment training. However, compensation for additional travelling costs between a permanent home and normal workplace should be

paid in the first instance by the employer or the Swedish Social Insurance Agency.

Compensation is paid for the costs of the least expensive means of travel that the insured's health status allows. This need must be verified by a physician. Compensation is not paid for travel using a private, official or company car and the like where no additional costs have arisen

Compensation is paid for travelling costs using their own car in accordance with the flat-rate model applicable at any given time that Bliwa has issued for this purpose.

Compensation is paid for travelling costs made within five years from the date of the accident. However, if the accidental injury resulted in medical invalidity but it was not possible for Bliwa to make a final settlement within five years, compensation is paid for travelling costs until Bliwa has announced that a final settlement has been made. Compensation is never paid for costs that arose after the final medical invalidity benefit has been determined.

### 3.5.4 Additional costs

Compensation is paid for the following items under general law of tort rules if the insured suffers a bodily injury as a consequence of an accident that requires treatment by a physician:

- Clothes normally worn and other personal belongings normally carried that were damaged in the course of the accident: spectacles/prescription lenses, wristwatches, plain wedding bands and helmets. Compensation is not paid for minor cosmetic damage to clothing. Personal protective equipment damaged at the time of the accident is compensated with at most SEK 3,000. The limitation to amounts does not apply for a damaged helmet. Compensation is only paid for the cost of repair if it is possible to repair the damaged object. Compensation may be paid for costs up to no more than 0.6 price base amounts in aggregate.
- Other unavoidable and reasonable additional costs that have arisen as a consequence of the accidental injury during the emergency treatment and healing period for the injury. Compensation may be paid for costs of up to no more than three price base amounts in aggregate.

Compensation is paid for destroyed clothes based on what equivalent clothes cost to buy at the time of the injury. If the clothes are more than one year old, an age deduction is made from the repurchase price. Compensation for destroyed clothes is paid in accordance with the following table. 'Clothes' also means wristwatches in this context. The table shows

compensation as a percentage of the repurchase price.

Age	0 to 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 years and older
Per cent	100	80	60	40	20

Compensation is paid for the cost of a pair of equivalent spectacles if the insured used spectacles that were destroyed at the time of the injury. The insured must send in a receipt for the purchase of new spectacles in order to receive compensation. Furthermore, the insured shall send a certificate from an optician showing that the new spectacles purchased were equivalent to the destroyed spectacles or enclose a receipt for the destroyed spectacles.

Compensation can only be paid for additional costs that the insured incurs in their capacity as a private individual. Compensation is never paid for additional costs for a business activity.

'Price base amount' means the price base amount for the year in which the accident occurred.

### 3.5.5 Costs of rehabilitation and aids

If an accidental injury entails a need for rehabilitation or special aids, compensation is paid for reasonable costs of this. The costs must have arisen after the emergency treatment period and must be approved by Bliwa in advance.

'Rehabilitation' means the care, treatment, training and re-education required to enable the insured to recover the best possible functional capacity and be able to live as normal a life as possible.

Rehabilitation does not include treatment that aims to maintain functional capacity that was acquired after the accident (treatment maintenance). There should be a time limit for rehabilitation.

Compensation is paid for the costs of the following rehabilitation measures:

- Care and treatment (maximum ten sessions) for which a treating physician has given a referral for the insured. In order to grant compensation Bliwa needs to see the referral and approve the care/treatment before it starts.
- Employability assessments, occupational rehabilitation and re-education. However, Bliwa does not pay compensation for the costs of training that increases the level of competence.
- Aids that are intended to increase the insured's ability to move and reduce the risk of any future invalidity.

Compensation is paid for costs up to no more than two price base amounts in aggregate for each insurance event. 'Price base amount' means the price base amount for the year in which the rehabilitation started.

Compensation is not paid for the costs of rehabilitation if the need has arisen through an accident at work or harmful effect owing to work. Bliwa does not pay compensation for the costs of raising the standard of aids.

Compensation is never paid for costs that arose after the final medical invalidity benefit has been determined.

Compensation is only paid for the costs of rehabilitation abroad in the event that a Swedish national health service manager has approved and is largely funding the treatment.

### 3.5.6 Costs of crisis therapy/psychology services

Compensation is paid for the costs of treatment by a psychologist and also travelling costs in conjunction with such treatment for an insured affected by a traumatic condition as a consequence of:

- an accidental injury for which there is an entitlement to benefits in accordance with these insurance conditions
- the death of a close relative ('close relative' means husband/wife, cohabitee, child and grandchild in these insurance conditions), including miscarriage
- robbery, threat or assault on the insured personally and that has been reported to the police
- rape or other sexual offences
- violence in the family
- involuntary unemployment for at least six months.

Bliwa only grants compensation subject to the precondition that the event occurred during the term of the insurance and the need for treatment arose within five years from when the event occurred. Bliwa must be contacted to grant approval of the treatment before it starts. Bliwa only approves treatment in Sweden. The insurance pays for no more than ten treatment sessions with a registered psychologist per insured and injury.

Costs of therapy and psychology services are only compensated in the first instance for treatment within the national healthcare service. However, Bliwa also grants the costs of therapy and psychology services within the private care sector if there are special reasons to do so.

The insurance only covers therapy and psychology services that the insured needs as a consequence of trauma that the insured suffered as a private individual during the term of the insurance. Compensation is not paid for the costs of treatment by a psychologist as a consequence of a traumatic condition that the insured suffers at work.

The insured may be entitled to compensation for travelling costs in conjunction with treatment; see Sub-clause 3.5.3.

For staff stationed abroad who are covered by the insurance, Bliwa pays compensation for the costs of no more than ten treatment sessions in the country in which they are residing. Compensation is paid on production of an original receipt. Compensation is not paid for travelling costs in conjunction with treatment outside Sweden.

### **3.6 COMPENSATION FOR PAIN AND SUFFERING**

Bliwa pays compensation for pain and suffering if the insured sustains an accidental injury that resulted in at least 25 per cent sick leave for 30 days or more during the normal emergency treatment and healing period for the injury. A requirement for the entitlement to compensation is that the emergency treatment and healing period for the injury is at least 30 days. If Bliwa considers that the injury has been severe, compensation may also be paid for a sick leave period of less than 30 days.

The amount of the compensation is set and calculated in accordance with the Road Traffic Injuries Commission's auxiliary table for calculating compensation for pain and suffering that applies at the time of payout.

If compensation for pain and suffering as a consequence of the accidental injury should be compensated by another party as a consequence of law, statute, convention or collective agreement,

Bliwa will not also pay compensation for pain and suffering. The same applies if the insured has already received compensation for pain and suffering or corresponding compensation from other insurance.

Bliwa will not pay compensation to cover the difference if the compensation for pain and suffering from other insurance has been adjusted owing to the insured's negligence.

### **3.7 COMPENSATION FOR SCARS AND OTHER APPEARANCE-RELATED CONSEQUENCES OF AN INJURY**

The insurance compensates scars and other appearance-related consequences of an injury as a result of accidental injury that occurred during the term of the insurance. Compensation is only paid after treatment has been completed and when the scar or appearance-related consequence of the injury is considered to be permanent for the future, though no earlier than one year after the accident happened.

'Scar' means a skin injury as a consequence of an accident. Other consequential injuries, such as for instance deformity or other bodily change where the skin is not damaged, are considered to be an appearance-related consequence of an injury.

The sum insured for scars and other appearance-related consequences of an injury corresponds to the chosen sum insured for medical invalidity. The sum insured is reduced by one percentage point for each year that the age of the insured exceeds 25. Compensation of at most 25 per cent of the sum insured is paid for one and the same insurance event involving several scars.

A precondition for entitlement to compensation is that the injury was so serious that it required treatment within the health services.

Face and Neck	Length <0,5 cm	Length 0,5-2 cm	Length 2-6 cm	Length 6-10 cm	Length 10-15 cm	Length >15 cm
Width <0,5 cm	0,05%	0,30%	0,60%	0,90%	1,50%	1,80%
Width 0,5-2 cm		0,60%	0,90%	1,20%	1,80%	2,40%
Width 2-6 cm			1,20%	1,80%	2,40%	3,60%
Width 6-10 cm				3,00%	4,00%	7,00%
Width 10-15 cm					8,00%	10,00%
Width > 15 cm						25,00%
Appearance-related consequence of an injury $\geq 6 \times 6$ cm	5%					
Appearance-related consequence of an injury $< 6 \times 6$ cm	0,5%					

Forearms, lower legs/knee, hands and head	Length <0,5 cm	Length 0,5-2 cm	Length 2-6 cm	Length 6-10 cm	Length 10-15 cm	Length >15 cm
Width <0,5 cm	0,03%	0,15%	0,30%	0,45%	0,75%	0,90%
Width 0,5-2 cm		0,30%	0,45%	0,60%	0,90%	1,20%
Width 2-6 cm			0,60%	0,90%	1,50%	2,50%
Width 6-10 cm				1,20%	3,50%	6,00%
Width 10-15 cm					6,00%	8,00%
Width > 15 cm						10,00%
Appearance-related consequence of an injury	0,2%					

Upper arms, thighs, feet, elbows and trunk	Length <0,5 cm	Length 0,5-2 cm	Length 2-6 cm	Length 6-10 cm	Length 10-15 cm	Length >15 cm
Width <0,5 cm	0,02%	0,15%	0,20%	0,30%	0,50%	0,60%
Width 0,5-2 cm		0,20%	0,30%	0,40%	0,60%	0,80%
Width 2-6 cm			0,40%	0,60%	0,80%	1,50%
Width 6-10 cm				0,80%	3,00%	4,00%
Width 10-15 cm					5,00%	6,00%
Width > 15 cm						8,00%
Appearance-related consequence of an injury	0,1%					

### 3.8 BENEFITS IN THE EVENT OF INVALIDITY

The insured is entitled to benefits in the event of invalidity if the accidental injury resulted in a permanent impairment of the insured's bodily function or at least a 50 per cent reduction of the insured's future capacity to work, as confirmed by a physician.

Benefits are paid out when the level of invalidity has been finally determined by Bliwa.

A distinction is made between medical and financial invalidity when assessing invalidity.

'Medical invalidity' is a confirmed physical or mental impairment, irrespective of the insured's profession, working conditions or leisure interests. Medical invalidity also includes loss of an internal organ and loss of a sensory function. It should be possible to determine the impairment objectively; see further information below.

'Financial invalidity' is a permanent impairment of the insured's capacity to work as a consequence of the accidental injury. Capacity to work is deemed to be permanently impaired when all opportunities for occupational rehabilitation have been exhausted and the Swedish Social Insurance Agency has granted at least 50 per cent sickness compensation under the Social Insurance Code. See further information below.

#### 3.8.1 Benefits in the event of medical invalidity

Bliwa pays benefits for medical invalidity if the insured has sustained an accidental injury that has resulted in a permanent impairment of a bodily function and if the condition is stationary but not life-threatening.

The accidental injury must have resulted in a measurable invalidity within three years from the date of the accident for the insured to be entitled to benefits. Medical invalidity cannot normally be finally determined until one year has elapsed from the date of the accident. A final assessment of entitlement to benefits shall only be made when the level of invalidity has been finally determined, which may be postponed for as long as there is a possibility of further medical rehabilitation.

If the accidental injury has resulted in the insured having suffered injuries to several parts of the body so that the total level of invalidity exceeds 100 per cent, Bliwa will nevertheless always pay no more than the sum insured for 100 per cent invalidity. If a lost body part can be replaced by a prosthesis, the level of invalidity will be determined considering the prosthesis and its importance to the bodily function of the insured.

The level of invalidity is determined with the guidance of the industry rating scale that applies at the time of payout.

#### 3.8.2 Benefits in the event of financial invalidity

Bliwa pays benefits for financial invalidity if the insured person sustains an accidental injury that has resulted in a permanent impairment of their capacity to work by at least 50 per cent of full capacity to work (100 per cent) and if the condition is stationary. For Bliwa to provide benefits also requires the Swedish Social Insurance Agency to have granted at least 50 per cent sickness compensation as a consequence of the accidental injury.

The accidental injury must have resulted in a measurable loss of the capacity to work within five years from the date of the accident for the insured to be entitled to benefits. Furthermore, it is required that the accidental injury resulted in medical invalidity before the financial invalidity arose and that this occurred within three years from the date of the accident.

The insured's level of invalidity is established on the basis of the loss of capacity to work resulting from the accidental injury. It is only the portion of the incapacity to work due to the accident that is assessed, and the insurance only compensates this portion.

If the insured has sustained several injuries that are covered by the insurance and these injuries occurred at different times, one of these injuries must solely result in a permanent impairment of the insured's capacity to work by at least 50 per cent of full capacity to work for the insured to be entitled to benefits.

The amount paid out as invalidity benefit is an equally large portion of the sum insured as the level of the sickness compensation granted by the Swedish Social Insurance Agency. Benefits are paid at 50 per cent of the sum insured in the case of half sickness compensation. Benefits are paid at 75 per cent of the sum insured in the case of three-quarters sickness compensation and at 100 per cent of the sum insured for full sickness compensation. Bliwa's decision concerning benefits under these insurance conditions is based primarily on the Swedish Social Insurance Agency's decision concerning the insured's incapacity to work. However, Bliwa may decide to make its own assessment of the insured's incapacity to work and consequently make a different decision to the Swedish Social Insurance Agency if there are special reasons to do so.

If the insured was entitled to sickness compensation, activity compensation or other corresponding benefits under the Social Insurance Code at the time of the injury owing to a permanent incapacity to work,

the financial invalidity benefit from Bliwa will correspond to no more than the loss of the remaining capacity to work. This means that an insured who was already entitled to full sickness compensation, full activity compensation or other corresponding benefits under the Social Insurance Code at the time of the accident cannot receive any benefits for financial invalidity.

An insured who, as a consequence of an accident during the term of the insurance, suffers a permanent incapacity to work after they have attained the age of 60 may only receive financial invalidity benefit from Bliwa if the level of medical invalidity as a consequence of the accidental injury is at least 50 per cent.

### 3.8.3 Amount of the invalidity benefit

The amount of the sum insured for voluntary group insurance is specified in the insurance application. The amount of the sum insured is also specified in the insurance statement issued when the insurance was taken out and subsequently if there is a significant change to the insurance conditions, for example, through the insurance protection being limited.

#### PAYOUT OF INVALIDITY BENEFIT

The sum insured is determined by the price base amount applicable for the year in which Bliwa pays out the benefit.

The loss will only be finally settled when the medical or, when applicable, the financial invalidity has been finally determined by Bliwa. However, an advance payment of invalidity benefit may be paid out prior to this. This advance corresponds to the minimum level of invalidity expected. The advance, expressed in Swedish kronor, will subsequently be deducted from the benefit paid out when the level of invalidity has been finally determined.

If the insured dies before Bliwa has finally settled the claim, and if the invalidity was determined by Bliwa prior to this, an amount will be paid out corresponding to the insured's medical invalidity. The payout will be made to the insured's estate.

### 3.8.4 Possibility of reviewing the benefit if the invalidity increases

The insured is entitled to have their level of invalidity reconsidered, following a written request to Bliwa, provided:

- the accidental injury resulted in a significant deterioration of the insured's bodily functions after Bliwa finally settled the claim, or
- the insured lost further capacity to work after Bliwa finally settled the claim.

Bliwa will reconsider the level of invalidity if the insured requests this in writing and provides details of the circumstances that, according to the above, may afford entitlement to reconsideration. In order to make a new assessment of the level of invalidity Bliwa requires that the circumstances supporting such new assessment can be determined objectively. Bliwa decides what supporting information is required for such an objective assessment. The insured must personally furnish Bliwa with the supporting information requested by Bliwa. The insured shall pay for the cost of any new invalidity certificate. However, Bliwa will subsequently pay compensation for such new invalidity certificates if a deterioration of the insured's bodily functions has actually been objectively demonstrated and a new level of invalidity determined. A reconsideration may never be conducted when more than ten years have elapsed from the date of the accident.

### 3.9 BENEFIT IN THE EVENT OF DEATH

One price base amount is paid out to the insured's beneficiaries if the insured dies as a consequence of an accidental injury within three years from the date of the accident.

'Price base amount' means the price base amount applicable on the date of death.

The beneficiary is the insured's estate in the first instance, unless Bliwa is notified of a different nomination in writing. However, the insured may notify Bliwa of a different nomination of beneficiaries through a signed written communication (separate nomination of beneficiaries). The insured is at liberty to choose who should be a beneficiary through such a nomination. A standard form for a separate nomination of beneficiaries can be printed out from Säkra's website [sakra.se/friska-firman](http://sakra.se/friska-firman) or from [www.bliwa.se/sakra](http://www.bliwa.se/sakra).

A nomination of beneficiaries cannot be amended through a will.

## 4. Care insurance, Premium Plus

Care insurance affords the insured access to healthcare advice provided by registered nurses. The Healthcare Centre provides the insured with advice about self-care and assesses the need for care and also where the care is to be provided and by which care provider (care planning).

The insurance applies to care provided by private care providers in Sweden included in the medical network to which Bliwa has access or otherwise nominated by Bliwa. The insurance may also pay compensation for certain costs that arise in conjunction with the care. The insurance may apply with or without a requirement for referral and with or

without a deductible. What applies for each group has been agreed in the group agreement and is shown in the insurance statement, and also in the application documents for voluntary insurance.

Complaints resulting from an accident or sickness that occurs during the term of the insurance and that are covered by the insurance afford entitlement to advice, care planning, care and, when applicable, compensation of costs.

Conditions and symptoms with a medical connection (i.e., that stem from the same sickness or accident) are counted as one and the same claim event. However, this does not apply if the insured has been symptom-free and has not received any care and medication as a consequence of the claim event for a consecutive period of 12 months. If the insured in such case becomes sick again with the same sickness, symptom or condition or such condition that is considered to be connected to the previous sickness, symptom or condition, this is nonetheless counted as a new claim event. Sicknesses, symptoms or conditions such as, for example, colds and infections are counted as a new claim event on each occasion of illness.

#### **4.1 REQUIREMENT FOR REFERRAL AND DEDUCTIBLE**

Bliwa's care insurance may apply with or without a requirement for referral or deductible.

##### **DEDUCTIBLE OR REFERRAL**

If it has been agreed in the group agreement that the insurance shall apply with a deductible, the amount of the deductible is shown in the insurance statement, and also in the application documents for voluntary insurance. A deductible means that the insured personally pays a deductible to Bliwa for each new insurance event in accordance with the agreed level of deductible. The insured does not need to pay a deductible if the insured can produce a referral issued by a physician in conjunction with each new insurance event. If the insured is given a referral later during the period of treatment, this does not mean that any deductible previously paid will be repaid.

Bliwa may decline to continue the provision of care if the insured does not pay a deductible to Bliwa in accordance with the above and if a referral is not issued or does not satisfy the definition of a referral according to these insurance conditions.

##### **REQUIREMENT FOR REFERRAL**

If it has been agreed in the group agreement that the insurance shall apply with a requirement for referral, this means that the insurance does not cover care or costs until a referral has been issued.

If the insurance applies with a requirement for referral, this is shown in the insurance statement, and also in the application documents for voluntary insurance.

#### **4.2 WHEN THE NEED FOR CARE ARISES**

If the insurance applies without a requirement for referral, the insured must contact Bliwa's Healthcare Centre when a need for advice or care arises.

The following applies if the insurance applies with a requirement for referral. The insured must contact Bliwa's Healthcare Centre when a referral has been issued. The Healthcare Centre then books an appointment for care by one of the care providers included in the medical network to which Bliwa has access if there is considered to be a need and subject to the precondition that the claim event is covered by the insurance. Bliwa reserves the right to request the presentation of the referral from the insured. The insured may contact Bliwa's Healthcare Centre for advice even though the insurance applies with a requirement for referral.

#### **4.3 SCOPE OF THE INSURANCE**

The insurance covers the following components which are described in more detail under their respective heading in these conditions.

- 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

#### 4.3.1 Healthcare advice/care planning

##### *Healthcare advice*

Registered nurses provide the insured with medical advice and healthcare information and direct the insured, when necessary, to an appropriate care establishment considering the condition or symptoms that the insured states that they have.

Contact details for Bliwa's Healthcare Centre are shown at the end of these conditions.

##### *Care planning*

The registered nurses at Bliwa's Healthcare Centre assess the insured's medical needs and book an appointment for the insured with a suitable care provider for the condition in the medical network to which Bliwa has access.

#### 4.3.2 Specialist care

The insurance covers specialist care. The care shall be provided in the first instance in the insured's home district. In the case of an insurance event, the insured must always contact Bliwa's Healthcare Centre to book a care provider with specialist competence within the medical network to which Bliwa has access. The care must have been approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre.

#### 4.3.3 Investigations, treatment, operations

The insured has access to further investigations, treatment and operations under private auspices with any of the care providers included in the medical network to which Bliwa has access when this is medically justified according to a treating physician. The investigation, treatment and operation must have resulted from an insurance event and have been approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre. Bliwa needs to have access to medical documentation and proposed costs from the party performing the investigation, treatment and operation in order to be able to agree to the investigation, treatment and operation.

The insurance only covers investigations, treatment and operations available under private auspices in Sweden. Another precondition is that the private care sector in Sweden can receive the patient considering the patient's health status. The care shall comply with the national guidelines issued by the National Board of Health and Welfare and also be performed in accordance with medical science, established methods, proven experience and in a manner that complies with statutes and ordinances and also the regulations and general advice of the supervisory authority.

#### 4.3.4 Treatment by a physiotherapist, naprapath and chiropractor

The insurance covers treatment by a registered physiotherapist, registered naprapath or registered chiropractor under private auspices that has been approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre. Bliwa's Healthcare Centre is entitled to refer the insured to a specialist physician to assess the need for a physiotherapist, naprapath or chiropractor before the treatment is booked. The treatment shall be performed by a care provider included in the medical network to which Bliwa has access. The insurance covers up to ten treatment sessions per insurance event.

The treatment may be replaced by individual training on a training programme at, for example, a gym or preventative healthcare facility if a treating physiotherapist, naprapath or chiropractor considers this appropriate. The training programme shall be produced by a treating physiotherapist, naprapath or chiropractor, be for a limited period and approved in advance by Bliwa.

#### 4.3.5 Medical aids

The insurance compensates the insured for the costs of personal medical aids during the period for treatment and healing of the injury. In order to be entitled to compensation, the need of medical aids must have been brought about by an insurance event where the subsequent care has been provided within the framework of the insurance and arranged by Bliwa's Healthcare Centre. The aid must be medically justified and prescribed by a treating physician. Medical aids shall in the first instance be provided by a care provider included in the medical network to which Bliwa has access. The aid may be provided by another care provider if Bliwa has no access to the type of care provider in the medical network that can provide the kind of aid required. The cost must be approved in advance by Bliwa. Bliwa compensates costs of up to SEK 1,500 for heel cushions and up to SEK 2,500 for other aids. The insurance only compensates the cost of one aid of the same kind per insurance event.

#### 4.3.6 Treatment by a psychologist

The insurance covers treatment by a psychologist or psychotherapist as a consequence of an insurance event. 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. The insurance covers no more than ten treatment sessions per insurance event.

In addition to the above, the following also applies under *Premium Plus*. 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**

In the event that a claim event is not covered by the insurance, the insured may get assistance in the form of advice and help with booking a care appointment from Bliwa's Healthcare Centre. The cost of this care is paid for by the insured and is not otherwise covered by the insurance.

#### **4.3.7 Guarantee period**

The insurance includes a guarantee period. This means that care as a consequence of an insurance event must start within a certain period. Those insured through Bliwa's care insurance shall be offered the following if medically justified:

- an appointment with a specialist within seven ordinary weekdays from when the insured contacted Bliwa's Healthcare Centre or from the later date that Bliwa has access to the necessary medical documentation in the event that this is required, and
- an appointment for investigations, treatment or an operation (according to Sub-clause 4.3.3) within 14 ordinary weekdays from when the physician performing the care measure has decided on an appropriate measure and Bliwa has access to the necessary medical documentation.

If the insured is not offered an appointment with a specialist or an appointment for an investigation, treatment or an operation within the above-mentioned time limits, compensation of SEK 1,000 per ordinary weekday will be paid to the insured until the care measure can be offered.

The guarantee period only applies for the first consultation with a specialist or appointment for an investigation, treatment or operation as a consequence of one and the same insurance event.

Entitlement to guarantee compensation does not apply if the insured does not accept the appointment offered, fails to attend a booked appointment with a specialist or booked investigation, treatment or operation or if it is not possible to implement the investigation, treatment or operation for medical reasons. For the guarantee to apply, the insured may be compelled to travel to a clinic within Sweden nominated by Bliwa.

The maximum guarantee compensation that can be paid out is SEK 10,000 for an appointment with a specialist and SEK 10,000 for an appointment for an investigation, treatment or operation.

#### **4.3.8 Second opinion**

The insurance may entitle the insured to a 'second opinion'. A 'second opinion' means that an insured faced with difficult medical decisions as a consequence of an insurance event may sometimes be entitled to a further qualified medical assessment (second opinion) by one of the specialist physicians appointed by Bliwa. The insured is entitled to a second opinion once per insurance event and in the following situations:

- The insured is faced with the choice of being subjected to particularly risky treatment or operation. 'Particularly risky treatment or operation' means here treatment or an operation which itself may cause permanent disablement or be life-threatening.
- The insured is suffering from a life-threatening or serious illness or injury.

Bliwa must give its prior approval for a second opinion.

#### **4.3.9 Patient public healthcare fees**

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

#### **4.3.10 Speech therapist**

The insurance covers treatment by a speech therapist following a referral. 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. The insurance covers no more than five treatment sessions per insurance event.

#### **4.3.11 Dietician**

The insurance covers treatment by a dietician following a referral. 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. The insurance covers no more than five treatment sessions per insurance event.

#### **4.3.12 Travel and accommodation**

The insurance compensates the insured for necessary and reasonable costs of travel and accommodation in conjunction with care covered by the insurance and that was planned and arranged by Bliwa's Healthcare Centre. Compensation can only be paid for costs of travel and accommodation within Sweden. Compensation is paid for the least expensive means of transport that the health status allows. Compensation is only paid subject to the

precondition that the trip is made between the permanent home in Sweden 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 costs of accommodation up to a maximum of SEK 1,500 per day. The need must be approved by Bliwa in advance.

#### 4.3.13 Pharmaceutical costs

The insurance compensates the insured for the costs of prescription pharmaceuticals prescribed by a physician. Compensation is paid up to the level of the Swedish high-cost protection. Bliwa only compensates costs that can be verified by an original receipt.

#### 4.3.14 Aftercare/medical rehabilitation

The insurance compensates the insured for reasonable costs of aftercare and medical rehabilitation. 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 and being arranged by Bliwa's Healthcare Centre. The aftercare/rehabilitation shall also, according to a treating physician, be necessary to heal the injury and approved in advance by Bliwa. The aftercare/rehabilitation shall in the first instance be performed by a care provider included in the medical network to which Bliwa has access. The aftercare/rehabilitation can be provided by another care provider if Bliwa does not have access to the kind of care provider who must perform the aftercare/rehabilitation in its medical network. Such care and the cost of this must always be approved in advance by Bliwa. The insurance does not compensate costs paid by the county council. The insurance compensates the costs of at most one aftercare/rehabilitation period per insurance event. If the aftercare/rehabilitation relates to treatment by a physiotherapist, naprapath or chiropractor, the insurance compensates no more than ten treatments for each insurance event, in addition to treatments under Sub-clause 4.3.4.

Bliwa compensates costs of aftercare and medical rehabilitation by at most SEK 100,000 per event.

#### 4.3.15 Substance misuse treatment

The insurance compensates the insured for the costs of substance misuse treatment. 'Substance misuse' means misuse of alcohol, substances classed as narcotics, doping preparations and pharmaceutical misuse. The substance misuse must 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 affords entitlement to compensation of costs of one consecutive uninterrupted treatment period for substance misuse regardless of diagnosis. The treatment must have been approved in advance by Bliwa.

The insurance covers costs of treatment programmes up to SEK 100,000.

#### 4.3.16 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.

## 4.4 IMPORTANT LIMITATIONS TO THE SCOPE OF THE INSURANCE

### 4.4.1 Sickness, etc., before the insurance entered into force

The insurance does not apply for sickness, diagnosis, accident or their consequences for which

the insured 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 covers such diagnosis, sickness, accident or their consequences, provided the insured has been symptom-free and has not received any care or medication for a consecutive period of 12 months before such new need for care or medication arose during the term of the insurance.

#### 4.4.2 Missed appointments

A care appointment must be cancelled by no later than 15:00 on the ordinary weekday immediately prior to the day on which the planned care is to be provided. If the insured fails to attend an appointment made for care without having cancelled this appointment in good time, Bliwa reserves the right to make a decision about terminating the insured's right to continued care and compensation of costs as a consequence of the insurance event.

If the insured despite such a decision from Bliwa still wishes to have a continued right to care and compensation of costs through the insurance as a consequence of the insurance event, the insured may choose to personally compensate Bliwa for the actual costs that arose for Bliwa in relation to the care provider as a consequence of the insured missing a booked appointment. In such a case, the insured must notify Bliwa that the insured will personally bear the costs and can contact Bliwa's Healthcare Centre to book another appointment after compensation has been paid to Bliwa.

The above-mentioned does not apply in situations where the insured was prevented from cancelling an appointment in good time on account of very special circumstances that the insured could not have foreseen or controlled, such as medical or other exceptional reasons, provided the insured can verify the reasons given in a way that is adequate for Bliwa. Medical reasons must always be verified with a medical certificate. A new care appointment can be booked through the insurance if Bliwa approves the reasons given.

#### 4.4.3 Health and medical care, etc., that is not covered by the insurance

The insurance does not cover:

- Emergency medical care. The insurance only covers planned care under private auspices in Sweden.
- Care and costs that have not been approved in advance by Bliwa. The care must be planned and arranged by Bliwa's Healthcare Centre and also

provided by care providers included in the medical network to which Bliwa has access or otherwise nominated by Bliwa.

- A medical service (x-ray, laboratory sampling, etc.) that a care provider that is not included in the medical network to which Bliwa has access has referred an insured for.
- Investigation and treatment of neuropsychiatric diagnoses.
- Costs that cannot be verified by an original receipt. Bliwa only compensates necessary and reasonable costs that can be verified by an original receipt.
- If the insured is not covered by the social insurance and is not registered with the Swedish Social Insurance Agency, compensation will only be paid for those costs that would have been compensated if they had been registered and had made full use of the benefits that the social insurance provides.
- An injury or sickness that has been aggravated owing to the insured not having complied with Bliwa's or the care provider's instructions.
- Care that is not aimed at improving the insured's medical condition. Treatments of a cosmetic nature are not covered by the insurance.
- Weight-reducing operation and its consequences.
- Deteriorations of health status that, according to medical experience, result from various forms of misuse, for example, misuse of alcohol, narcotic drugs, pharmaceuticals, doping agents, gambling, etc. This applies excluding the provisions of Sub-clause 4.3.15 *Substance misuse 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.
- Participation in sport or athletics if the insured earned income of more than two price base amounts per year owing to their participation (contributions from sponsors are equated to 'income').
- Coronary angiography (coronary vessel X-ray) and consequential treatment.
- 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.
- Sickesses 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 codes F43.8 and Z73.0).
- Costs of aids that relate to the improvement or strengthening of vision or hearing.
- 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, such as 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.
- Nor does the insurance cover a claim event that arose in conjunction with care that has not been nominated by Bliwa.

## 5. Limitations to Bliwa's liability

### 5.1 DUTY OF DISCLOSURE

The policyholder and the insured are obligated to provide, at the request of Bliwa, information that may be relevant to the issue of whether insurance is to be granted, amended or otherwise processed. The policyholder and the insured must provide correct and complete answers to Bliwa's questions. The insured must immediately notify Bliwa if they were reported to Bliwa as incapable of working and subsequently return to work. The insured is also obligated to immediately notify Bliwa if they receive benefits from the Swedish Social Insurance Agency

and if these benefits are changed or cease. The insured must also provide Bliwa with information about other circumstances that may affect entitlement to benefits under the insurance products.

Bliwa may demand and be entitled to repayment of insurance compensation paid incorrectly as a consequence of incorrect information. If the policyholder, insured or anyone else to their knowledge has provided incorrect or incomplete information that is relevant to the assessment of the insured's entitlement to benefits under the insurance, this may result in the insurance agreement being invalid or the benefit amounts reduced in accordance with the provisions of the Insurance Contracts Act.

### 5.2 CONSEQUENCE OF INCORRECT INFORMATION

If the policyholder has acted fraudulently or in bad faith when performing their duty of disclosure under Sub-clause 5.1, the insurance agreement may be invalid and Bliwa released from its liability for an insurance event that subsequently occurs. Bliwa may in such case retain the premium paid in respect of the preceding periods.

If the policyholder or the insured – intentionally or through carelessness that is not insignificant – provided incorrect or incomplete information that was relevant to Bliwa's risk assessment, Bliwa's liability may be limited to the liability that would have applied if correct and complete information had been provided. This may mean that Bliwa is released from liability for an insurance event that has occurred.

Bliwa may give notice of termination or amend the insurance if Bliwa becomes aware that the duty of disclosure has been disregarded in such a way as mentioned above. Notice of termination is given in writing with a three-month notice period. If Bliwa would have issued insurance on different conditions if it had been aware of the correct information, the policyholder is entitled to continued insurance at the sum insured corresponding to the premium and conditions otherwise agreed. In such a case, the policyholder must request continued insurance before the notice period expires.

### 5.3 VALIDITY OF THE INSURANCE PRODUCTS IN THE EVENT OF STAYS ABROAD

STAYS ABROAD THAT ARE NOT AFFECTED BY LIMITATIONS IN THE EVENT OF A STATE OF WAR OR POLITICAL UNREST

Personal accident insurance covers incapacity to work, sickness and accident that the insured suffers when staying abroad if the stay is for no longer than one year. The insurance products also cover stays abroad for a period of more than one year, although this is then limited to stays within the Nordic countries. Furthermore, the insurance products also

cover stays outside the Nordic countries for a period of more than one year, although in this case only if the stay is due to the fact that the insured or the insured's husband, wife or cohabitee has:

- overseas service for the Swedish central government, posted abroad by an employer that is a Swedish company or a Swedish non-profit association,
- a post with a non-Swedish undertaking that is a parent company, subsidiary or fellow subsidiary of a Swedish company, or
- a post with an association of states of which Sweden is a member.

The insured shall also be covered by Swedish social insurance during the stay abroad.

'Life insurance – death benefit' and 'Life insurance – death benefit – children' also apply if the insured dies abroad, irrespective of the length of the stay abroad.

The insurance does not cover care and costs outside Sweden.

A stay outside the Nordic countries is not deemed to have been interrupted owing to a temporary visit in the Nordic countries for a doctor's appointment, hospital care, business, a vacation or the like.

Costs are only compensated for care and treatment within the national healthcare service. 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.

For stays abroad, compensation is always paid solely for the costs that arose within the first year of the stay. Compensation is never paid for expenses that arose during a stay abroad that lasted for a period of more than one year. This applies regardless of the country in which the insured is residing or the reasons for the stay abroad.

#### **5.4 VALIDITY OF THE INSURANCE PRODUCTS IN THE EVENT OF STATE OF WAR AND POLITICAL UNREST**

IN THE EVENT OF A STATE OF WAR IN SWEDEN  
A 'state of war in Sweden' means a war or situation for which special legislation applies (Act (1999:890) on insurance activities during war or risk of war, etc.).

##### *Life insurance - death benefit*

Special legislation applies to matters relating to Bliwa's liability and right to charge a war premium.

##### *Personal accident insurance and care insurance*

These insurance products do not cover an insurance event that occurs while a state of war prevails in Sweden and that may be considered to be due to the state of war. However, the insurance products do cover invalidity and death that occur as a consequence of an act of war during the period when a situation of war prevails in Sweden.

#### IN THE EVENT OF PARTICIPATION IN A FOREIGN WAR OR POLITICAL UNREST OUTSIDE SWEDEN

##### *Life insurance - death benefit*

These insurance products do not cover death or incapacity to work that occurs when the insured participates in a war or political unrest outside Sweden. Nor does the insurance cover death or an incapacity to work that occurs within one year after such participation and that may be considered to be due to the war or unrest.

##### *Personal accident insurance and care insurance*

These insurance products do not cover sickness or an accident that occurs when the insured participates in a war (that is unrelated to a state of war in Sweden) or political unrest outside Sweden. Participation in military peace-keeping activities under the auspices of the UN or according to a decision by OSCE (Organization for Security and Cooperation in Europe) are not counted as participation in war or political unrest. Instead the provisions regarding stays outside Sweden apply during a war or warlike political unrest (see below).

#### IN THE EVENT OF STAYS OUTSIDE SWEDEN IN THE EVENT OF WAR OR WARLIKE POLITICAL UNREST

The following applies if the insured is staying outside Sweden in an area where war or warlike political unrest prevails – but is not personally participating: If the insurance was taken out in conjunction with the outward journey to, or during the stay in, the area and the war or unrest was already underway or there was a manifest risk of war, this insurance does not cover death, work incapacity, sickness or an accident that occurs during the stay in the area. Nor does the insurance cover an insurance event that occurs within one year after the end of the stay and that may be considered to be due to the war or unrest.

#### **5.5 LOSSES CAUSED BY A NUCLEAR REACTION AND ALSO BIOLOGICAL, CHEMICAL AND NUCLEAR SUBSTANCES**

These insurance products do not cover an insurance event whose occurrence or scope is directly or indirectly linked to a nuclear reaction.

Nor do these insurance products cover an insurance event that has arisen through the spread of biological, chemical or nuclear substances in

conjunction with an act of terrorism. 'Act of terrorism' means a harmful act that is penalised where it is committed or where the insurance event occurs and that appears to have been performed with a view to:

- seriously frightening the population
- inappropriately compelling a public body or international organisation to implement or refrain from implementing certain action
- seriously destabilising or destroying the fundamental political, constitutional, financial or social structures in a country or in an international organisation.

#### **5.6 VALIDITY OF THE INSURANCE IN THE EVENT OF A CRIMINAL ACT, INFLUENCE OF ALCOHOL, ETC.**

In the event of an accidental injury or loss under care insurance, compensation may be reduced or denied completely if:

- the insured through gross negligence has induced an insurance event or aggravated its consequences or otherwise must be assumed to have acted or omitted to act even though they knew that this entailed a significant risk of the loss occurring
- the insured has performed or contributed to a criminal act that may result in imprisonment under Swedish law
- the insured was under the influence of alcohol, other intoxicants, soporifics, narcotic substances or it was a consequence of them having used a pharmaceutical in an improper way.

It is required that the event that caused the loss was a direct consequence of, or may be considered to be linked to, one of the above for these limitations to apply. These limitations do not apply if the insured was under the age of 18 or was seriously mentally disturbed at the time of the loss occurrence.

#### **5.7 FORCE MAJEURE**

Bliwa is not responsible for loss that may arise if the processing of an insurance application, investigation of an insurance event, payout or similar commitment of Bliwa is delayed owing to an event that lies outside the control of Bliwa. Bliwa should also have taken such action as may reasonably be required of Bliwa to mitigate the consequences of such an event. Examples of such events that may lead to a release from liability as provided above are war, warlike conditions or political unrest, natural disaster, restrictions to public communications or energy supply, decision taken by the Swedish Parliament (*Riksdag*), measure taken or omitted by a public authority, industrial conflict, blockade, fire, flooding,

sickness or major accident or extensive loss or destruction of property.

The reservation in respect of industrial conflict and blockade also applies if Bliwa itself is the subject of or has itself taken such a measure.

#### **5.8 LEGAL REPRESENTATIVE**

Compensation is not paid under group insurance with Bliwa for the cost of engaging a legal representative.

#### **5.9 JOINT CLAIMS REPORT REGISTER**

Bliwa is entitled to register claims information reported in connection with this insurance in a joint claims report register (GSR) for the insurance industry. GSR AB is the controller for the processing of personal data in the GSR register.

### **6. 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](http://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.

### **7. 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. Säkra distributes the insurance products in accordance with these conditions and shall provide the customer with information about the distribution.

### **8. If we do not agree**

LIABILITY FOR CARE AND ADVICE, ETC.

Bliwa is not liable in relation to the insured 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 have occurred, 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. You should contact the Complaints Officer at Bliwa if you are subsequently still dissatisfied with the case officer's decision. 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.

Bliwa's Complaints Officer will reconsider your matter free of charge; please write to: Bliwa, Klagomålsansvarig (Complaints Officer), Box 13076, SE-103 02 Stockholm, Sweden or send an email to: [klagomalsansvarig@bliwa.se](mailto:klagomalsansvarig@bliwa.se).

#### THE SWEDISH CONSUMERS' INSURANCE BUREAU

The Swedish Consumers' Insurance Bureau can provide general information and guidance on insurance issues. Address: Konsumenternas försäkringsbyrå, Box 24215, SE-104 51 Stockholm, Sweden.  
Telephone number: +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.

Address: Personförsäkringsnämnden, Box 24067, SE-104 50 Stockholm, Sweden. Telephone number: +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 applies limits in respect of values that may mean that disputes involving low values are not considered. Nor does the Board conduct any medical assessments.  
Address: Allmänna reklamationsnämnden, Box 174, SE-101 23 Stockholm, Sweden. Telephone number: +46 (0)8-508 860 00.

#### JUDICIAL REVIEW

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

# Bliwa

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Bliwa's Healthcare Centre  
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Telephone: +46 (0)771-108 108

Postal address for documents  
relating to claims matters:

Capio Partner  
FAO: Bliwa Livförsäkring  
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