

## Friska Firman

### **INSURANCE CONDITIONS**

APPLICABLE FROM 1 JANUARY 2026

*SFF-26:1*

*Insurer - Bliwa Livförsäkring*



## GENERAL INFORMATION ABOUT THE INSURANCE

Säkra's care insurance with Bliwa comprises group personal insurance that provides 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. The insurance may also pay compensation for certain costs.

The insurance is pure risk insurance, which has no value if it ceases before an insurance event has occurred. An individual person may be covered by group insurance with Bliwa if a group agreement for this has been concluded between Bliwa and a group to which the person belongs, i.e., Säkra.

Two levels of Bliwa's care insurance are offered: 'Premium' and 'Premium Extra', where the 'Premium' level has two variants – 'Premium' and 'Premium Plus'. The level and variant applicable for your particular insurance is shown in your insurance statement.

## 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: Sveavägen 44, 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 Erlander gatan 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 2026. This means that the conditions apply to insurance products taken out or renewed from 1 January 2026 or later. The conditions also apply to an insurance event that occurs from 1 January 2026 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.

## 1.8 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.

### **1.9 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.

### **1.10 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.

### **1.11 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.

### **1.12 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.

### **1.13 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.

### **1.14 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. Compensations in the event of invalidity, scars and Critical illness compensation are paid out to the insured.

### **1.15 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.

### **1.16 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.

### **1.17 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.

### **1.18 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.

### **1.19 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.

### **1.20 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.

### **1.21 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 2.3.

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.

#### 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.

#### 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 in case of sick leave for at least 30 days – 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 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

#### 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.

#### **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.

#### **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.

#### **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.

#### **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.

### 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 IN CASE OF SICK LEAVE FOR AT LEAST 30 DAYS

Bliwa pays compensation in case of sick leave for at least 30 days if the insured suffers 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. In order to be entitled to compensation it is required 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. For assessment of what is considered to be a severe injury, guidance is taken from Trafikskadenämnden's examples of severe injury.

The amount of the compensation is determined by the type of damage and its extent, as well as time for treatment and healing. The compensation is calculated using the table below which is applied by Bliwa at the time of payment. At the time of payment, the compensation amount is rounded in accordance with the following rules.

Amounts between SEK 1 and SEK 5,000 are rounded up to the nearest even 100s, amounts between SEK 5,000 and SEK 10,000 are rounded up to the nearest even 500s, amounts over SEK 10,000 are rounded up to the nearest even 1,000s

Type of care and injury	Within one year of the injury	One year after the injury
Other care	110 SEK/day	74 SEK/day
Hospital care other injury	197 SEK/day	134 SEK/day
Hospital care sever injury	264 SEK/day	177 SEK/day

If compensation in case of sick leave for at least 30 days as a consequence of the accidental injury have already been compensated or should be compensated by another party as a consequence of law, statute, convention or collective agreement, Bliwa will not also pay compensation for the same period. The same applies if the insured has already received corresponding compensation from other insurance. If such compensation has been paid and the deductible has been deducted, Bliwa will not compensate for this deduction.

If compensation in case of sick leave for at least 30 days from another insurance has been adjusted due to the insured's negligence, Bliwa will not provide any compensation to cover the difference.

### 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, by Bliwa, 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 for multiple scars within the same group is a maximum of 25% of the sum insured for group 1, 10% for group 2, and 8% for group 3, regardless of the number of scars. Compensation of at most 25 per cent of the sum insured is paid for one and the same insurance event involving several scars from different groups.

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

Compensation for scars and other appearance-related consequences of an injury as a percentage of the sum insured

Group 1 Face and Neck	Length < 0,5 cm	Length 0,5– 1,9 cm	Length 2–5,9 cm	Length 6–9,9 cm	Length 10–14,9 cm	Length ≥ 15 cm
Width < 0,5 cm	0,05%	0,30%	0,60%	0,90%	1,50%	1,80%
Width 0,5–1,9 cm		0,60%	0,90%	1,20%	1,80%	2,40%
Width 2–5,9 cm			1,20%	1,80%	2,40%	3,60%
Width 6–9,9 cm				3,00%	4,00%	7,00%
Width 10–14,9 cm					8,00%	10,00%
Width ≥ 15 cm						25,00%
Appearance-related consequence of an injury ≥ 6 x 6 cm	5%					
Appearance-related consequence of an injury < 6 x 6 cm	0,5%					

Group 2 Forearms, lower legs/knee, hands and head	Length < 0,5 cm	Length 0,5– 1,9 cm	Length 2–5,9 cm	Length 6–9,9 cm	Length 10–14,9 cm	Length ≥ 15 cm
Width < 0,5 cm	0,03%	0,15%	0,30%	0,45%	0,75%	0,90%
Width 0,5–1,9 cm		0,30%	0,45%	0,60%	0,90%	1,20%
Width 2–5,9 cm			0,60%	0,90%	1,50%	2,50%
Width 6–9,9 cm				1,20%	3,50%	6,00%
Width 10–14,9 cm					6,00%	8,00%
Width ≥ 15 cm						10,00%
Appearance-related consequence of an injury	0,2%					

Group 3 Upper arms, thighs, feet, elbows and trunk	Length < 0,5 cm	Length 0,5–1,9 cm	Length 2–5,9 cm	Length 6–9,9 cm	Length 10–14,9 cm	Length ≥ 15 cm
Width < 0,5 cm	0,02%	0,15%	0,20%	0,30%	0,50%	0,60%
Width 0,5–1,9 cm		0,20%	0,30%	0,40%	0,60%	0,80%
Width 2–5,9 cm			0,40%	0,60%	0,80%	1,50%
Width 6–9,9 cm				0,80%	3,00%	4,00%
Width 10–14,9 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.

#### 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.

#### 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.

#### **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.

#### **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**

The insurance applies to private care in Sweden in the event of sickness or an accident (insurance event) that occurs during the term of the insurance subject to the precondition that it is covered by the insurance. The insurance affords entitlement to healthcare advice, care planning, treatment and also, in certain cases, compensation for costs that arise in conjunction with care.

The care must be medically necessary and reasonable in relation to the insurance event and the care shall be performed by a care provider within Bliwa's network or by a care provider nominated by

Bliwa. Compensation is only provided for care and costs that have been approved in advance by Bliwa.

The scope of the insurance is shown in the insurance statement, pre-contract information and the application documents. The insurance conditions may also contain information about products or services that are not included in the group agreement in question.

#### 4.1 DEFINITION OF AN INSURANCE EVENT

'Insurance event' means a sickness or accidental injury that occurs during the term of the insurance and is covered by the insurance.

Complaints and symptoms with a medical link (i.e., that stem from the same sickness or accident) are counted as one and the same insurance event. However, this does not apply if the insured has been without symptoms, care and medication as a consequence of the insurance event for a consecutive period of 12 months. In such cases, the insurance provides compensation in accordance with the conditions applicable at the point in time of the new insurance event.

For certain short-term complaints, such as colds or infections, each occasion of illness is deemed to constitute a new insurance event.

#### 4.2 DEDUCTIBLE AND REQUIREMENT FOR REFERRAL

Bliwa's Care Insurance may apply with or without a requirement for referral or deductible. This is shown in the insurance statement, and also in the application documents for voluntary insurance.

##### DEDUCTIBLE OR REFERRAL

If the insurance applies with a deductible, this means that the insured personally pays a deductible to Bliwa for each new insurance event in accordance with the agreed level of deductible. However, no deductible needs to be paid if the insured can produce a referral in conjunction with each new insurance event.

If a referral is only given later during the period of treatment, a deductible already paid will not be repaid. If the deductible is not paid in accordance with the above and no referral has been issued, Bliwa may decline to continue the provision of care under the insurance until the deductible is paid.

##### REQUIREMENT FOR REFERRAL

A requirement for referral means that a physician within primary care must have issued a referral to a specialist physician before care or costs can be compensated. Before such a referral is sent to a specialist physician, the physician within primary care must have performed a basic medical

investigation and/or treatment. What a basic investigation/treatment includes depends on the sickness or injury involved and may include, for example, the taking of samples, X-rays, treatment or other relevant investigations.

The treating physician within primary care will only issue a referral to a specialist physician when an assessment has been made that the responsibility for care needs to be transferred to specialist care.

#### 4.3 A REFERRAL IS VALID FOR SIX MONTHS FROM THE DATE OF ISSUE. WHEN THE NEED FOR CARE ARISES

##### WITHOUT A REFERRAL

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

##### WITH A REFERRAL

When a referral has been issued, the insured must contact Bliwa's Care Centre. The Care 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 Care Centre for advice even though the insurance applies with a requirement for referral.

#### 4.4 GUARANTEE PERIOD

'Guarantee period' means that care as a consequence of an insurance event must start within a certain period.

- **Specialist:** An appointment shall be offered within seven ordinary weekdays from when the insured contacted Bliwa's Care Centre or when the necessary medical documentation is available.
- **Investigations, treatment or operations:** Shall be offered within 14 ordinary weekdays, where this is medically possible, from when the physician has decided on a measure and Bliwa has received the necessary medical documentation.

If these time limits are exceeded, the insured will receive SEK 500 per ordinary weekday until the care measure can be offered, up to SEK 25,000 for a specialist appointment and SEK 25,000 for an operation.

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.

The right to guarantee compensation does not apply if any of the following occurs:

- The insured does not accept the appointment offered
- The insured fails to attend a booked appointment
- The insured cannot undergo the care for medical reasons
- An operation or other treatment must be postponed for medical reasons.

The insured may need to travel to a clinic within Sweden nominated by Bliwa for the guarantee to apply.

#### **4.5 SCOPE OF THE INSURANCE- PREMIUM PLUS**

##### **HEALTHCARE ADVICE AND CARE PLANNING**

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

In the case of a consultation or following submission of a referral, Bliwa's registered nurses will make a medical assessment and book, when necessary, an appointment with a care provider within Bliwa's medical network.

##### **SPECIALIST CARE**

The insurance compensates specialist care, which shall be provided in the first instance at the insured's home district. In the case of an insurance event, the insured must always contact Bliwa's Care Centre to book a specialist within Bliwa's medical network.

##### **INVESTIGATIONS, TREATMENT, OPERATIONS**

The insured is entitled to further investigations, treatment or operations with a private care provider included in the medical network to which Bliwa has access when this is medically justified according to the treating physician. These measures shall be linked to an insurance event and must be approved by Bliwa in advance and arranged by Bliwa's Care Centre.

The care provider performing the measure needs to submit medical documentation and proposed costs

to enable Bliwa to be able to agree to the investigation, treatment or 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.

##### **TREATMENT BY A PHYSIOTHERAPIST, NAPRAPATH AND CHIROPRACTOR**

The insured is entitled to further investigations, treatment or operations with a private care provider included in the medical network to which Bliwa has access when this is medically justified according to the treating physician. These measures shall be linked to an insurance event and must be approved by Bliwa in advance and arranged by Bliwa's Care Centre.

The care provider performing the measure needs to submit medical documentation and proposed costs to enable Bliwa to be able to agree to the investigation, treatment or 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.

##### **MEDICAL AIDS**

The insurance compensates the cost of medical aids during the period for treatment and healing of the injury, provided they are medically justified, prescribed by the treating care provider and arranged via Bliwa's Care Centre. Medical aids shall preferably be provided by a care provider within Bliwa's medical network. If this is not possible, the medical aid may be obtained from another care provider following approval by Bliwa.

Compensation is payable of up to:

- SEK 1,500 for heel cushions
- SEK 2,500 for other aids.

The insurance only compensates the cost of one aid of the same kind per insurance event.

#### **TREATMENT BY A PSYCHOLOGIST**

The insurance compensates treatment by a registered psychologist or psychotherapist, including up to ten treatment sessions per insurance event.

The treatment shall be performed by a care provider included in the medical network to which Bliwa has access.

#### **ENHANCED HEALTHCARE PLANNING**

For claim events that are not compensated by the insurance, the insured may get advice and help with booking care appointments from Bliwa's Care Centre.

The insurance does not compensate the cost of care that is not covered by the insurance.

#### **SECOND OPINION**

A 'second opinion' means that an insured faced with difficult medical decisions as a consequence of an insurance event may in certain cases be entitled to a further qualified medical assessment by a specialist physician appointed by Bliwa. The insured is entitled to a second opinion once per insurance event.

There may be entitlement to a second opinion:

- If the insured is faced with the choice of being subjected to particularly risky treatment or operation that may be life-threatening or result in permanent injury or disablement.
- The insured is suffering from a life-threatening or serious illness or injury.

Bliwa shall give its prior approval for a second opinion.

#### **PATIENT PUBLIC HEALTHCARE FEES**

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

#### **SPEECH THERAPIST**

The insurance compensates treatment by a speech therapist following a referral, up to five treatment sessions per insurance event.

#### **DIETICIAN**

The insurance compensates treatment by a dietician following a referral, up to five treatment sessions per insurance event.

#### **TRAVEL AND ACCOMMODATION**

The insurance compensates necessary and reasonable travel and accommodation costs in Sweden in conjunction with care covered by the insurance and that has been planned and arranged by Bliwa's Care Centre.

Compensation is paid if the trip is made between the insured's population registration address in Sweden and the care establishment if the trip is more than 100 km for a one-way trip. Compensation is paid for the least expensive means of transport that the health status allows.

#### **PHARMACEUTICAL COSTS**

The insurance compensates the cost of prescription, publicly subsidised pharmaceuticals prescribed by a physician. Compensation is paid up to the level for the highest cost protection. Bliwa only compensates costs that can be verified by an original receipt.

#### **AFTERCARE/MEDICAL REHABILITATION**

The insurance affords entitlement to aftercare and medical rehabilitation subject to the precondition that these form part of a medical investigation and have been prescribed by a physician following care having been provided within the framework of the insurance.

The aftercare or rehabilitation shall, according to the treating physician, be necessary to heal the injury and must be approved in advance by Bliwa. The treatment shall in the first instance be performed by a care provider within the medical network to which Bliwa has access. Aftercare or rehabilitation can be provided by another care provider if Bliwa does not have access to such a care provider within its network, provided Bliwa approves both the care and its cost in advance.

The insurance does not compensate costs covered by the county council. The insurance compensates the costs for at most one aftercare or rehabilitation period per insurance event. If the aftercare or rehabilitation involves treatment by a physiotherapist, naprapath or chiropractor, the insurance compensates up to ten treatments per insurance event, in addition to treatments specified in the item 'Treatment by a physiotherapist, naprapath and chiropractor'.

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

#### **TREATMENT OF SUBSTANCE MISUSE**

The insurance compensates the cost of one (1) uninterrupted treatment period for diagnosed misuse of alcohol, narcotics, pharmaceuticals or doping preparations subject to the precondition that it is

medically justified. The insurance covers costs for treatment programmes up to SEK 100,000.

The treatment shall have been approved in advance by Bliwa.

The insurance does not apply to a diagnosis made within 24 months from when the insurance entered into force.

#### **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 accidental injury and is available to the insured for any questions or need for clarification and also provides advice and support. This applies regardless of whether the care is being performed within the insurance or within publicly financed care.

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 which 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.

#### **4.6 LIMITATIONS TO THE SCOPE OF THE INSURANCE**

The following limitations also apply in addition to the limitations shown in the above description of the Care Insurance. Deviations may be shown in the group agreement, insurance statement or pre-contract information.

#### **4.7 SICKNESS OR ACCIDENTAL INJURY BEFORE THE INSURANCE STARTED TO APPLY**

The insurance does not apply for sickness or accidental injury for which the insured has had symptoms, received care or medication prior to the insurance starting to apply.

The insured is covered by the insurance when they have been without symptoms, care and medication for a consecutive period of 12 months since the last care visit.

#### **4.8 COSTS COMPENSATED FROM SOMEWHERE ELSE**

The insurance does not compensate costs that are compensated from somewhere else, for example pharmaceutical or patient insurance 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.

#### **4.9 COMPENSATION FOR AN INJURY WITHIN HEALTH AND MEDICAL CARE**

The insurance does not provide financial compensation (damages) for personal injury, violation or property damage that arises in conjunction with health and medical care performed by a care provider nominated by Bliwa.

However, the insurance does afford a right to care to treat a personal injury or violation that has been caused by such a care provider.

#### **4.10 CARE AND COSTS THAT HAVE NOT BEEN APPROVED IN ADVANCE BY BLIWA**

The insurance only compensates care and costs that have been approved in advance by Bliwa. In order to be covered by the insurance, the care must:

- Be planned and arranged through Bliwa's Care Centre.
- Be provided by a care provider in Bliwa's medical network or specifically nominated by Bliwa.

The insurance does not apply for injuries or care provided by a care provider that has not been nominated by Bliwa.

#### **4.11 IF YOU DO NOT COMPLY WITH THE CARE PROVIDER'S INSTRUCTIONS**

The insurance does not compensate an injury or sickness that has been aggravated owing to the insured not having complied with Bliwa's or the care provider's instructions.

#### 4.12 MISSED APPOINTMENTS

A care appointment must be cancelled no later than 24 hours before the appointment made, calculated to the nearest preceding weekday. 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 for costs as a consequence of the insurance event.

#### 4.13 SPORT AND ATHLETICS

The insurance does not compensate damage as a consequence of 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').

#### 4.14 SICKNESSES AND CONDITIONS THAT ARE NOT COVERED BY THE INSURANCE

The insurance does not cover:

- Sickneses subject to the Communicable Diseases Act.
- Neuropsychiatric diagnoses.
- Eating disorders and their consequences.
- Congenital illnesses, birth injuries, disability or their consequences.
- Investigation or treatment of snoring or sleep apnoea.
- Dementia disease.
- Somatoform disorders, including chronic pain syndrome together with unspecified pain or aches.
- Illnesses, conditions or other complaints that a physician have assessed to be of a chronic nature and that require lifelong or long-term treatment. However, the insurance covers treatment until such time as a physician has assessed that the illness, condition or complaint is of a chronic nature.
- Treatment of chronic back problems is excluded from the insurance protection.

#### 4.15 CARE AND TREATMENT THAT ARE NOT COVERED BY THE INSURANCE

The insurance does not cover:

- Emergency medical care or intensive care. The insurance only covers planned care under private auspices in Sweden.
- Care that is not aimed at improving the insured's medical condition.
- Cosmetic treatments and operations, and their consequences.

- Fertility investigation or treatment of infertility. Gynaecological examinations or check-ups are only covered if the need has arisen as a consequence of an insurance event.
- Treatment for being overweight and obesity for a BMI of less than 35, and also weight-reducing operations and their consequences (with the exception of the provisions under the item 'Weight-reducing operation').
- Coronary angiography (coronary vessel X-ray) and its consequential treatment.
- PCI treatment for the narrowing of blood vessels.
- Ablation treatment for cardiac arrhythmia.
- Dental care regardless of cause.
- Correction of visual defect, unless the visual defect arose as a consequence of an insurance event.
- Organ transplants and their consequences.
- Dialysis treatment.
- Injections into the eye.

#### 4.16 OTHER COSTS THAT ARE NOT COMPENSATED BY THE INSURANCE

The insurance does not provide compensation for:

- Medical service (such as X-ray, laboratory sampling, etc.) for which the insured has been referred by a care provider outside Bliwa's medical network.
- Medical certificates and associated costs.
- Lost income from work as a consequence of sickness or treatment.

### 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 Co-operation 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.

## 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.

## 5. 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.

## 6. 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.

## 7. 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 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

Bliwa Livförsäkring, ömsesidigt

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SE-103 02 Stockholm, Sweden

*kund@bliwa.se, bliwa.se*

Telephone: +46 (0)8-696 22 80

Bliwa's Healthcare Centre  
*bliwa@capio.se*  
Telephone: +46 (0)771-108 108

Postal address for documents  
relating to claims matters:

Capio Partner  
FAO: Bliwa Livförsäkring  
Sundbybergsvägen 1  
171 73 SOLNA