

Säkra's Voluntary Group Insurance with Bliwa

PRE-CONTRACT INFORMATION

APPLICABLE FROM 1 JANUARY 2025

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This pre-contract information contains brief and general information about Säkra's voluntary group insurance with Bliwa Livförsäkring (referred to below as 'Bliwa'). This pre-contract information shows the information that Bliwa is to provide by law before insurance is taken out. You can get full insurance conditions ('Försäkringsvillkor Säckras gruppförsäkring i Bliwa' – Insurance Conditions for Säckra's Group Insurance with Bliwa) from sakra.se/sv/person-halsa or order them from Säckra.

1. General information about the insurance

Säckra's voluntary group insurance with Bliwa provides insurance protection that supplements the protection that applies according to laws and agreements. Säckra's voluntary group insurance includes the following insurance products:

- Life insurance – death benefit and terminal illness
- Lump-sum benefit
- Health insurance – payout period 36 months
- Health insurance – payout period up to the age of 67
- Disability business interruption insurance
- Critical illness insurance
- Personal accident insurance
- Accident and health insurance
- Child and pregnancy insurance

The sums insured that you can apply for and the cost of the insurance protection are shown in the application documents.

2. The various parts of the insurance protection

LIFE INSURANCE, INCLUDING TERMINAL ILLNESS, AND ALSO CHILD PROTECTION
This insurance provides insurance against risk and does not include any saving component. The components 'terminal illness' and also 'death benefit – children' are also included in your 'life insurance – death benefit'.

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

This insurance means that a sum insured will be paid out to your beneficiaries if you die before attaining the age at expiry for the insurance. Further information about beneficiaries is available in Clause 3 below.

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

Option entitlement

Option entitlement is included in the life insurance. The following applies for an option entitlement:

If you are fully capable of working, you are entitled to increase the sum insured by one level in the event of a particular family event and once a year.

The possibility of exercising the option entitlement applies one year from the particular family event having occurred and before you attain the age of 60.

The particular family events that afford you, as the insured, a right to exercise the option entitlement are if you enter into a cohabitation relationship, enter into marriage, have a child entitled to inherit or receive a child with the intention of adopting the child. To exercise the option entitlement, 12 months also must have passed since you last exercised this entitlement. The policyholder (group member) is the person who applies to increase the sum insured.

Terminal illness

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

Life insurance – death benefit – children

'Life insurance – death benefit' includes insurance protection that covers the death of a child. This insurance covers children of the insured under this 'life insurance - death benefit' provided they are under the age of 20 and entitled to inherit.

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

Compensation can only be paid out once per child and agreement.

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

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

No compensation is paid out if you are affected by a terminal illness or die within 36 months of the insurance entering into force if the reason for the terminal illness or death is caused by, or has a

medical connection to, the sickness/injury/complaint that you had symptoms of or received care or medication for during the 12 months immediately before the insurance entered into force. This limitation does not apply for 'life insurance – death benefit – children'.

LUMP-SUM BENEFIT

This insurance means that a lump sum may be paid out to you if you suffer an incapacity to work as a consequence of a sickness or accident during the term of the insurance. One precondition is that you have been granted sickness compensation, or similar compensation for a permanently impaired capacity to work as a consequence of sickness or accident, of at least 25 per cent by the Swedish Social Insurance Agency or that your capacity to work] has been impaired for a consecutive period of three years or for a total of three years over a five-year period. If your capacity to work has been impaired for three years, it is also required that you have been granted sickness benefit, or similar compensation for impaired capacity to work as a consequence of sickness or accident, of at least 25 per cent by the Swedish Social Insurance Agency for the period. The lump-sum benefit is based on the lowest level of sickness benefit that has applied during 11 of the last 12 months before the entitlement to benefits arose. Entitlement to benefits requires you to have been fully capable of working for the last three months before the insurance started to apply or were subsequently fully capable of working for at least three consecutive months.

Lump-sum benefit is paid out in proportion to the level of work incapacity that the Swedish Social Insurance Agency has assessed you to have. Full lump-sum benefit is paid out in the case of full incapacity to work. Three-quarters lump-sum benefit is paid out in the case of three quarters incapacity to work, and so on.

The sum insured decreases in pace with your age. The sum insured decreases by four percentage units per year from the age of 36 up to and including the age of 56. The sum insured decreases by two percentage units per year from the age of 57 up to and including the age of 60. Eight per cent of the original sum insured subsequently remains until you attain the age at expiry for the insurance, which is the age of 65. See the reduction table in the insurance conditions.

If you have previously received a partial lump-sum benefit, you may receive an additional lump-sum benefit if your incapacity to work increases and if the Swedish Social Insurance Agency decides during the term of the insurance to grant you a higher level of sickness compensation or if you have had a higher level of impaired capacity to work for a consecutive period of 12 months and the Swedish Social Insurance Agency has granted a corresponding level of sickness benefit. The lump-sum benefit is then based on the lowest level of sickness benefit that you had for 11 of the last 12 months before the right to receive additional

benefits arose. Bliwa takes into account any lump-sum benefit/advance benefit payment previously paid out when paying out such additional lump sum benefit. The total lump-sum benefit or advance benefit paid out can never exceed the full lump-sum benefit. If the full lump-sum benefit or advance benefit payment has been paid, there is subsequently no entitlement to benefits under this insurance.

You are personally responsible for requesting the payout of lump-sum benefit when you satisfy the conditions to be entitled to benefits.

The insurance applies for at most up to and including the month in which you attain the age of 65.

HEALTH INSURANCE – PAYOUT PERIOD 36 MONTHS

Health insurance may entitle you to a monthly benefit in the case of sickness. You, as the insured, must have suffered an incapacity to work and loss of income in order to be entitled to a monthly benefit. Bliwa's decision to grant a monthly benefit is based primarily on the assessment of your incapacity to work made by the Swedish Social Insurance Agency. However, Bliwa may make its own assessment of your incapacity to work and consequently make a different decision to the Swedish Social Insurance Agency if there are special reasons to do so. In such a case, the benefit will be based on the incapacity to work that Bliwa has assessed that you have suffered.

Benefits under the health insurance are paid out upon request by you as the insured.

Monthly benefit

The monthly benefit may be paid out to you if you have suffered long-term incapacity to work as a consequence of sickness or an accident during the term of the insurance. Your capacity to work must have been impaired by at least 25 per cent, in the assessment of the Swedish Social Insurance Agency, in order to receive benefits.

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

Benefits under the health insurance will be paid out in the same proportion of the sum insured as the level of your incapacity to work.

The benefit under the health insurance is paid out after the qualifying period has expired. The length of the qualifying period is 30 days. Benefits under the insurance will be paid out for as long as your incapacity to work endures and you are receiving sickness benefit from the Swedish Social Insurance Agency, though at most for 36 months. If you attain the age at expiry for the insurance prior to this, which is the age of 67, the payout ceases at the same time as the insurance ceases to apply.

If you become incapable of working again and satisfy the requirements for entitlement to benefits, you may be entitled to further benefits under the insurance if benefits have been paid out for the entire benefit period and you are subsequently fully capable of working for more than 12 months.

Overinsurance

Bliwa will never pay out benefits as a consequence of incapacity to work at an amount whereby you, as the insured, receive overall an amount exceeding your actual pay after tax.

Bliwa will not pay out any benefits if you already receive other insurance benefits or compensation as a consequence of incapacity to work at a level of benefit that exceeds your actual pay after tax. You are obliged to inform Bliwa about any other insurance benefits or compensation received in conjunction with the claims report/request for payout.

Option entitlement

The following applies for an option entitlement: If you are fully capable of working, you are entitled to increase the sum insured by one level in the event of a pay rise and once a year. An option entitlement applies if you apply for an increase within three months from the latest of the following two points in time:

- a) when you became aware of the change in income,
- b) when the new income started to apply.

To exercise the option entitlement, at least 12 months must have passed since you last exercised an option entitlement. The policyholder (the group member) is the person who applies to increase the sum insured.

HEALTH INSURANCE – PAYOUT PERIOD UP TO THE AGE OF 67

Health insurance may entitle you to a monthly benefit in the case of sickness. You, as the insured, must have suffered an incapacity to work and loss of income in order to be entitled to a monthly benefit. Bliwa's decision to grant a monthly benefit is based primarily on the assessment of your incapacity to work made by the Swedish Social Insurance Agency. However, Bliwa may make its own assessment of your incapacity to work and consequently make a different decision to the Swedish Social Insurance Agency if there are special reasons to do so. In such a case, the benefit will be based on the incapacity to work that Bliwa has assessed that you have suffered.

Benefits under the health insurance are paid out upon request from you as the insured.

Monthly benefit

The monthly benefit may be paid out to you if you have suffered long-term incapacity to work as a consequence of sickness or an accident during the term of the insurance. Your capacity to work must have been impaired by at least 25 per cent, in the assessment of the Swedish Social Insurance Agency, in order to receive benefits.

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

Benefits under the health insurance will be paid out in the same proportion of the sum insured as the level of your incapacity to work.

The benefit under the health insurance is paid out after the qualifying period has expired. The length of the qualifying period is 30 days. Benefits under the insurance will be paid out for as long as your incapacity to work endures and you are receiving sickness benefit from the Swedish Social Insurance Agency, though at most until you attain the age at expiry for the insurance, which is the age of 67.

Overinsurance

Bliwa will never pay benefits as a consequence of incapacity to work at an amount whereby you, as the insured, receive overall an amount exceeding your actual pay after tax.

Bliwa will not pay any benefits if you already receive other insurance benefits as a consequence of incapacity to work at a level of benefit that exceeds your actual pay after tax. You are obliged to inform Bliwa about any other insurance benefits or compensation received in conjunction with the claims report/request for payment.

Option entitlement

The following applies for an option entitlement: If you are fully capable of working, you are entitled to increase the sum insured by one level in the event of a pay rise and once a year. An option entitlement applies if you apply for an increase within three months from the latest of the following two points in time:

- a) when you became aware of the change in income,
- b) when the new income started to apply.

To exercise the option entitlement, at least 12 months must have passed since you last exercised an option entitlement. The policyholder (the group member) is the person who applies to increase the sum insured.

DISABILITY BUSINESS INTERRUPTION INSURANCE

Benefits from disability business interruption insurance are paid out for interruptions to the insured company's operation owing to you, as the insured, suffering an incapacity to work of at least 25 per cent during the term of the insurance as a consequence of sickness or accident and being entitled to sickness benefit or similar compensation from the Swedish Social Insurance Agency. Benefits may also be paid out if you, as the insured, die during the term of the insurance and if this results in an interruption to the company's operation.

It is the company that takes out the insurance and is the policyholder. You, as an employee or owner, may be an insured. Benefits under the insurance are paid out to the company that has taken out the insurance.

Entitlement to benefits and amount of the benefit

Bliwa's decision concerning benefits as a consequence of incapacity to work is based primarily on the assessment of your incapacity to work made by the Swedish Social Insurance Agency. Bliwa may make its own assessment of your incapacity to work and make a different decision to the Swedish Social Insurance Agency if there are special reasons to do so. In such a case, the benefit will be based on the incapacity to work that Bliwa has assessed that you have suffered.

A daily benefit of 1/365 of the annual sum insured that is shown in the insurance statement is paid out in the case of full incapacity to work. For partial incapacity to work, the daily benefit is calculated on the basis of your level of work incapacity.

The entire annual sum insured is paid out as a lump sum if you, as the insured, die during the term of the insurance. If payout of the disability business interruption insurance has already started, the remaining part of the annual sum insured is paid out.

In the case of incapacity to work, the benefit is paid out for as long as you are incapable of working of at least 25 per cent, though at most in accordance with the chosen benefit period. The benefit period for the insurance is either 12 or 24 months depending on what has been taken out. The benefit ceases when your employment terminates or when you, as the insured, attain the age at expiry for the insurance, which is the age of 65.

The benefit is based on the operation's fixed costs but may never exceed the chosen sum insured. What are counted as fixed costs are shown in the insurance conditions. The sums insured that can be taken out are shown in the application documents.

Qualifying period

Benefits under the insurance can be paid out after the qualifying period has expired. The qualifying period is either 14 or 30 days depending on what has been taken out.

No new qualifying period applies for the insurance if benefits have been paid out under the insurance owing to incapacity to work, and you, as the insured, once again become incapable of working by at least 25 per cent within one month from being declared healthy. This presumes that there are benefit days remaining for the benefit period started.

Important limitations

During the first six months of the insurance, benefits are only paid for insurance events caused by accidental injury or diagnoses listed under the critical illness insurance. This applies to both incapacity to work and death.

The same applies if a new loss occurs within five years from a fully paid out benefit period and there is no medical connection to the previous benefit period. However, no compensation is paid

for death in the case of such loss. No benefits are paid under the insurance if there is a medical connection to the reason for the incapacity to work during the previous benefit period.

Benefits are not paid out for interruption owing to pregnancy or if you are receiving parental benefit, pregnancy benefit or similar compensation owing to pregnancy.

Benefits can never be paid out at a higher amount than an amount corresponding to the indemnifiable costs of the operation or the chosen sum insured.

The maximum benefits payable for start-up operations may be calculated on the basis of five price base amounts for the first year of operation.

CRITICAL ILLNESS INSURANCE

Bliwa's critical illness insurance provides you, as the insured, with entitlement to benefits if you are diagnosed during the term of the insurance with any of the diagnoses listed in the insurance conditions. You may be entitled to benefits in the case of certain kinds of cancer, heart attack, stroke, amyotrophic lateral sclerosis (ALS), Huntington's disease, Alzheimer disease, multiple sclerosis (MS), Parkinson's disease, neuroborreliosis, bacterial meningitis, tick-borne encephalitis (TBE), kidney failure, deafness, blindness, loss of arm or leg, loss of speech and some forms of permanent paralysis. Furthermore, benefits may be paid out to you for certain operations such as coronary bypass operation, replacement of an aorta, heart valve surgery and organ transplant. You are entitled to benefits no earlier than seven days after the diagnosis was made or the operation was performed.

The critical illness insurance also includes compensation of costs of crisis therapy if you suffer a traumatic condition during the term of the insurance as a consequence of a loss occurrence that is indemnifiable under this insurance. You are entitled to no more than ten treatment sessions with a registered psychologist per injury. The treatment is to be performed in Sweden, commence within one year and be concluded within three years of the loss occurrence.

Costs are compensated in the first instance for treatment within the national healthcare service.

Refer to the insurance conditions for a comprehensive description of when the benefits can be paid out under the insurance. The insurance conditions describe, among other things, important limitations to your entitlement to benefits for the above-mentioned diagnoses and operations.

Benefits under critical illness insurance will be paid out as a lump sum.

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

Important limitations

You are not entitled to benefits if any of the diagnoses covered by your entitlement to benefits had already been made before the insurance started to apply. This also applies if you have become sick with the same diagnosis after the insurance started to apply or become sick from a sickness with a medical connection to such diagnosis you were given before the insurance started to apply. If you are undergoing examination for a certain diagnosis at the time of your affiliation to the insurance, you cannot receive benefits for such a diagnosis even if it is made after the insurance has entered into force. Bliwa will pay benefits for no more than three different diagnoses during the term of the insurance.

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

PERSONAL ACCIDENT INSURANCE

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

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

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

Definition of the term 'accident'

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

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

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

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

In this insurance, the following sudden events are also counted as accidental injuries if they arise at an

identifiable time and place.

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

What is not an accident?

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

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

Compensation and benefits under personal accident insurance

In the case of accidental injury, the insurance can cover medical costs and costs of dental injuries, travelling costs, additional costs, costs of rehabilitation and aids and also costs of crisis therapy. The insurance may pay invalidity benefit (financial or medical) and compensation for pain and suffering, scars and other appearance-related consequences of the injury. Furthermore, the insurance includes death benefit. The applicable

benefit amounts, limitations to amounts and other limitations are shown in Bliwa's full insurance conditions and also in the application documents.

Important limitations to the personal accident insurance

Benefits are only paid for direct consequences of an accidental injury.

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

The insurance only compensates necessary and reasonable costs that arose as a consequence of the accidental injury. If the costs should be compensated through some other party according to, for instance, law or collective agreement, Bliwa will not compensate the same costs. The same applies for costs that have been compensated through other insurance. This applies regardless of whether compensation has been paid according to a flat-rate model or against original receipts. There are limitations to your entitlement to benefits if an accident occurred outside your place of residence or abroad. Costs are only compensated if they can be verified by a receipt or similar certificate.

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

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

ACCIDENT AND HEALTH INSURANCE

The insurance may pay benefits if you sustain a permanent bodily injury regardless of whether this arose through accident or sickness. The insurance comprises traditional personal accident insurance but with a supplement that also provides compensation for sicknesses that result in invalidity. However, benefits in the event of sickness are only paid for medical invalidity and also scars and other appearance-related consequences of the injury.

In the event of an accident, the insurance can provide you with financial benefits if you have an accident that results in costs or medical or financial invalidity. 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.

A maximum benefit amount applies for some losses/costs. Further information is available in the insurance conditions.

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

Definition of the term 'accident'

For accident and health insurance, the same definition of the term 'accident' applies as for personal accident insurance; see above.

Definition of the term 'sickness'

'Sickness' means a deviation from normal health status that requires health and medical care and is not to be regarded as an accidental injury according to the definition of an accidental injury in the personal accident insurance; see above. 'Sickness' does not mean a bodily injury caused voluntarily.

Sickness is deemed to have occurred when the insured's physical or mental functional capacity has manifestly deteriorated owing to the sickness.

Benefits under the insurance

Accident and health insurance compensates the same costs as a consequence of accidental injury as personal accident insurance. Accident and health insurance also includes compensation for a certain loss of income for at most 60 days as a consequence of the accidental injury. In the event of sickness, the insurance may pay benefits for medical invalidity and also scars and other appearance-related consequences of the injury.

Limitations to the accident and health insurance

The same limitations apply for accident and health insurance as for personal accident insurance; see above.

The insurance does not cover sickness, bodily defect or mental illness, or the consequences of such conditions, where the symptoms manifested themselves before the insurance entered into force, even if a diagnosis may only have been determined after the insurance entered into force. Compensation is not paid for costs as a consequence of sickness.

Nor does the insurance cover sicknesses caused by treatments of a cosmetic nature.

CHILD AND PREGNANCY INSURANCE

Pregnancy insurance together with accident and health insurance for children and young people

The insurance provides financial protection during pregnancy and also in the event of a child's sickness and accident.

Child insurance covers the child for whom the insurance has been taken out. You, as the group member, must thus take out child insurance for each child you want to be covered by the insurance. New insurance should be taken out in the event of a new pregnancy even if a group member already has a child insured under child insurance with Bliwa.

Child insurance may be taken out at two different levels: Basic and Premium. The difference between the two levels is shown below under 'Important limitations to child insurance'. Regardless of the level of the child insurance taken out, pregnancy insurance applies with the same scope as described below. However, the sum insured for critical illness benefit under pregnancy insurance is dependent on the scope of child insurance taken out. The same levels apply for both pregnancy insurance and child

insurance. The sum insured under the pregnancy insurance's critical illness insurance is one price base amount if the Basic Level has been taken out and two price base amounts if Premium Level has been taken out.

For pregnancy insurance in child insurance to apply, the insurance must be taken out before the 36th week of pregnancy. Children and young people who have not attained the age of 25 may be insured under child insurance. Pregnancy insurance can start to apply no earlier than from and including the 10th week of pregnancy for the mother, father and siblings of the unborn child and no earlier than from and including the 23rd week for the unborn child. Pregnancy insurance applies for at most up to and including the date on which the child attained the age of six months. Child insurance enters into force when the child has been born and applies for at most up to the end of the month in which the insured attains the age of 25 or the end of the month in which the group member attains the age at expiry for the group insurance.

Benefits are paid under either the pregnancy insurance or the child insurance during the period when the pregnancy insurance and child insurance apply in parallel. Benefits can never be paid out under both insurance products for the same claim.

Definition of the term 'accident'

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

Bodily injury. The event must have resulted in a bodily injury.

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

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

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

Definition of the term 'sickness'

'Sickness' means a deviation from normal health status that requires health and medical care and is not to be regarded as an accidental injury in accordance with the above. Sickness is deemed to have occurred when the insured's physical or mental functional capacity has manifestly deteriorated owing to the sickness. Sickness does

not mean a bodily injury caused voluntarily.

Benefits under pregnancy insurance

In the case of sickness and accidental injury, the insurance may cover medical and travelling costs for the child, costs of crisis therapy, hospital stay for the mother and child, and care expenses benefit. In addition, benefits may be paid for critical illness benefit for the child, medical invalidity as a consequence of the child having an accident and also benefit in the event of death. The applicable benefit amounts, limitations to amounts and other limitations for the insurance are shown in Bliwa's full insurance conditions.

Benefits under the child insurance

In the case of sickness and accidental injury, the insurance may cover medical and travelling costs, costs of rehabilitation and aids, care expenses benefit and costs of crisis therapy. In addition, benefits may be paid in connection with hospital care, benefit in connection with care at home, for certain diagnoses, for scars and other appearance-related consequences of the injury, and also permanent invalidity (financial and medical).

In the case of accidental injuries, the insurance may also compensate costs of dental injuries and additional costs. The application documents show how much the insurance costs. The applicable benefit amounts, limitations to amounts and other limitations for the insurance are shown in Bliwa's full insurance conditions. A precondition for entitlement to benefits in the case of an accidental injury is that the injury is so serious that it required treatment within the health services.

Important limitations to child insurance

The same limitations apply for child insurance as for personal accident insurance; see above.

Child insurance – Basic Level does not apply for the following sicknesses, impairment or intellectual disabilities – and for the consequences of such conditions:

ICD F00-F99 (for example, ADHD, autism, developmental delay, depression, phobias, eating disorders, etc.).

Child insurance – Premium Level applies to a limited extent for the following sicknesses, impairment or intellectual disabilities – and for the consequences of such conditions:

ICD F00-F99 (for example, ADHD, autism, developmental delay, depression, phobias, eating disorders, etc.).

This limitation means that medical and financial invalidity benefits are calculated on the basis of an amount corresponding to 10 per cent of the sum insured.

Neither child insurance – Basic Level nor Premium Level – can pay benefits for sickness or bodily defect, or their consequences, where the symptoms

manifested themselves before the insurance entered into force, even if the diagnosis can only be made after the insurance has entered into force.

Nor does child insurance cover sicknesses caused by treatments of a cosmetic nature.

Limitations for the first six months of life

If the child is affected by a sickness, the child must have attained the age of six months before the sickness manifested itself for the first time for benefits to be paid out under the following components of the child insurance:

- Care expenses benefit
- Medical invalidity
- Financial invalidity.

It is a requirement that the need for hospital care arose for the first time after the child attained the age of six months in order to be able to pay out benefits under the 'hospital stay' and 'care at home' components. This limitation in respect of a hospital stay does not apply if the child was previously covered by pregnancy insurance.

Child insurance applies for at most up to and including the month in which the insured child attains the age of 25 or the end of the month in which the group member attains the age at expiry for the group insurance.

3. Common provisions

The provisions shown here apply for all of the insurance products summarised above, unless otherwise specifically stated.

INSURER

Bliwa Livförsäkring, ömsesidigt, corporate identity number 502006-6329 ('Bliwa') is the insurer for the insurance products. Bliwa is a mutual insurance company, which means that the company is owned by its policyholders. This means in its turn that the policyholders are entitled to a bonus from the surplus that may arise from Bliwa's operations. Find out more under the heading 'Allocating surpluses and covering losses'. Bliwa is based in Stockholm. Bliwa's insurance activities are subject to the supervision of the Swedish Financial Supervisory Authority (Finansinspektionen), postal address Box 7821, SE-103 97 Stockholm, Sweden. Visiting address: Brunnsgatan 3, Stockholm. Email address: finansinspektionen@fi.se. Telephone number +46 (0)8-408 980 00. Website: www.fi.se. Bliwa's marketing is subject to the supervision of the Swedish Consumer Agency, postal address Box 48, SE-651 02 Karlstad. Visiting address: Tage Erlander gatan 8A. Email address: konsumentverket@konsumentverket.se. Telephone number +46 (0)771-42 33 00. Website: www.ko.se. You can obtain information about Bliwa's financial status from Bliwa's latest adopted annual report. The annual report is available at bliwa.se and can also be ordered by contacting Bliwa.

THE INSURANCE AGREEMENT

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

WHO CAN TAKE OUT THE INSURANCE PRODUCTS?

The insurance products can be taken out by you as a group member. You are a 'group member' if you are either a customer of Säkra or employed by a legal person that is a customer of Säkra. You can also take out insurance for your husband/wife or cohabitee

You can also insure your children or the children of your husband/wife or cohabitee. The sums insured for which you can apply and how much the insurance products cost are shown in the application documents.

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

ASSIGNMENT OF INSURANCE

Life insurance, lump sum benefit insurance and also critical illness insurance can be assigned to someone who may be a policyholder such as, for example, employer, partner/associate, husband/wife, and others. In the event that the owner of the insurance is someone other than you personally, any insurance compensation will be paid out to the owner of the insurance. An assignment lapses upon a transfer to continuation insurance.

HEALTH REQUIREMENTS

Those applying for the insurance must satisfy Bliwa's health requirements for Bliwa to be able to grant insurance. These are shown in the application documents. Bliwa will conduct a risk assessment to ensure that the insurance protection for which you have applied can be granted.

RESERVATION CLAUSES AND INCREASE IN PREMIUM

The insurance may sometimes be granted subject to a reservation clause or with an increase in premium if Bliwa receives information about your health whereby the risk of future ill-health is so high that Bliwa considers that the insurance could not otherwise be granted. Granting the insurance subject to a reservation clause means that an

exemption applies for consequences resulting from the excluded injury, symptom or sickness. In such cases, the reservation clause will be notified by a separate letter that comprises part of your insurance statement. An increase in premium means that you, as the policyholder, have to pay a higher premium that corresponds to the increased risk.

WHEN THE INSURANCE STARTS TO APPLY

The insurance products start to apply when Säkra has received your application when you apply using a physical form. In the case of other forms of application, for example via the Internet, the insurance enters into force on the day after Säkra has received the application. The insurance enters into force subject to the precondition that the insurance can be granted according to Bliwa's health requirements.

POLICYHOLDER/INSURED

You, as the person taking out the voluntary group insurance, are 'the policyholder'. You are also 'the insured', i.e., the insurance applies in respect of your life and/or your health. However, if you take out insurance for your husband/wife, cohabitee or children, they are also 'an insured', though you are 'the policyholder'.

BENEFICIARY

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

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

The insured's estate is the beneficiary of amounts that are to be paid out owing to the death of the insured for these insurance products: death benefit – children, personal accident insurance, accident and health insurance and also child insurance.

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

PREMIUM

The price for the insurance products ('the premium') is calculated and determined by Bliwa for one year at a time and may be adjusted in conjunction with renewal of the insurance. The development of claims and distribution of ages among those insured may also influence the future premium. The application documents show what premiums apply.

Premium payment

The premium must be paid by you as the policyholder. If you do not pay the premium, Bliwa is entitled to give notice terminating the insurance, subject to a notice period of 14 days.

ALTERATION OF THE SUM INSURED

You can choose from different levels of sum insured for the insurance products. The different levels available are shown in the application documents. You can apply for an alteration of the amount if you would like to increase or reduce a sum insured. A precondition for increasing the sum insured is that you satisfy the insurance's health requirements.

WHERE THE INSURANCE APPLIES

Life insurance – death benefit applies worldwide regardless of how long the stay abroad lasted.

Lump-sum benefit, health insurance, disability business interruption insurance, critical illness insurance, personal accident insurance, accident and health insurance and child insurance cover incapacity to work, sickness and accident incurred by the insured when staying in the Nordic countries. These insurance products also cover incapacity to work, sickness and accident that the insured incurs when staying outside the Nordic countries, but only if the stay was for no more than 12 months.

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

Compensation is only paid for costs of care and treatment (personal accident insurance, accident and health insurance, and child insurance) up to the level of the Swedish high cost protection.

REPORTING AN INSURANCE EVENT

Bliwa should be notified of the occurrence of an insurance event as soon as possible. Reports should be made online via Bliwa's website or on the standard form provided by Bliwa.

WHEN THE INSURANCE CEASES

The following applies for the insurance products **life insurance – death benefit, critical illness insurance, personal accident insurance and accident and health insurance**:

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

The insurance products **lump-sum benefit** and **disability business interruption insurance** apply for at most up to and including the month in which the insured attains the age of 65.

Health insurance applies for at most up to and including the month in which the insured attains the age of 67.

Child insurance applies for at most until the end of the year in which the insured attains the age of 25 or until the end of the month in which the group member attains the age at expiry for the group insurance.

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

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

The insurance products cease if you leave the group entitled to insurance.

Insurance products that apply to your husband/wife or cohabitee ceases if your own insurance ceases. The insurance protection for a co-insured husband/wife or cohabitee also ceases if your marriage or cohabitee relationship with the co-insured ceases. However, see below under the heading 'Extended cover protection'.

EXTENDED COVER PROTECTION

Extended cover protection only applies for those who have been insured under the respective insurance for at least six months when the insurance ceases to apply.

If your insurance products cease to apply owing to you having attained the applicable age at expiry for your group insurance or because you are no longer a group member, you will have continued insurance protection without charge for three months, known as 'extended cover protection'. The same applies for your co-insured husband/wife or cohabitee if your marriage or cohabitee relationship is dissolved or if you die. In such a case insurance protection continues for three months.

However, extended cover protection does not apply if notice has been given terminating the group agreement completely or partly or you have personally opted to give notice terminating the insurance but are still a member of the group entitled to insurance. Nor does your right to extended cover protection apply if you have been

granted or can obviously be granted insurance protection of the same kind as before in some other way.

If you have not attained the age at expiry for the insurance

If you have not attained the age at expiry for the insurance during the entire or parts of the period of extended cover protection, the extended cover protection applies with the sum insured that applied immediately preceding the period of extended cover protection.

If you have attained the age at expiry for the insurance

The extended cover protection provides the following insurance cover if your insurance products cease to apply owing to you having attained the applicable age at expiry for the group insurance or if you attain the age at expiry during the period of extended cover protection:

- Extended cover protection for life insurance ceases.
- Extended cover protection for lump-sum benefit ceases.
- Extended cover protection for health insurance ceases.
- Extended cover protection for disability business interruption insurance ceases.
- Extended cover protection for medical invalidity in the case of sickness ceases.
- Extended cover protection for critical illness insurance ceases.
- Extended cover protection for personal accident insurance and accident and health insurance is limited to the scope applicable for accidents under Säkra's senior personal accident insurance.
- Extended cover protection for child insurance ceases.

Beneficiary

If you should die during the period of extended cover protection, the sum insured for life insurance will be paid out to the beneficiary/beneficiaries who applied according to the previous group insurance.

CONTINUATION INSURANCE

If notice is given terminating the group agreement between Bliwa and Säkra, your insurance products also cease to apply. You will be notified if this occurs. You are then entitled to apply for continuation insurance within three months from the date on which your voluntary group insurance ceased. You are also entitled to continuation insurance if you leave the group entitled to insurance for some reason other than having attained the age at expiry for the insurance. However, the right to continuation insurance does not apply if you have been insured under the respective insurance product for less than six months, or if you have chosen to give notice terminating the insurance but remain within the group entitled to insurance. Nor are you entitled to continuation insurance if you have been granted, or can obviously be granted, insurance protection of

the same kind as before in some other way. You may not take out continuation insurance if you have attained the age at expiry for the insurance. It is not possible to take out continuation insurance for disability business interruption insurance.

Your co-insured husband/wife or cohabitee is entitled to take out continuation insurance if you die or if their marriage or cohabitee relationship with you ceases. The right to continuation insurance also applies for a co-insured if Bliwa, in the case of voluntary insurance, has given notice terminating the insurance agreement as a result of a delay in paying your premium. A co-insured is also entitled to take out continuation insurance if your insurance ceases to apply owing to you having attained the age at expiry for the insurance. However, this applies subject to the precondition that the co-insured has not themselves attained the age at expiry.

The continuation insurance starts to apply from and including the date when the extended cover protection under the voluntary group insurance runs out.

SENIOR INSURANCE

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

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

4. Limitations to Bliwa's liability

DUTY OF DISCLOSURE AND INCORRECT INFORMATION

As a policyholder and insured, you have a duty of disclosure and are obliged to provide correct and complete answers to Bliwa's questions. If you have been registered with Bliwa as incapable of working and subsequently return to work, you must immediately notify Bliwa or the party nominated by Bliwa of this. The same applies if benefits from the Swedish Social Insurance Agency start to be paid out, are changed or cease. You must also provide information to Bliwa, or to the party nominated by Bliwa, about other circumstances that may affect your entitlement to benefits under the insurance products. If you have provided incorrect or incomplete information, this may mean that the insurance does not apply; see the insurance conditions for further details.

OTHER LIMITATIONS TO THE COVER

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

available in the insurance conditions.

- Bliwa's liability is limited in the case of a state of war, nuclear reaction, acts of terrorism and other situations in the nature of *force majeure*, as explained in more detail in the insurance conditions.
- Certain limitations apply to the insurance for stays outside the Nordic countries; see the insurance conditions for full information.

TAX RULES

All of the insurance products included in the group insurance constitute capital insurance according to the Income Tax Act. This means, among other things, that any sum insured paid out by Bliwa as a result of an insurance event is exempted from income tax and that the premium for the insurance is not deductible.

ALLOCATING SURPLUSES AND COVERING LOSSES

According to the Insurance Business Act (2010:2043), a mutual life insurance company should credit a bonus to the policyholders and other parties entitled to compensation under insurance with an allocation based on the contribution to the surplus by the insurance, unless otherwise provided for by provisions in the insurance agreement or articles of association.

Refer also to the insurance conditions concerning how surpluses or deficits that arise within the insurance business are dealt with.

AMENDMENT OF THE INSURANCE CONDITIONS

Bliwa is entitled to apply new or amended insurance conditions and also increase or reduce the premium in conjunction with renewal of the insurance. Information about a new premium and new conditions will be provided no later than in conjunction with renewal of the insurance. Bliwa may also amend the insurance conditions during the term of the insurance. However, this only applies 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.

TIME LIMIT

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

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

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

PROCESSING OF PERSONAL DATA

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

APPLICABLE LAW, ETC.

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

COOLING-OFF PERIOD

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

INFORMATION ABOUT INSURANCE DISTRIBUTION

Bliwa's insurance products may be distributed by Bliwa or another distributor engaged by Bliwa to deal with the distribution. The party distributing the insurance must provide the customer with information about the distribution. The insurance products above are distributed by Säkra. Säkra shall provide the customer with information about the distribution.

IF WE DO NOT AGREE

Reconsideration by Bliwa

You should in the first instance contact Bliwa if you are dissatisfied with Bliwa's decision in order to have the matter reconsidered. A complaint or request for reconsideration must be presented to Bliwa within six months from Bliwa's final notice in the matter. However, if new circumstances occur, Bliwa will reconsider a matter even after this period has expired. Reconsideration is conducted in accordance with Bliwa's guidelines for dealing with complaints applicable at any given time. In the first instance we would like you to contact the person who dealt with your matter to have it reconsidered. If you are subsequently still dissatisfied with the case officer's decision, you can contact the Complaints Officer who will reconsider your matter free of charge. You can also contact the Complaints Officer or some other instance for dispute resolution in accordance with the following if you are not satisfied

with Bliwa's distribution.

Complaints Officer

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

The Swedish Consumers' Insurance Bureau

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

Municipal Consumer Advice Officer

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

The Board for Insurance of Persons

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

The National Board for Consumer Complaints (ARN)

ARN is a government authority that considers without charge disputes between private individuals and business operators. The Board does not consider disputes relating to amounts of less than SEK 2,000 and does not conduct any medical assessments: Allmänna reklamationsnämnden, Box 174, SE-101 23 Stockholm, Sweden.
Telephone: +46 (0)8-508 860 00.

Judicial review

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

CUSTOMER SERVICES AT BLIWA

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

BLIWA LIVFÖRSÄKRING

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