

Bliwa

SÄKRA

Säkra's Care Insurance with Bliwa

INSURANCE CONDITIONS

EFFECTIVE AS OF 1 JANUARY 2025
CARE INSURANCE SV:1



BRIEF 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: Brunnsgratan 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 Erlandergratan 8A. Email address: konsumentverket@konsumentverket.se. Telephone number +46 (0)771-42 33 00. Website: 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 and can also be ordered from Bliwa. Bliwa's contact details are shown at the end of these conditions.

Bliwa provides insurance conditions and all other information in Swedish. Any legal proceedings concerning these conditions or the insurance in some other respect shall take place in Sweden, applying Swedish law.

BLIWA'S HEALTHCARE CENTRE

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

INFORMATION ABOUT THE CONDITIONS, ETC., GOVERNING THE INSURANCE

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

TAX RULES

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

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

COOLING-OFF PERIOD

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

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Definitions

EMERGENCY MEDICAL CARE

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

LIABILITY PERIOD

The longest period during which Bliwa is liable for one and the same insurance event. The liability period is counted from the day on which the insurance event occurred.

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.

INSURED

The person in respect of whose health the insurance applies.

INSURANCE STATEMENT

An insurance statement will be issued to the insured 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

A claim event that occurred during the term of the insurance and which is covered by the insurance.

POLICYHOLDER

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 levels and components included in the agreement, what is required in order to be covered by or to take out the insurance, 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, or alternatively 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.

HUSBAND/WIFE

'Husband/Wife' also means registered partner in these insurance conditions.

CO-INSURED

The husband/wife or cohabitee of an insured group member who is insured in that capacity.

ACCIDENT

An accident must have comprised an external event that was caused by a sudden and unexpected event and that resulted in the insured involuntarily suffering a bodily injury.

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.

CLAIM EVENT

A 'claim event' means accident, sickness and costs that arise for the insured. A claim event is deemed to have occurred at the time of the accident or at the time the sickness first manifested itself. 'First manifested itself' means that the insured has such symptoms for the first time whereby the insured realised or ought to have realised that a sickness may exist.

As regards costs, a claim event is deemed to have occurred at the point in time when the cost arose for the insured.

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 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

If the insurance is voluntary, 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.

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 care and compensation of costs.

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.

1.3 TERM OF VALIDITY OF THE INSURANCE

The insurance applies for no more than one year at a time. 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.

1.4 BLIWA'S LIABILITY PERIOD

Bliwa's liability period applies until such time as the insured attains the age at expiry for the insurance, subject to the precondition that the insurance is in force. Bliwa's liability period ceases before then if the insurance ceases (however, see the provisions below regarding extended cover protection and continuation insurance).

1.5 WHO CAN APPLY FOR OR BE COVERED BY GROUP INSURANCE

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

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

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

CHILDREN

The insurance for children may either apply with a 'single-child premium' or 'multiple-child premium'. What applies in the individual case is shown in the insurance statement. However, it is no longer possible to take out new insurance with a multiple-child premium. If the insurance applies with a 'single-child premium' (i.e., a premium is paid for each child insured), new insurance should be taken out if another child is to be insured, even if a group member already has a child insured under the care insurance with Bliwa. The children who may be insured are all children, who are entitled to inherit, of the group member and the group member's husband/wife or cohabitee. Children placed in a foster home with a group member may also be insured under the child insurance.

If the insurance applies with a 'multiple-child premium', all of the group member's children entitled to inherit are insured through the existing child insurance if the other conditions are satisfied. Children, who are entitled to inherit, of the group member's husband/wife or cohabitee are also insured, subject to the precondition that they satisfy other requirements applicable for this insurance, and also that:

- the child is registered in the Swedish population register at the same address as the group member, or
- the child is registered in the Swedish population register at a different address, but the group member's husband/wife/registered partner/cohabitee has custody. The insurance applies up until the age at expiry for the insurance subject to the precondition that custody has lasted/is ongoing up until the child's 18th birthday.

1.6 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 date 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 1.7.

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

1.7 HEALTH REQUIREMENTS

VOLUNTARY GROUP INSURANCE

A group member or co-insured is required to be fully capable of working on the date on which the insurance enters into force in order to be covered by

voluntary group insurance. No health requirements apply for children when taking out insurance.

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

COMPULSORY GROUP INSURANCE

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

1.8 PREMIUM

The price for the insurance ('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 or the pre-contract information. The premium for compulsory insurance is specified in or in connection with the group agreement.

1.8.1 PREMIUM PAYMENT

The premium for the insurance 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.

1.8.2 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. 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 and any co-insured 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. The same applies for a co-insured for voluntary group insurance.

1.8.3 REVIVAL OF INSURANCE

If notice of termination has been given and has taken effect in accordance with Sub-clause 1.8.2 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 insurance cannot be revived solely for a co-insured.

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

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

1.8.4 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. If a premium has been paid in error (for example, for a co-insured despite the group member and the co-insured no longer being lawful spouses or cohabitants), a corresponding right to repayment of premiums applies, namely that no more than the premiums for twelve months will be repaid.

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.

1.9 WHEN THE INSURANCE CEASES TO APPLY

For voluntary insurance, the insurance is lifelong. Compulsory insurance ceases when the insured attains the age at expiry, which is the age of 70.

For any insured children, the insurance applies until the end of the year in which the child attains the age of 25.

If the insurance applies with a multiple-child premium, the insurance also ceases to apply for children, who are entitled to inherit, of a group member's husband/wife or cohabitee, if the child no longer satisfies the requirements in Sub-clause 1.5.

However, 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 or Bliwa gives 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 for any co-insured and child also ceases to apply when the group member's insurance ceases to apply. The co-insured's insurance also ceases if the marriage or cohabitee relationship with the group member ceases.

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.

1.10 EXTENDED COVER PROTECTION

An insured is entitled to extended insurance protection ('extended cover protection') for three months if they have been covered by group 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 for some other reason than the insured having attained the age at expiry for

the insurance. A co-insured is also entitled to extended cover protection on the same conditions if the marriage or cohabitee relationship with the group member ceases or if the group member dies.

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.

1.11 CONTINUATION INSURANCE

If the group agreement ceases owing to notice of termination by the group representative or Bliwa, each insured is entitled to take out continued insurance protection, without a health check, through Bliwa's continuation insurance. An insured group member who leaves the group is also entitled to take out 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 three months from when the insurance ceased. A person, who has been insured 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 co-insured is entitled to take out continuation insurance if the group member leaves the group, dies or if their marriage or cohabitee relationship with the group member ceases. Entitlement to continuation insurance also applies for a co-insured, for voluntary insurance, if notice has been given terminating the insurance agreement as a result of a delay in the group member paying the premium.

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

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

1.12 WHEN A CLAIM EVENT HAS OCCURRED

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.

The documents and other information that Bliwa considers are necessary to be able to make an assessment of the individual matter 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 care and any 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 an authorisation, Bliwa may deny the entitlement to continued care insurance compensation. Clause 4 describes how Bliwa processes the information obtained.

1.13 DATE OF PAYOUT OF COMPENSATION OF COSTS

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

1.14 INTEREST ON LATE PAYOUT OF COMPENSATION OF COSTS

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 3.8.

1.15 TIME LIMIT

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

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

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

1.16 CONTROL OF THE INSURANCE

The insured may not transfer or pledge the insurance. Any control in violation of this provision is ineffective.

1.17 RULES FOR ALLOCATING SURPLUSES AND COVERING LOSSES

If a surplus should arise in Bliwa's insurance activities, the annual gain will be appropriated to a 'consolidation reserve'; see Sub-clause 1.17.1. However, it is not necessary for all surpluses to be appropriated for consolidation but they may instead be distributed to the policyholders through a bonus, in the first instance in the form of a reduction of future premiums. If a deficit should arise in the operation, an appropriation from Bliwa's consolidation reserve may be made to cover the loss.

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

1.17.1 HOW THE CONSOLIDATION RESERVE MAY BE USED

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

1.18 AMENDMENT OF THE INSURANCE CONDITIONS

Bliwa is entitled to amend these insurance conditions during an ongoing term of insurance if the amendment is needed owing to the nature of the insurance or owing to some other special circumstance such as, for instance, amended law, application of law or official regulation. An amendment that is due to an amended law,

application of law or official regulation, and trivial amendments, may start to apply immediately. Bliwa is also entitled to amend these insurance conditions in conjunction with renewal of the insurance.

1.19 REPRESENTATION SYSTEM

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

More information about the representation system, election of delegates and the general meeting of the company is available at www.bliwa.se.

2. Special information about the care insurance

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

The insurance applies to care provided by private care providers in Sweden included in the medical network to which Bliwa has access or otherwise nominated by Bliwa. The insurance may also pay compensation for certain costs that arise in conjunction with the care. The insurance may apply with or without a requirement for referral and with or without a deductible. What applies for each group has been agreed in the group agreement and is shown in the insurance statement, and also in the application documents for voluntary insurance.

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

Conditions and symptoms with a medical connection (i.e., that stem from the same sickness or accident) are counted as one and the same claim event. However, this does not apply if the insured has been symptom-free and has not received any care and medication as a consequence of the claim event for

a consecutive period of 12 months. If the insured in such case becomes sick again with the same sickness, symptom or condition or such condition that is considered to be connected to the previous sickness, symptom or condition, this is nonetheless counted as a new claim event. Sicknesses, symptoms or conditions such as, for example, colds and infections are counted as a new claim event on each occasion of illness.

2.1 REQUIREMENT FOR REFERRAL AND DEDUCTIBLE

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

DEDUCTIBLE OR REFERRAL

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

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

REQUIREMENT FOR REFERRAL

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

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

2.2 WHEN THE NEED FOR CARE ARISES

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

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

covered by the insurance. Bliwa reserves the right to request the presentation of the referral from the insured. The insured may contact Bliwa's Healthcare Centre for advice even though the insurance applies with a requirement for referral.

2.3 SCOPE OF THE INSURANCE

The care insurance is split into two different levels: Premium and Premium Extra. The level applicable for a specific group has been agreed in the group agreement and is shown in the insurance statement, and also in the application documents for voluntary insurance.

The following components are included in the different levels.

PREMIUM & PREMIUM PLUS

The following components are included in Premium and Premium Plus.

- healthcare advice/care planning - see Sub-clause 2.5.1.
- specialist care - see Sub-clause 2.5.2.
- investigations, treatment, operations - see Sub-clause 2.5.3.
- treatment by a physiotherapist, naprapath and chiropractor - see sub-clause 2.5.4.
- medical aids - see Sub-clause 2.5.5.
- treatment by a psychologist - see Sub-clause 2.5.6.
- enhanced healthcare planning - see Sub-clause 2.5.7.
- guarantee period - see Sub-clause 2.5.8.
- second opinion - see Sub-clause 2.5.9.
- patient public healthcare fees - see Sub-clause 2.5.10.
- speech therapist - see Sub-clause 2.5.11.
- dietician - see Sub-clause 2.5.12.
- travel and accommodation - see Sub-clause 2.5.13.
- pharmaceutical costs - see Sub-clause 2.5.14.
- aftercare/medical rehabilitation - see Sub-clause 2.5.15.
- substance misuse treatment - see Sub-clause 2.5.16.
- care navigator - see Sub-clause 2.5.17.

PREMIUM EXTRA

In addition to the components described above under 'Premium', the following components are also included in 'Premium Extra'.

- help at home following an operation - see Sub-clause 2.6.1.
- compensation for deductible in the case of care abroad - see Sub-clause 2.6.2.
- cardiovascular examination - see Sub-clause 2.6.3.
- weight-reducing operation - see Sub-clause 2.6.4.
- vaccination costs - see Sub-clause 2.6.5.

2.4 IMPORTANT LIMITATIONS TO THE SCOPE OF THE INSURANCE

2.4.1 SICKNESS, ETC., BEFORE THE INSURANCE ENTERED INTO FORCE

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

2.4.2 MISSED APPOINTMENTS

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

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

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

2.4.3 HEALTH AND MEDICAL CARE, ETC., THAT IS NOT COVERED BY THE INSURANCE

The insurance does not apply for:

- Emergency medical care. The insurance only covers planned care under private auspices in Sweden.
- Care and costs that have not been approved in advance by Bliwa. The care must be planned and arranged by Bliwa's Healthcare Centre and also provided by care providers included in the medical network to which Bliwa has access or otherwise nominated by Bliwa.
- A medical service (x-ray, laboratory sampling, etc.) that a care provider that is not included in the medical network to which Bliwa has access has referred an insured for.
- Investigation and treatment of neuropsychiatric diagnoses.
- Costs that cannot be verified by an original receipt. Bliwa only compensates necessary and reasonable costs that can be verified by an original receipt.
- If the insured is not covered by the social insurance and is not registered with the Swedish Social Insurance Agency, compensation will only be paid for those costs that would have been compensated if they had been registered and had made full use of the benefits that the social insurance provides.
- An injury or sickness that has been aggravated owing to the insured not having complied with Bliwa's or the care provider's instructions.
- Care that is not aimed at improving the insured's medical condition. Treatments of a cosmetic nature are not covered by the insurance.
- Weight-reducing operation and its consequences. This applies excluding the provisions of Sub-clause 2.6.4 *Weight-reducing operation*.
- Deteriorations of health status that, according to medical experience, result from various forms of misuse, for example, misuse of alcohol, narcotic drugs, pharmaceuticals, doping agents, gambling, etc. This applies excluding the provisions of Sub-clause 2.5.16 *Substance misuse treatment*.
- Fertility investigation or treatment of infertility. Nor does the insurance cover gynaecological examinations or checkups, unless the need has arisen as a consequence of an insurance event.
- Participation in sport or athletics if the insured earned income of more than two price base amounts per year owing to their participation (contributions from sponsors are equated to 'income').
- Coronary angiography (coronary vessel X-ray) and consequential treatment.
- Congenital illnesses, birth injuries, disability or their consequences.
- Eating disorders and their consequences.
- Dental care regardless of cause.
- Investigation or treatment of snoring or sleep apnoea.
- Correction of visual defect, unless the visual defect arose as a consequence of an insurance event.
- Organ transplants and their consequences.
- Dialysis treatment.
- Dementia.
- Sickesses subject to the Communicable Diseases Act.
- Somatoform disorders, for example chronic pain syndrome together with unspecified pain or aches.
- Electrosensitivity.
- The insurance covers the initial treatment of sicknesses, conditions or other complaints until such time as a physician has assessed that the condition is of a chronic nature and requires lifelong treatment. The following applies when a physician assesses that the sickness, condition or complaint is of a chronic nature:
 - *Premium and Premium Extra:* Treatment of chronic conditions is excluded from the insurance protection.
 - *Premium Plus:* Treatment of chronic back problems is excluded from the insurance protection.
- Fatigue syndrome, fatigue depression or burnout (ICD codes F43.8 and Z73.0).
- Costs of aids that relate to the improvement or strengthening of vision or hearing.

- Costs of medical certificates.
- Costs that are compensated from somewhere else, for example pharmaceutical or patient insurance scheme or the like where there is a pharmaceutical or care provider liability. Costs that are compensated from somewhere else as a consequence of, for example, statute, enactment, convention or collective agreement.
- Loss of income from work.
- Compensation for personal injury, violation or property damage that arose in conjunction with health and medical care performed by a care provider nominated by Bliwa, such as damages for personal injury. However, the insurance includes a right to care as a result of personal injury or violation that has been caused by a care provider nominated by Bliwa.
- Nor does the insurance cover a claim that arose in conjunction with care that has not been nominated by Bliwa.

2.5 PREMIUM & PREMIUM PLUS

The following components are always included in the healthcare insurance Premium and Premium Plus.

2.5.1 HEALTHCARE ADVICE/CARE PLANNING

Healthcare advice

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

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

Care planning

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

2.5.2 SPECIALIST CARE

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

2.5.3 INVESTIGATIONS, TREATMENT, OPERATIONS

The insured has access to further investigations, treatment and operations under private auspices with

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

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

2.5.4 TREATMENT BY A PHYSIOTHERAPIST, NAPRAPATH AND CHIROPRACTOR

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

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

2.5.5 MEDICAL AIDS

The insurance compensates the insured for the costs of personal medical aids during the period for treatment and healing of the injury. In order to be entitled to compensation, the need of medical aids must have been brought about by an insurance event where the subsequent care has been provided within the framework of the insurance and arranged by Bliwa's Healthcare Centre. The aid must be medically justified and prescribed by a treating physician. Medical aids shall in the first instance be

provided by a care provider included in the medical network to which Bliwa has access. The aid may be provided by another care provider if Bliwa has no access to the type of care provider in the medical network that can provide the kind of aid required. The cost must be approved in advance by Bliwa. Bliwa compensates costs of up to SEK 1,500 for heel cushions and up to SEK 2,500 for other aids. The insurance only compensates the cost of one aid of the same kind per insurance event.

2.5.6 TREATMENT BY A PSYCHOLOGIST

The insurance covers treatment by a psychologist or psychotherapist as a consequence of an insurance event. The treatment shall be approved in advance by Bliwa, arranged by Bliwa's Healthcare Centre and performed by a care provider in the medical network to which Bliwa has access. The insurance covers no more than ten treatment sessions per insurance event.

In addition to the above, the following also applies under *Premium Plus*. Compensation is not paid under this component for complaints where it has been assessed that it is not possible to treat the symptoms within ten treatments. The same applies to complaints in the form of chronic fatigue syndrome.

2.5.7 ENHANCED HEALTHCARE PLANNING

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

2.5.8 GUARANTEE PERIOD

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

- an appointment with a specialist within seven ordinary weekdays from when the insured contacted Bliwa's Healthcare Centre or from the later date that Bliwa has access to the necessary medical documentation in the event that this is required, and
- an appointment for investigations, treatment or an operation (according to Sub-clause 2.5.3) within 14 ordinary weekdays from when the physician performing the care measure has decided on an appropriate measure and Bliwa has access to the necessary medical documentation.

If the insured is not offered an appointment with a specialist or an appointment for an investigation, treatment or an operation within the above-

mentioned time limits, compensation of SEK 1,000 per ordinary weekday will be paid to the insured until the care measure can be offered.

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

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

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

2.5.9 SECOND OPINION

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

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

Bliwa must give its prior approval for a second opinion.

2.5.10 PATIENT PUBLIC HEALTHCARE FEES

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

2.5.11 SPEECH THERAPIST

The insurance covers treatment by a speech therapist following a referral. The treatment shall be approved in advance by Bliwa, arranged by Bliwa's Healthcare Centre and performed by a care provider in the medical network to which Bliwa has access.

The insurance covers no more than five treatment sessions per insurance event.

2.5.12 DIETICIAN

The insurance covers treatment by a dietician following a referral. The treatment shall be approved in advance by Bliwa, arranged by Bliwa's Healthcare Centre and performed by a care provider in the medical network to which Bliwa has access. The insurance covers no more than five treatment sessions per insurance event.

2.5.13 TRAVEL AND ACCOMMODATION

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

2.5.14 PHARMACEUTICAL COSTS

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

2.5.15 AFTERCARE/MEDICAL REHABILITATION

The insurance compensates the insured for reasonable costs of aftercare and medical rehabilitation. The aftercare or medical rehabilitation must have been preceded by a medical investigation and be prescribed by a physician following care having been provided within the framework of the insurance and being arranged by Bliwa's Healthcare Centre. The aftercare/rehabilitation shall also, according to a treating physician, be necessary to heal the injury and approved in advance by Bliwa. The aftercare/rehabilitation shall in the first instance be performed by a care provider included in the medical network to which Bliwa has access. The aftercare/rehabilitation can be provided by another care provider if Bliwa does not have access to the kind of care provider who must perform the aftercare/rehabilitation in its medical network. Such care and the cost of this must always be approved in advance by Bliwa. The insurance does not

compensate costs paid by the county council. The insurance compensates the costs of at most one aftercare/rehabilitation period per insurance event. If the aftercare/rehabilitation relates to treatment by a physiotherapist, naprapath or chiropractor, the insurance compensates no more than ten treatments for each insurance event, in addition to treatments under Sub-clause 2.5.4.

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

2.5.16 SUBSTANCE MISUSE TREATMENT

The insurance compensates the insured for the costs of substance misuse treatment. 'Substance misuse' means misuse of alcohol, substances classed as narcotics, doping preparations and pharmaceutical misuse. The substance misuse must be diagnosed and the treatment medically justified. The insurance does not apply to a diagnosis made within 24 months from the insurance entering into force. The insurance only affords entitlement to compensation of costs of one consecutive uninterrupted treatment period for substance misuse regardless of diagnosis. The treatment must have been approved in advance by Bliwa.

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

2.5.17 CARE NAVIGATOR

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

You are entitled to a care navigator:

- when several care providers at different healthcare institutions are participating in investigations and treatment

- in the case of a complex disease panorama with several different diagnoses and need for treatment
- in the case of a life-threatening or particularly serious sickness or injury
- in the case of an unclear or still unidentified diagnosis that requires a long investigation

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

2.6 PREMIUM EXTRA

In addition to the components described above under 'Premium' and 'Premium Plus', the following components are also included in 'Premium Extra'.

2.6.1 HELP AT HOME FOLLOWING AN OPERATION

The insurance compensates the insured for reasonable and necessary help-at-home costs following return to home after an operation performed within the framework of the insurance, if the medical condition justifies such help. 'Help at home' means help with household chores such as, for instance, shopping or house cleaning. The insurance compensates reasonable help-at-home costs for a consecutive period of 14 days counted from the day after the insured returns home, though a maximum of 16 hours of help at home per insurance event. The need for and costs of help at home must be approved in advance by Bliwa and performed by a company that holds a Swedish business tax certificate (*F-skattsedel*). The insurance does not compensate the insured for costs incurred by the company performing the help at home and that relate to anything other than the help performed, such as travel and materials costs.

2.6.2 COMPENSATION FOR DEDUCTIBLE IN THE CASE OF CARE ABROAD

The insurance compensates the insured for any cost of deductible under other insurance that has arisen owing to care as a consequence of sickness or an accident during a stay abroad. Compensation may be paid corresponding to the cost of the deductible for the other insurance, though at most SEK 5,000 per trip.

2.6.3 CARDIOVASCULAR EXAMINATION

The insurance covers a cardiovascular examination recommended by Bliwa. This examination shall be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre. The examination shall take place at one of the providers nominated by Bliwa. The insurance covers at most one examination every other year.

2.6.4 WEIGHT-REDUCING OPERATION

The insurance covers operations as a consequence of you being overweight. An operation shall be performed following a recommendation and referral. A precondition for a right to an operation is that the insured has a Body Mass Index (BMI) of at least 35.

The operation shall be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre. The operation must take place at one of the clinics included in the medical network to which Bliwa has access. The insurance only affords a right to one operation and a subsequent programme.

2.6.5 VACCINATION COSTS

The insurance compensates the insured for the cost of vaccinations. The insured shall make their own appointment and pay for the vaccination. Bliwa compensates the insured's costs for the vaccination against an original receipt and documentation showing to whom the vaccination relates.

Bliwa compensates the insured's vaccination costs up to a maximum of SEK 2,000 per year.

3. Limitations to Bliwa's liability

The following general limitations also apply in addition to the limitations shown in the above description of the care insurance.

3.1 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 also provide Bliwa with information about other circumstances that may affect entitlement to care or benefits under the insurance.

Bliwa may demand and be entitled to repayment of any insurance compensation paid incorrectly or other costs incurred by Bliwa 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 care or benefits under the insurance, this may result in the insurance agreement being invalid or the benefit amounts being reduced in accordance with the provisions of the Insurance Contracts Act.

3.2 CONSEQUENCE OF INCORRECT INFORMATION

If the policyholder has acted fraudulently or in bad faith when performing their duty of disclosure under Sub-clause 3.1, 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 amount corresponding to the premium and conditions otherwise agreed. In such a case, the policyholder must request continued insurance before the notice period expires.

3.3 VALIDITY OF THE INSURANCE IN THE EVENT OF STAYS ABROAD

The insurance does not cover care and costs outside Sweden. However, see Sub-clause 2.6.2 concerning certain compensation in the event of stays abroad.

3.4 VALIDITY OF THE INSURANCE 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.

The insurance does not cover a claim event that occurs while a state of war prevails in Sweden and that may be considered to be due to the state of war.

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

The insurance does not cover claim events that occur when the insured participates in a war or political unrest outside Sweden.

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 a claim event that occurs during the stay in the

area. Nor does the insurance cover a claim 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.

3.5 LOSSES CAUSED BY A NUCLEAR REACTION AND ALSO BIOLOGICAL, CHEMICAL AND NUCLEAR SUBSTANCES

The insurance does not cover a claim event whose occurrence or scope is directly or indirectly linked to a nuclear reaction.

Nor does the insurance cover a claim 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.

3.6 VALIDITY OF THE INSURANCE IN THE EVENT OF A CRIMINAL ACT, INFLUENCE OF ALCOHOL, ETC.

In the event of claim event, Bliwa's liability or compensation under the insurance 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 a claim event 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 claim event 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.

3.7 FORCE MAJEURE

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

4. 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.

5. 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.

6. 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.

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

JUDICIAL REVIEW

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

Bliwa

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Box 13076
103 02 Stockholm

kund@bliwa.se, bliwa.se

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

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

Postal address för documents
relating to claims matters:

Capio Partner
FAO: Bliwa Livförsäkring
Sundbybergsvägen 1
171 73 SOLNA