

Bliwa

SÄKRA

Säkra's Senior Personal Accident Insurance with Bliwa

INSURANCE CONDITIONS

EFFECTIVE AS OF 1 JANUARY 2025



PURPOSE OF THE INSURANCE

Säkra's Group Senior Personal Accident Insurance with Bliwa (referred to below as 'Senior Insurance') comprises voluntary group insurance that provides the insured with financial protection in the case of accidents as explained in more detail below. The senior insurance is pure risk insurance, which has no value if it ceases to apply before an insurance event has occurred. The senior insurance may be taken out by a group member and applies for a group member and co-insured who were previously insured by Säkra's group insurance with Bliwa, including personal accident insurance or accident and health insurance if the insurance has ceased because the insured group member has attained the age at expiry for the insurance.

INSURER

Bliwa Livförsäkring, ömsesidigt, corporate identity number 502006-6329 (referred to below as 'Bliwa') is the insurer for the senior 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: 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 from Bliwa's website www.bliwa.se and can also be ordered by contacting 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.

INFORMATION ABOUT THE CONDITIONS, ETC., THAT APPLY TO 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 and the insurance statement issued for the insurance. Furthermore, the Insurance Business Act (2010:2043), the Insurance Contracts Act (2005:104) and Swedish law in general apply.

TAX RULES

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

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 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

INSURED

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

INSURANCE STATEMENT

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

INSURANCE EVENT

An event that may afford entitlement to insurance compensation under the insurance conditions. The description of the personal accident insurance below specifies the times at which an insurance event is deemed to have occurred.

POLICYHOLDER

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

TERM OF INSURANCE

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

GROUP AGREEMENT

The agreement concluded between Bliwa and the group representative that specifies, among other things, the person entitled to the insurance, the insurance products included in the agreement, what is required in order to be covered by or to take out 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.

GROUP MEMBER

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

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.

PRICE BASE AMOUNT

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

1. Common provisions

1.1 INFORMATION ABOUT THE GROUP AGREEMENT AND VOLUNTARY 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 Säkra, which is the group representative. The group agreement determines whether the insurance is compulsory or voluntary and also the general scope of the insurance. The agreement also governs who belongs to the group entitled to insurance, the earliest date on which the insurance products can start to apply, how the insurance is to be administered, the term of validity of the group agreement, the right to give notice terminating the agreement, etc. The group representative or Bliwa may give notice terminating the group agreement. If notice is given terminating the group agreement, this means that all of the insurance products issued on the basis of the group agreement cease to apply.

VOLUNTARY GROUP INSURANCE

Säkra's senior insurance with Bliwa is voluntary group insurance that includes personal accident insurance. The personal accident insurance applies for life subject to the precondition that the premium is paid and the group member is still part of the group entitled to insurance.

1.2 INSURANCE CONDITIONS

The insurance conditions describe the insurance included in the senior insurance. The scope of the

insurance for an individual insured is shown in the insurance statement.

Insurance events are settled according to the conditions applicable when the insurance event occurs.

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 was not given terminating the insurance at the end of the term of the insurance. Bliwa is then entitled to amend the insurance conditions; see Sub-clause 1.17.

Right to take out insurance

The group member can take out senior insurance when previous group insurance has ceased owing to the insured having attained the age at expiry for the previous group insurance. In order to be affiliated to the senior insurance, the group member and any co-insured must have previously been insured by Säkra's group insurance with Bliwa, including personal accident insurance or accident and health insurance, for at least six months, and the insurance ceases because the insured has attained the age at expiry for the previous insurance.

The right to be affiliated to senior insurance applies within three months from the date on which Säkra's previous group insurance with Bliwa ceased to apply.

The group member can also apply for Säkra's senior insurance for themselves and any co-insured before attaining the age at expiry for the insurance.

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

1.4 WHEN THE INSURANCE ENTERS INTO FORCE

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.

1.5 HEALTH REQUIREMENTS

No new health check is required to be covered by the insurance.

1.6 PREMIUM

The price for the insurance products ('the premium') is calculated and determined by Bliwa for one year at a time. The amount of the premium may, for example, depend on the distribution of ages among those insured and the development of claims within the group. The premium is shown in separate information in conjunction with automatic enrolment and in the application documents

1.6.1 PREMIUM PAYMENT

The first premium must be paid within 14 days from the date on which Säkra sent a premium demand. The premium for subsequent premium periods and the first premium for insurance that has been renewed under Sub-clause 1.3 (renewal premium) must be paid by no later than the first day of the period. If the premium relates to a period of more than one month, the premium must be paid no later than one month from the date on which Säkra sent a premium demand.

1.6.2 NOTICE OF TERMINATION OWING TO UNPAID PREMIUM

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, unless the premium is paid within this period.

If it has not been possible to pay the premium before the fourteen days have passed because the insured 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 days have passed.

1.7 REVIVAL

If notice of termination has been given and has taken effect in accordance with Sub-clause 1.7.2 and the delay in premium payment does not relate to the first premium for the insurance, the voluntary group insurance will be revived if the outstanding premium amount is paid within three months from notice of termination taking effect. 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.

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

1.8 WHEN THE INSURANCE CEASES TO APPLY

The personal accident insurance is lifelong.

However, the insurance may cease to apply earlier 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 Säkra 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 group member is no longer a member of the group entitled to insurance.

The co-insured's insurance also ceases to apply when the group member's insurance ceases to apply, if the marriage or cohabitee relationship with the group member ceases.

1.9 EXTENDED COVER PROTECTION

An insured is entitled to extended insurance protection ('extended cover protection') for three months if they have been covered by senior 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 entitled to 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 are still included in the group entitled to insurance and can be covered by the group insurance. 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.

1.10 CONTINUATION INSURANCE

If the group agreement ceases owing to notice of termination by Säkra or Bliwa, each insured is entitled to be granted equivalent protection, without a health check, through Bliwa's 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 co-insured, who has been insured under senior insurance for at least six months, is also entitled to take out equivalent insurance protection with Bliwa without a health check if their senior insurance ceases as a consequence of the group member dying or if the marriage or cohabitee relationship with the group member ceases.

A person, who has been insured under the respective insurance for less than six months, 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.

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

1.11 MEASURES REQUIRED FOR PAYOUT

An insurance event must be reported and payout of compensation requested as soon as possible. The documents and other information that Bliwa considers are necessary to assess the insured's right to insurance compensation must be submitted to Bliwa. Bliwa does not compensate any costs for arranging this. If required for Bliwa to be able to assess entitlement to insurance compensation, and if Bliwa so requests, the insured shall submit an authorisation so that Bliwa can obtain information from the employer, group representative, physician, hospital, other care establishment, the Swedish Social Insurance Agency or another insurance establishment. If the insured does not submit such an authorisation, Bliwa may deny the entitlement to insurance compensation. Clause 4 describes how Bliwa processes the information obtained.

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

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

1.12 DATE OF PAYOUT

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

1.13 INTEREST ON LATE PAYOUT OF BENEFIT

Bliwa will pay interest under Section 6 of the Interest Act (1975:635) on a sum insured that has not been paid out on time according to these insurance conditions. The right to interest applies if the delay in payout was more than 30 days from when Bliwa received the documents and other information that Bliwa considers are necessary to assess the insured's right to insurance compensation. 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.

1.14 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.

1.15 CONTROL OF THE INSURANCE PRODUCTS

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

1.16 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.

1.16.1 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.

1.17 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. Other amendments start to apply one month after Bliwa issued the amendment. Bliwa is also entitled to apply new insurance conditions in conjunction with renewal of the insurance; see Sub-clause 1.3.

1.18 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. Personal accident insurance

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

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

2.1 TERM OF VALIDITY

The insurance covers accidental injury that occurs during the term of the insurance. The insurance applies around the clock (full-time). Injuries that have occurred at work or on the way to or from work must always be reported to the Swedish Social Insurance Agency. If the insured is covered by industrial injuries insurance (for example, work injury insurance for private employees (TFA), work injury insurance for employees of municipal, county and regional authorities, the Church of Sweden and certain municipally owned companies (TFA-KL) or compensation for Personal Injury Agreement work injury insurance for government employees (PSA)), the injury should also be reported to AFA Försäkring.

2.2 DEFINITION OF THE TERM 'ACCIDENT'

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

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

2.2.1 INJURIES EQUATED TO AN ACCIDENTAL INJURY

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

2.2.2 INJURIES THAT ARE NEVER CONSIDERED TO BE AN ACCIDENTAL INJURY

Accidental injuries only comprise injuries that satisfy the preconditions of Sub-clauses 2.2 and 2.2.1.

Accidental injuries therefore do not include, for example, a bodily injury that has arisen through the insured intentionally having injured themselves or having demonstrated a manifest indifference to the risk of getting injured. Nor do they include injuries that have arisen through, for example:

- overexertion or repetitive movements (repetitive strain injury), stretching, twisting or pathological changes
- infection through bacteria, viruses or other contagion, infection or poisoning through ingesting food or drink
- hypersensitivity reaction
- use of medicinal preparations, operations, treatment or examinations that have not resulted from an accidental injury covered by this insurance.

2.3 SCOPE

The insurance includes the following components:

- medical costs – see Sub-clauses 2.3.1 and 2.4.1
- costs of dental injuries – see Sub-clauses 2.3.1 and 2.4.2
- travelling costs – see Sub-clauses 2.3.1 and 2.4.3
- additional costs – see Sub-clauses 2.3.1 and 2.4.4
- costs of aids – see Sub-clauses 2.3.1 och 2.4.5
- compensation for scars and other appearance-related consequences of an injury – see Sub-clause 2.5
- medical invalidity – see Sub-clause 2.6, including sub-headings

2.3.1 IMPORTANT LIMITATIONS TO THE SCOPE OF THE BENEFIT

This insurance only pays benefits for adequate consequences of an accidental injury that required treatment within the health services. If the insured's health status has deteriorated after the accident owing to a bodily defect that was either pre-existing at the time of the accident or subsequently arose and is unconnected to the accidental injury, no benefits are provided for the costs and/or the invalidity resulting from such deterioration in health status. 'Bodily defect' means sickness, pathological change and also defect and disablement.

As regards compensation of costs, the insurance only compensates necessary and reasonable costs

that the insured has incurred as a consequence of the accident. Bliwa does not compensate costs that should be compensated by another party according to law, statute, convention or collective agreement. Costs that have been compensated through other insurance are not compensated from this insurance. This applies irrespective of whether such compensation is paid according to a flat-rate model or against an original receipt. Nor does Bliwa compensate costs that are to be compensated under patient or healthcare insurance that has been taken out separately. If an accident occurred outside the insured's place of residence or abroad, the insurance does not compensate the costs compensated by separate travel insurance or a travel component of home insurance. This restriction and other important limitations that apply to the right to compensation in the case of an accident that occurred abroad are shown in Sub-clause 2.3.

Bliwa only compensates costs that can be verified by an original receipt or by a certificate concerning compensation paid out by a care provider/county council. If the insured is not covered by the social insurance and is not registered with the Swedish Social Insurance Agency, compensation is only paid for those costs that would have been compensated if they had been registered and had made full use of the benefits that the social insurance provides.

Compensation is not paid for loss of income.

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

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

2.4 COMPENSATION OF COSTS

2.4.1 MEDICAL COSTS

Compensation is paid for the costs of essential medical care, hospital care and treatment.

Treatment costs for care by a physiotherapist or other treatment are only compensated up to the level of the Swedish high-cost protection. If there is a referral to a physiotherapist but the insured

chooses different treatment, such treatment is compensated at an amount corresponding to the patient public healthcare fees for physiotherapy.

Compensation is only paid for the cost of care or treatment in another Nordic country if the accident occurred in that Nordic country; see Sub-clause 3.3 regarding when compensation is paid for accidents abroad. Compensation may be paid for costs up to the level of the Swedish high-cost protection.

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

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

2.4.2 COSTS OF DENTAL INJURIES

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

Compensation may be paid for costs of up to 0.5 price base amounts for treatment of a dental injury as a consequence of an accidental injury. 'Dental injury' also means damage to a dental prosthesis that was in the mouth when it was damaged.

Compensation is not paid for the costs of implant treatment that are not covered by the dental care insurance. Treatment and costs of dental injuries must be approved by Bliwa in advance. However, compensation is paid for reasonable emergency treatment costs even if there was no time to obtain approval before treatment.

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

Compensation is only paid for dental treatment expenses in Sweden if the treatment is covered by the dental care insurance under the Social Insurance Code. Compensation is paid for the treatment of damage to implants if the treatment is covered by the dental care insurance. Compensation is only paid for the cost of treatment in another Nordic country if the accident occurred in that Nordic country; see also under Sub-clause 3.3. Compensation is paid for treatment costs within five years from the date of the accident. No further compensation is paid if Bliwa has paid compensation for final treatment costs for a dental injury.

2.4.3 TRAVELLING COSTS

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

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

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

Compensation is paid for the cost of trips made within five years from the date of the accident. However, if the accidental injury results in medical invalidity but it was not possible for Bliwa to make a final settlement within five years, compensation is paid for travelling costs until Bliwa has announced that a final settlement has been made.

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

2.4.4 ADDITIONAL COSTS

Compensation is paid for necessary and reasonable costs for the following items under general law of tort rules if the insured suffers a bodily injury as a consequence of an accident that required treatment within the health services:

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

Compensation is paid for destroyed clothes based on what equivalent clothes cost to buy at the time of

the injury. If the clothes are more than one year old, an age deduction is made from the repurchase cost. Compensation for destroyed clothes is paid in accordance with the following table. 'Clothes' also means wristwatches in this context. The table shows compensation as a percentage of the repurchase price.

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

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

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

2.4.5 COSTS OF AIDS

If an accidental injury entails a permanent invalidity, which has been determined by Bliwa, and there is need for special aids prescribed by a physician, compensation is paid for necessary and reasonable costs of this. Costs must have arisen after the emergency treatment period and must be approved by Bliwa in advance.

Compensation is paid for costs up to no more than SEK 50,000 in aggregate for each insurance event.

Bliwa does not pay compensation for the cost of raising the standard of aids.

Compensation may be paid for costs that have arisen within five years from the date of the accident.

2.5 COMPENSATION FOR SCARS AND OTHER APPEARANCE-RELATED CONSEQUENCES OF AN INJURY

The insurance compensates scars and other appearance-related consequences of an injury as a result of accidental injury that occurred during the term of the insurance. Compensation is only paid after treatment has been completed and when the scar or appearance-related consequence of the injury is considered to be permanent for the future,

though no earlier than one year after the accident happened.

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

The sum insured for scars and other appearance-related consequences of an injury corresponds to

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

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

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

2.6 BENEFITS IN THE EVENT OF MEDICAL INVALIDITY

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

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

If a lost body part can be replaced by a prosthesis, the level of invalidity will be determined considering

the chosen sum insured for medical invalidity. The sum insured is reduced by one percentage point for each year that the age of the insured exceeds 25. Compensation of at most 25 per cent of the sum insured is paid for one and the same insurance event involving several scars.

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

the prosthesis and its importance to the bodily function of the insured.

The sum insured for full medical invalidity (100 per cent) is either five or ten price base amounts depending on which level the insured has taken out. What applies in the individual case is shown in the insurance statement. Compensation is paid out in relation to the level of invalidity determined. The level of invalidity is determined with the guidance of the applicable industry rating scale at the time of payout.

REDUCTION

The sum insured is reduced to 60 per cent of the original sum insured when the insured has attained the age of 73.

2.6.1 PAYOUT OF INVALIDITY BENEFIT

The claim will only be finally settled when the medical invalidity has been finally determined by Bliwa. However, an advance payment of invalidity

benefit may be paid out prior to this. This advance will correspond to the minimum level of invalidity expected. The advance, expressed in Swedish kronor, will subsequently be deducted from the benefit paid out when the level of invalidity has been finally determined.

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

2.6.2 POSSIBILITY OF REVIEWING THE BENEFIT IF THE INVALIDITY INCREASES

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

- the accidental injury resulted in a significant deterioration of the insured's bodily functions after Bliwa finally settled the claim.

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

3. Limitations to Bliwa's liability

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 immediately notify Bliwa if they were reported to Bliwa as incapable of working and subsequently return to work. The insured is also obligated to immediately notify Bliwa if they receive benefits from the Swedish Social Insurance Agency and if these benefits are changed or cease. The

insured must also provide Bliwa with information about other circumstances that may affect entitlement to benefits under the insurance products.

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

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 term of notice. If Bliwa would have issued insurance on different conditions if it had been aware of the correct information, the policyholder is entitled to continued insurance at the sum insured corresponding to the premium and conditions otherwise agreed. In such a case, the policyholder must request continued insurance before the period of notice of termination expires.

3.3 LIMITATIONS - VALIDITY OF THE INSURANCE PRODUCTS IN THE EVENT OF STAYS ABROAD

Stays outside Sweden that are not affected by limitations in the event of a state of war or political unrest.

Compensation is never paid from the personal accident insurance for costs that arose outside the Nordic countries. Nor is invalidity benefit paid for an

accidental injury that occurred during a stay outside the Nordic countries if the stay abroad lasted for longer than 12 months.

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

Bliwa does not pay compensation for costs of an accident that are compensated under separate travel insurance, a travel component of home insurance or under other insurance.

3.4 VALIDITY OF THE INSURANCE PRODUCTS IN THE EVENT OF STATE OF WAR AND POLITICAL UNREST

IN THE EVENT OF A STATE OF WAR IN SWEDEN

A 'state of war in Sweden' means a war or situation for which special legislation applies.

Personal accident insurance

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

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

Personal accident insurance

This insurance does not cover accidents that occur when the insured participates in a war (that is unrelated to a state of war in Sweden) or political unrest outside Sweden.

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

Personal accident insurance

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 an accident that occurs during the stay in the area. Nor does the insurance cover an insurance event that occurs within one year after the

end of the stay and that may be considered to be due to the war or unrest.

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

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

Nor do these insurance products cover an insurance event that has arisen through the spread of biological, chemical or nuclear substances in conjunction with an act of terrorism. 'Act of terrorism' means a harmful act that is penalised where it is committed or where the insurance event occurs and that appears to have been performed with a view to:

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

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

In the event of an accidental injury, compensation will be reduced or denied completely if:

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

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

3.7 LEGAL REPRESENTATIVE

Compensation is not paid for the cost of engaging a legal representative.

3.8 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, new or amended law, 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.

3.9 JOINT CLAIMS REPORT REGISTER

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

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

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 applies limits in respect of values that may mean that disputes involving low values are not considered. Nor does the Board conduct any medical assessments.

Address: Allmänna reklamationsnämnden, Box 174, SE-101 23 Stockholm, Sweden. Telephone: +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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