

Säkra's Group Healthare Insurance with Bliwa

PRE-CONTRACT INFORMATION
APPLICABLE FROM 1 JANUARY 2026

SV4-26:1



Säkra's Care insurance with Bliwa

This pre-contract information contains brief and general information about Säkra's group healthcare insurance with Bliwa Livförsäkring (referred to below as 'Bliwa'). This pre-contract information includes the information that Bliwa is liable to provide by law before concluding a group insurance agreement. You can get full insurance conditions ('Försäkringsvillkor SV4-26:1) from www.sakra.se/sv/sakra-personskydd or order them from Säkra.

1. General information about the insurance

If you become ill or have an accident covered by Bliwa's Healthcare Insurance, you will get rapid access to healthcare advice and care with the care provider considered most appropriate in view of your complaint through the medical network to which Bliwa has access or as otherwise nominated by Bliwa.

DEDUCTIBLE OR REFERRAL

Säkra's care insurance with Bliwa applies with a deductible. A deductible means that you will pay a deductible in conjunction with each new insurance event. The amount of the deductible is shown in the insurance statement and the application documents. You do not need to pay a deductible if you can produce a referral in conjunction with each new insurance event. If you are 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 under the insurance until the deductible is paid if you do not pay the deductible to Bliwa.

WHERE THE INSURANCE APPLIES

The insurance applies for planned care and also costs within Sweden. Care will be provided by care providers in the medical network to which Bliwa has access or by care providers otherwise nominated by Bliwa. The insurance does not cover care and costs outside Sweden.

REPORTING AN INSURANCE EVENT

'Insurance event' means an event that occurred during the term of the insurance and which is covered by the insurance. You should contact Bliwa's Healthcare Centre if you need advice and/or care as a consequence of an insurance event. Contact details are shown on the reverse of the pre-contract information.

LIABILITY PERIOD

Bliwa's liability period (i.e., the period during which Bliwa is liable for an insurance event) extends for as long as the insurance is in force. The liability period ceases if the insurance ceases. However, you may be entitled to extended cover protection and continuation insurance.

2. Special information about Säkra's healthcare insurance

Two levels of Bliwa's healthcare insurance are offered: 'Premium' and 'Premium Extra', where the 'Premium' level has two variants – 'Premium' and 'Premium Plus'.

PREMIUM & PREMIUM PLUS

'Premium' includes the following components:

- Healthcare advice/care planning
- Specialist care
- Investigations, treatment, operations
- Treatment by a physiotherapist, naprapath and chiropractor
- Medical aids
- Treatment by a psychologist
- Enhanced healthcare planning
- Guarantee period
- Second opinion
- Patient public healthcare fees
- Speech therapist
- Dietician
- Travel and accommodation
- Pharmaceutical costs
- Aftercare/medical rehabilitation
- Substance misuse treatment
- Care navigator

PREMIUM EXTRA

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

- Help at home following an operation
- Compensation for deductible in the case of care abroad
- Cardiovascular examination
- Weight-reducing operation
- Vaccination costs

BRIEF DESCRIPTION OF THE VARIOUS COMPONENTS

PREMIUM & PREMIUM PLUS

Healthcare advice/care planning

Bliwa's Healthcare Centre is manned by registered nurses who provide you, as the insured, with advice on medical issues and tips for self-care measures. They will also help you to make appointments with an appropriate care provider in the medical network to which Bliwa has access. You can contact Bliwa's Healthcare Centre for advice every day between 07:00 and 22:00. Care planning (booking of appointments with care providers in the medical network to which Bliwa has access) is provided by Bliwa's Healthcare Centre between 08:00 and 17:00 on ordinary weekdays. Contact details for Bliwa's Healthcare Centre are shown on the reverse of the pre-contract information.

Specialist care

The insurance covers specialist care by care providers in the medical network to which Bliwa has access. The care shall be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre.

Investigations, treatment, operations

You will have access to further investigations, treatment and operations with one of the care providers included in the medical network to which Bliwa has access when this is medically justified. The investigation, treatment or operation must have resulted from an insurance event and be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre. The care must comply with the national guidelines issued by the National Board of Health and Welfare and be performed in accordance with medical science.

Treatment by a physiotherapist, naprapath and chiropractor

The insurance provides you with a right to up to ten treatments per insurance event with a physiotherapist, naprapath and chiropractor. 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.

Medical aids

The insurance compensates necessary and reasonable costs of personal medical aids during the period for treatment and healing of the injury. The aid must be medically justified, prescribed by a treating physician, preceded by care within the framework of the insurance and approved in advance by Bliwa. You can only obtain compensation for the costs of one aid of the same kind per insurance event. Bliwa compensates costs of up to SEK 1,500 for heel cushions and up to SEK 2,500 for other aids.

Treatment by a psychologist

The insurance provides you with a right to up to ten treatment sessions with a psychologist or psychotherapist per insurance event. The treatment shall be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre.

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

Enhanced healthcare planning

You can still get assistance in the form of advice and help with booking a care appointment for an injury, sickness or other complaint that is not covered by the insurance. You will have to pay for this care yourself and the care is not otherwise covered by the insurance.

Guarantee period

The insurance includes a guarantee period. This means that you are guaranteed to get to see a specialist within seven ordinary weekdays from when you contacted Bliwa's Healthcare Centre and Bliwa has received the medical documentation required, if Bliwa considers this necessary.

You are guaranteed an appointment for further investigations, treatment or an operation within 14 ordinary weekdays from when the person performing the measure has decided on which measure is to be performed and Bliwa has had access to the medical documentation required.

If you are not offered care within the guarantee period, you will receive a benefit of SEK 1,000 per ordinary weekday until such time as you have been offered care, though at most SEK 10,000 for an appointment with a specialist and similarly SEK 10,000 for an appointment for an investigation, treatment or an operation. The guarantee period only applies for the first consultation with a specialist and the first investigation, treatment or operation. The guarantee period does not apply if you do not accept

the appointment offered or if an investigation, treatment or operation cannot be performed for medical reasons.

Second opinion

The insurance may entitle you to a second opinion. This means that you have the right to a further medical assessment by a specialist physician if you need to undergo a major operation or have suffered a serious sickness as a consequence of an insurance event. Bliwa must give its prior approval for a second opinion. You are only entitled to a second opinion once per insurance event.

Patient public healthcare fees

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

Speech therapist

The insurance provides you with a right to up to five treatment sessions with 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.

Dietician

The insurance provides you with a right to up to five treatment sessions with 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.

Travel and accommodation

The insurance compensates necessary and reasonable costs of travel and accommodation in conjunction with care covered by the insurance and planned and arranged by Bliwa's Healthcare Centre. Compensation can only be paid for costs of travel and accommodation within Sweden. The insurance compensates costs of the least expensive means of transport appropriate considering your health status. 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 (maximum SEK 1,500 per day). The need must be approved by Bliwa in advance.

Pharmaceutical costs

The insurance compensates the costs of prescription, publicly subsidised pharmaceuticals prescribed by a physician. The insurance compensates costs up to the level of the Swedish high cost protection and only if they can be verified by an original receipt.

Aftercare/medical rehabilitation

The insurance compensates reasonable aftercare and medical rehabilitation costs. 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. The aftercare/rehabilitation shall in the first instance be performed by a care provider included in the medical network to which Bliwa has access. Aftercare/rehabilitation can be provided by another care provider if the kind of care provider required is not available in the medical network to which Bliwa has access. Such care and the cost of this must always be approved in advance by Bliwa

The insurance compensates the costs of at most one aftercare/rehabilitation period per insurance event. Bliwa compensates costs of aftercare and medical rehabilitation by at most SEK 100,000 per event that affords the right to care.

Substance misuse treatment

The insurance compensates costs of substance misuse treatment. The substance misuse shall be diagnosed and the treatment medically justified. The insurance does not apply to a diagnosis made within 24 months from when the insurance entered into force. The insurance only compensates costs of one consecutive uninterrupted treatment period for substance misuse regardless of diagnosis. The treatment shall have been approved in advance by Bliwa. The insurance covers costs of treatment programmes up to SEK 100,000.

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 service who follows developments of the insured's sickness or an accidental injury. This applies regardless of whether the care is being performed within the insurance or within publicly financed care.

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 insurance 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.

PREMIUM EXTRA

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

Help at home following an operation

The insurance compensates reasonable and necessary help-at-home costs following return to home after an operation performed within the framework of the insurance, if this is considered necessary for medical reasons. 'Help at home' may include, for instance, shopping or house cleaning. You can receive compensation for help-at-home costs for a consecutive period of 14 days counted from the day after you return home, though a maximum of 16 hours 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*).

Compensation for deductible in the case of care abroad

If you become sick or have an accident in connection with a stay abroad, the insurance will compensate any deductible under other insurance that you must pay as a consequence of care, though at most SEK 5,000 per trip.

Cardiovascular examination

The insurance affords you a right to a cardiovascular examination recommended by Bliwa. The examination 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 at most one examination every other year.

Weight-reducing operation

The insurance covers operations as a consequence of you being overweight. An operation shall be performed following the recommendation of and referral by the treating physician. The referral may not be older than six months for the operation to be covered by the insurance. A precondition for a right to an operation is that you have a Body Mass Index (BMI) of at least 35.

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

Vaccination costs

The insurance compensates vaccination costs. You may make your own appointment and pay for the vaccination yourself. Bliwa will then compensate your costs provided they can be verified by an original receipt and documentation showing to whom the vaccination relates. Costs up to SEK 2,000 per year can be compensated.

IMPORTANT LIMITATIONS TO THE INSURANCE PROTECTION

Sickness, etc. prior to the insurance coming into force

The insurance does not apply for sickness, diagnosis, accident or their consequences for which you have 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 applies for such diagnosis, sickness, accident or their consequences, provided you have been symptom-free and have not received any care or medication for a consecutive period of at least 12 months before such new need for care or medication arose during the term of the insurance.

Missed appointments

You may lose the right to continued care and compensation of costs if you miss a care appointment without having cancelled the appointment in good time, in accordance with the provisions of the insurance conditions. Further information about this is available in the full insurance conditions.

Nor does the insurance apply for:

- Emergency medical care.
- Care that has not been approved in advance by Bliwa.
- A medical service (x-ray, laboratory sampling, etc.) for which you have been referred by a care provider that is not included in the medical network to which Bliwa has access.
- Costs that cannot be verified by an original receipt.
- Investigation and treatment of neuropsychiatric diagnoses.
- If you are not covered by the social insurance and are not registered with the Swedish Social Insurance Agency, compensation will only be paid for those costs that would have been compensated if you had been registered and had made full use of the benefits that the social insurance provides.
- An injury that has been aggravated owing to your failure to comply with Bliwa's or the care provider's

instructions.

- Treatment for being overweight and obesity for a BMI of less than 35, and also weight-reducing operations and their consequences (with the exception of the provisions under the item 'Weight-reducing operation').
- Care that is not aimed at improving your medical condition.
- Treatments of a cosmetic nature are not covered by the insurance.
- Deteriorations of your health status that, according to medical experience, result from various forms of substance misuse.
- Coronary angiography (coronary vessel X-ray) and consequential treatment.
- PCI treatment for the narrowing of blood vessels.
- Ablation treatment for cardiac arrhythmia.
- Participation in sport or athletics if the insured earned income owing to their participation of more than two price base amounts per year ('income' equates to contributions from sponsors).
- 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.
- 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.
- Injections into the eye
- Dementia.
- Sickneses subject to the Communicable Diseases Act.
- Somatoform disorders, for example chronic pain syndrome together with unspecified pain or aches.
- 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:
 - a) **Premium** and **Premium Extra**: Treatment of chronic conditions is excluded from the insurance protection.
 - b) **Premium Plus**: Treatment of chronic back problems is excluded from the insurance protection.
- 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.
- Lost 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, for example damages for personal injury. However, the insurance does afford a right to care as a result of personal injury or violation that has been caused by a care provider nominated by Bliwa.
- Injury or loss that arose in conjunction with care that has not been nominated by Bliwa.

DUTY OF DISCLOSURE AND INCORRECT INFORMATION

As a policyholder and insured, you have a duty of disclosure and are obliged to provide correct and complete answers to Bliwa's questions. You must also provide information to Bliwa about other circumstances that may affect your entitlement to compensation under the insurance. If you have provided incorrect or incomplete information, this may mean that the insurance does not apply; see the insurance conditions for further details.

OTHER LIMITATIONS TO THE COVER

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

Bliwa's liability is limited in the case of a state of war, nuclear reaction, acts of terrorism and other situations in the nature of *force majeure*, as explained in more detail in the insurance conditions.

The insurance does not cover public healthcare or care outside Sweden with the exception of the component 'Compensation for deductible in the case of care abroad'.

3. General provisions

INSURER

Bliwa Livförsäkring, ömsesidigt, corporate identity number 502006-6329 ('Bliwa') is the insurer for the insurance. Bliwa is a mutual insurance company, which means that the company is owned by its policyholders. This means in its turn that the policyholders are entitled to a bonus from the surplus that may arise from Bliwa's operations. Find out more under the heading 'Allocating surpluses and covering losses'. Bliwa is based in Stockholm. Bliwa's insurance activities are subject to the supervision of the Swedish Financial Supervisory Authority (Finansinspektionen), postal address Box 7821, SE-103 97 Stockholm, Sweden. Visiting address: 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. There is information about Bliwa's financial status in the annual report. The annual report is available at bliwa.se and can also be ordered from Bliwa.

THE INSURANCE AGREEMENT

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

WHO CAN TAKE OUT THE INSURANCE?

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 healthcare 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 according to 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.

HEALTH REQUIREMENTS

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.

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.

WHEN THE INSURANCE STARTS TO APPLY*Voluntary group insurance*

Voluntary group insurance can enter into force no earlier than the date specified in the group agreement. For applications via physical forms, the insurance enters into force on the day on which Säkra received the application. In the case of other forms of application, for example via the Internet, the insurance enters into force on the day after Säkra has received the application. The insurance enters into force subject to the precondition that the insurance can be granted according to the provisions of these insurance conditions and Bliwa's health requirements.

Compulsory group insurance

Compulsory group insurance enters into force on the day 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.

POLICYHOLDER/INSURED

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 healthcare 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 according to 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, also 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.

PREMIUM

The price for the insurance products ('the premium') is calculated and determined by Bliwa for one year at a time and may be adjusted at the end of the year. The development of claims and distribution of ages among those insured may influence the future premium. The premium for voluntary insurance is shown in the application documents. The premium for compulsory insurance is specified in or in connection with the group agreement.

Premium payment

The premium must be paid by you as the policyholder. If you do not pay the premium, Bliwa is entitled to give notice terminating the insurance, subject to a notice period of 14 days. Payment is made by direct debit or paying-in slip.

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

WHEN THE INSURANCE CEASES

For voluntary insurance, the insurance is lifelong, i.e., it applies for life. 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.

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

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

The insurance ceases if you leave the group entitled to insurance.

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

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

EXTENDED COVER PROTECTION

Extended cover protection only applies for those who have been insured for at least six months when the insurance ceases to apply. If your insurance ceases to apply, you will have continued insurance protection without charge for three months, known as 'extended cover protection'. The same applies for your co-insured husband/wife or cohabitee if your marriage or cohabitee relationship is dissolved.

You are not entitled to extended cover protection if notice has been given terminating the group agreement completely or partly or if you have personally opted to give notice terminating the insurance but are still a member of the group entitled to insurance. Nor are you entitled to extended cover protection if you have been granted or can obviously be granted insurance protection of the same kind as before in some other way. Extended cover protection applies with the same insurance conditions as immediately preceding the period of extended cover protection.

CONTINUATION INSURANCE

If notice is given terminating the group agreement between Bliwa and Säkra, your insurance also ceases. You will be notified if this occurs. You are then entitled to apply for continuation insurance within three months from the date on which your insurance ceased. You are also entitled to continuation insurance if you leave the group entitled to insurance. You are not entitled to continuation insurance if you have been insured for less than six months, or if you have chosen to give notice terminating the insurance but remain within the group entitled to insurance. Nor are you entitled to continuation insurance if you have been granted, or can obviously be granted, insurance protection of the same kind as before in some other way.

Your co-insured husband/wife/cohabitee and child are entitled to take out continuation insurance if you die. Your co-insured is also entitled to continuation insurance if their marriage or cohabitee relationship with you ceases. The right to continuation insurance also applies for a co-insured and child if Bliwa, in the case of voluntary insurance, has given notice terminating the insurance agreement as a result of a delay in paying your premium.

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.

TAX RULES

The insurance constitutes capital insurance according to the Income Tax Act. If the employer pays the cost of the premium, the employee shall be taxed for a benefit in kind.

AMENDMENT OF THE INSURANCE CONDITIONS

Bliwa is entitled to apply new or amended insurance conditions and also increase or reduce the premium in conjunction with renewal of the insurance. Bliwa shall provide information about a new premium and new conditions no later than in conjunction with renewal of the insurance. Bliwa may also amend the insurance conditions during the term of the insurance, but only if an 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.

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'. 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.

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.

TIME LIMIT

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

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

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

PROCESSING OF PERSONAL DATA

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

APPLICABLE LAW, ETC.

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

COOLING-OFF PERIOD

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

INFORMATION ABOUT INSURANCE DISTRIBUTION

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

IF WE DO NOT AGREE

Liability for treatment, care and advice, etc. Bliwa is not liable in relation to you 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 occur, Bliwa will reconsider a matter

even after this period has expired. Reconsideration is conducted in accordance with Bliwa's guidelines for dealing with complaints applicable at any given time. In the first instance we would like you to contact the person who dealt with your matter to have it reconsidered. If you are subsequently still dissatisfied with the case officer's decision, you can contact the Complaints Officer who will reconsider your matter free of charge. You can also contact the Complaints Officer or some other instance for dispute resolution in accordance with the following if you are not satisfied with Bliwa's distribution.

Complaints Officer

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

The Swedish Consumers' Insurance Bureau

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

Municipal Consumer Advice Officer

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

The Board for Insurance of Persons

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

The National Board for Consumer Complaints (ARN)

ARN is a government authority that considers disputes between private individuals and business operators. The Board does not consider disputes relating to amounts of less than SEK 2,000 and does not conduct any medical assessments:

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

Judicial review

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

BLIWA'S HEALTHCARE CENTRE

bliwa@capio.se

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CUSTOMER SERVICES AT BLIWA

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