



Occupational Pension Insurance

Long-term disability - PlanSjuk
Premium Waiver Insurance
Survivor's Pension

Conditions

2019

(Updated 1 January 2019)

CONTENT

1	General conditions.....	3			
1.1	Introduction	3	3.11	Aggregations of periods of sickness	16
1.2	The insurance agreement	3	3.12	Overinsurance	16
1.3	General underwriting and conversion guidelines	3	3.13	Validity abroad	16
1.4	Entry into force of the insurance	5	4	Premium Waiver Insurance.....	17
1.5	Premium	6	4.1	Scope	17
1.6	Cessation of the insurance	6	4.2	Right to premium waiver payment	17
1.7	Restrictions	7	4.3	Assessment of work capacity	17
1.8	Validity abroad	8	4.4	Second opinion – further assessment	18
1.9	General guidelines	9	4.5	Restrictions	18
1.10	Processing of personal data	10	4.6	Qualifying period	18
1.11	Loss notification register	10	4.7	Qualifying period – special diagnoses	19
1.12	Consideration of decision in an insurance matter	10	4.8	Sum insured	19
2	Explanation of terms.....	11	4.9	Increase of sum insured	19
3	Long-term disability - PlanSjuk.....	13	4.10	Index supplement	19
3.1	Scope	13	4.11	Aggregations of periods of sickness	19
3.2	Right to compensation	13	4.12	Overinsurance	20
3.3	Assessment of work capacity	13	4.13	Validity abroad	20
3.4	Second opinion – further assessment	14	5	Survivor's Pension	21
3.5	Restrictions	14	5.1	Scope	21
3.6	Qualifying period	14	5.2	Right to compensation	21
3.7	Qualifying period – special diagnoses	14	5.3	Beneficiary	21
3.8	Compensation levels	15	5.4	Sum insured	22
3.9	Increase of sum insured	15	5.5	Index supplement	22
3.10	Index supplement	16	5.6	Option right	22
			5.7	Leave of absence and parental leave	22
			5.8	Validity abroad	22

1 General conditions

1.1 Introduction

These insurance conditions describe the insurance products available under the insurance scheme. The insurance conditions also contain information about the individual insurance products, requirements for joining, entry into force, cessation and premium rules. The insurance statement contains information about the insurance products purchased.

The insurance conditions are divided into:

- General conditions including general underwriting guidelines
- Explanation of terms
- Product conditions

1.1.1 Occupational pension insurance products available

Products offered within the framework of these occupational pension insurance conditions:

- Long-term disability - PlanSjuk
- Premium Waiver Insurance
- Survivor's Pension

In these conditions the term 'occupational pension insurance' means, unless otherwise stated, all three of the occupational pension insurance products shown above, whether applied for separately or in combination.

1.1.2 Insurer

Euro Accident Livförsäkring AB, referred to as Euro Accident below, is the provider of all occupational pension insurance products available.

The insurer is the insurance company that enters into the insurance agreement and thereby carries the insurance risk.

Corporate Headquarters: Danderyd
Address: Svärdvägen 3 a
SE-182 33 Danderyd

All of the occupational pension insurance products available are classified as 'pension insurance' according to the Income Taxes Act.

1.2 The insurance agreement

1.2.1 Parties to the agreement

The insurance agreement is concluded between the insurer and the policyholder in accordance with the policyholder's occupational pension policy.

1.2.2 Content

The provisions set out in the insurance agreement apply to the insurance. The insurance agreement is based on the information provided in writing or in some other manner to Euro Accident by the policyholder and (where appropriate) the insured.

Swedish law applies to the insurance agreement. The Insurance Contracts Act contains the currently applicable provisions.

1.2.3 Amendment of conditions

Euro Accident is entitled to amend the conditions during the term of the insurance where the amendment is to the benefit of the policyholder or if the preconditions for the agreement have changed as a result of amended statute or other enactment, changed application of statute or other enactment or owing to an official regulation.

The same applies if the preconditions for the insurance agreement have changed in such a way that an amendment to the conditions is needed for technical reasons, the nature of the insurance or if an amendment of the conditions is necessary owing to some other special circumstance.

An amendment to the conditions applies with effect from the end of the current premium period or at such earlier date as prescribed by law. However, the amendment may start to apply at the earliest one month after Euro Accident having provided information about the new conditions to the policyholder.

1.3 General underwriting and conversion guidelines

Occupational pension Insurance can be applied for by companies for employees who have attained the age of 16 and up to the date when the person attains the age of 62, is resident and registered as resident in Sweden and who is entitled to compensation from a Swedish social insurance agency, unless otherwise agreed.

Owners in partnerships, limited partnerships or sole proprietorships can take out Disability Insurance, Premium Waiver Insurance and Survivor's Pension privately.

In order for Euro Accident to grant occupational pension insurance it is normally required that the applicant is fully capable of working, see Clause 1.3.5. A person who is not fully capable of working at the time of affiliation may join the insurance later applying the health status review guidelines applicable at any given

time in respect of the agreement concerned regarding applications for new insurance.

A person who is unemployed will not be granted occupational pension insurance, as the main purpose of this insurance/these insurance products is to compensate the loss of income from work and loss of occupational pension premium.

Nor can a person in receipt of full or partial parental benefit apply for occupational pension insurance.

Occupational pension insurance cannot be applied for on a mandatory basis by participants in sports teams or sports associations.

Underwriting and health status review guidelines may vary between different agreements and are set out in the agreement.

Following a health status review the insurance may:

- be granted with normal premiums and conditions
- be granted with exemptions and/or premium loadings
- be rejected.

The same health status review guidelines as apply for the application for a new insurance also normally apply in the case of:

- an increase of the sum insured
- other extension of the insurance cover.

See also Clause 1.4 Entry into force of the insurance.

It is required that the reinsurer has approved the application if individual insurance in the case of an application for new insurance or an extension is of such size that it has to be reinsured.

1.3.1 Application for new Premium Waiver Insurance

Premium Waiver Insurance can only be applied for in combination with ongoing provisions for pension insurance.

An employer who applies for Premium Waiver Insurance must have adopted a documented pension policy. This policy shall indicate the employer's undertaking in such detail that the undertaking can serve as a basis for Premium Waiver Insurance. Euro Accident reserves the right to retrospectively check that the Premium Waiver Insurance complies with the company's pension policy and not exceeded the maximum scope for pension provisions.

1.3.2 Application for new Survivor's Pension

Survivor's pension can only be applied for before attaining the age of 60 and in combination with Long-

term disability - PlanSjuk. The maximum amount for the sum insured is the amount agreed.

1.3.3 Conversion of disability insurance

Disability insurance can be converted to Euro Accident for a person who has attained the age of 16 and up to the date when the person attains the age of 66.

In the event of conversion of disability insurance in place from another insurer to the same or lower benefits level than the level applicable with the ceding insurer, the conversion is subject to being fully capable of working. The conversion rule in respect of Long-term disability - PlanSjuk can only be utilised by companies with more than five persons insured and in conjunction with an application for mandatory Long-term disability - PlanSjuk.

Conversion subject to being fully capable of working, takes effect at the levels of income carrying rights to compensation, that is to say earned income or income from active business activities, reported most recently to the ceding insurer. It shall be possible for this to be verified by the company.

1.3.4 Conversion of Premium Waiver Insurance

Premium Waiver Insurance can be converted to Euro Accident for a person who has attained the age of 16 and up to the date when the person attains the age of 66.

In the event of conversion of a Premium Waiver Insurance in place from another insurer to the same or lower level than the level applicable with the ceding insurer, the conversion is subject to being fully capable of working. The conversion rule in respect of Premium Waiver Insurance can only be utilised by companies with more than five persons insured and in conjunction with an application for mandatory Premium Waiver Insurance.

Conversion subject to being fully capable of working, takes effect at the sums insured reported most recently to the ceding insurer and subject to the precondition that this does not exceed the agreed premium for the pension insurance to which the premium waiver refers. It shall be possible for the company to verify the premiums.

1.3.5 Fully capable of working

'Fully capable of working' means that your normal work can be performed without restriction and that sick pay from the employer or compensation from the Social Insurance Agency is not being paid.

'Compensation from the Social Insurance Agency' means sickness or rehabilitation benefit, activity compensation, sickness compensation or other compensation owing to work disablement. In order to

be fully capable of working it is also required that no occupational injury annuity is being paid or that wage subsidy employment, dormant activity compensation, sickness compensation or corresponding compensation has not been granted.

The 'Social Insurance Agency' and 'compensation' also mean the corresponding in the Nordic countries.

If it should transpire in conjunction with a loss occurrence or at another date that the insured was not fully capable of working at the time the insurance entered into force, this may mean that the insurance will lapse completely or partially or that Euro Accident is entitled to limit any compensation under the insurance, see Clause 1.7.2.

1.4 Entry into force of the insurance

1.4.1 Voluntary insurance

Unless a later date has been stated in the application documents, the insurance will start to apply on the day following the date on which the application was made to Euro Accident subject to the precondition that:

- the insurance, according to the guidelines applicable at any given time, can be granted subject to an approved health status review
- complete application documents have been received by Euro Accident.

If the sum insured is of such amount that according to the guidelines applicable at any given time it is necessary to have a further health status review or if the insurance is to be reinsured to some extent and if such a health status review or decision of the reinsurance company shows that the insurance can be granted only with premium loadings and/or a exclusion clause, the insurance only applies when a decision concerning premium loadings and a exclusion clause respectively has been notified to the policyholder and accepted by them.

1.4.2 Mandatory insurance

The insurance agreement starts to apply on the day following the date on which the application was made to Euro Accident, unless a later date has been stated in the application documents, subject to the precondition that the insurance can be granted, in accordance with the underwriting guidelines applicable at any given time, and that complete application documents have been received.

The insurance agreement covers all employees of the policyholder in a defined group, subject to the precondition that they are entitled to join subject to an approved health status review and that they have been

notified to Euro Accident upon the entry into force of the insurance agreement.

An employed CEO, with or without collective agreement, may be included in the defined group.

The policyholder or the insured must certify that the employee is fully capable of working at the time the application is signed.

When the certification of being fully capable of working was made earlier than the entry into force of the insurance agreement referred to above, it is required that all persons who are to be covered by the insurance agreement are fully capable of working at the time the insurance agreement enters into force.

When the certification of being fully capable of working was made earlier than 30 days before the insurance agreement is to enter into force, Euro Accident may, at the date the insurance agreement is to enter into force, require a new staff report with certification of being fully capable of working.

If the sum insured is of such amount that according to the guidelines applicable at any given time it is necessary to have a further health status review or if the insurance is to be reinsured to some extent and if such a health status review or decision of the reinsurance company shows that the insurance can be granted only with premium loadings and/or a exclusion clause, the insurance only applies when a decision concerning premium loadings and a exclusion clause respectively has been notified to the policyholder and accepted by them.

New employees after the agreement has been entered into

For a new employee to join, the insurance applies as of and including the commencement of the employment, subject to the precondition that:

- the application was received no earlier than one (1) month before and no later than three (3) months after the commencement of the employment
- the insurance, according to the underwriting guidelines applicable at any given time, can be granted subject to an approved health status review
- complete application documents have been received by Euro Accident.

If the application is received later than three months counted from the commencement of the employment, the insurance applies as of and including the day following the date on which the application was made to Euro Accident subject to the precondition that the insurance, in accordance with the guidelines applicable at any given time, can be granted subject to

an approved health status review and also that complete application documents have been received by Euro Accident.

1.5 Premium

1.5.1 Premium calculation

The premium is determined when the insurance is applied for. Premiums for later premium periods are calculated for each year on the basis of the insured's age, salary, compensation level selected and/or sum insured.

1.5.2 Payment of premium

The premium shall be paid on the due date stated in the invoice or indicated in some other way. Premium notification can be made by another party on behalf of Euro Accident.

If the premium is not paid when due Euro Accident is entitled to give notice terminating the insurance. Notice of termination takes effect 14 days after the date on which it was sent by Euro Accident or another party engaged by Euro Accident. The insurance ceases to apply if the premium is not paid within that time limit.

If notice of termination has taken effect and if the delay does not relate to the first premium for the insurance, the policyholder is entitled to reinstate the insurance to its former scope if the outstanding premium amount is paid within 90 days from the date that the notice took effect.

An invoicing charge is added in the event of invoicing by post. This charge is specified in the tariff applicable at any given time, as shown on our website.

1.5.3 Premium waiver

Premium waiver is granted in respect of the time that the period of sickness lasts after the applicable qualifying period and in proportion to the level of impairment to work capacity.

If work capacity is reduced by at least 25 per cent, the insurance provides entitlement to premium waiver for as long as the work disablement lasts, though at most to the agreed retirement age, in respect of the premium agreed and actually paid for the Long-term disability - PlanSjuk, the Premium Waiver Insurance and the Survivor's Pension.

In case of Premium Waiver Insurance, the premium waiver is granted during the agreed payment of premium period applicable for the underlying pension insurance, at the longest.

1.5.4 Leave of absence and parental leave

In the case of leave of absence and parental leave, the employer may continue with the payment of premiums

for the insured. If the employer during the leave of absence or parental leave declines the payment of premiums, there is a right to following the conclusion of the leave of absence or parental leave re-enter the insurance agreement with the same insurance cover that applied prior to the leave of absence or parental leave.

For re-entry, the leave of absence or parental leave may not have lasted for a longer period than 18 months and the employee shall be fully capable of working upon re-entry. A new health status review will be requested if notice of re-entry is made later than three months after the employee having re-entered into service with the employer.

If the leave of absence or parental leave lasted for a longer period than 18 months, the employee must apply for new insurance, subject to a health status review.

1.6 Cessation of the insurance

An individual insurance applies at most up to and including the end of the month when the insured attains the agreed retirement age, although at most up to the end of the month when the insured attains the age of 67.

The insurance will cease to apply before then when:

- the insured is no longer employed by the policyholder
- the insured does not receive any income from work
- the insured has been on leave of absence or parental leave for a longer period than 18 consecutive months, see Clause 1.5.4
- the policyholder has given notice terminating the insurance agreement
- the premium is not paid when due, see Clause 1.5.2.

Euro Accident reserves the right to give notice terminating the insurance if the policyholder or the insured has grossly neglected their obligations in relation to the company or if there are other exceptional reasons for termination.

The provisions set out in Clause 4.2 apply to Premium Waiver Insurance in addition to that stated above.

1.6.1 Notice of termination

The policyholder is entitled to give notice terminating an occupational pension insurance agreement with effect at the end of the month following written notice of termination being received by Euro Accident, unless otherwise agreed.

1.6.2 Extended cover protection

If the employment ceases for some reason other than retirement and subject to the precondition that the insured has been covered by the insurance for more than six months, the insurance applies for a further 90 days from the cessation of the employment, although at most up to the end of the month when the insured attains the age of 67.

The extended cover protection, in the case of survivor's pension, ceases before then in the event of that the insured obtains other employment with occupational pension rights.

The extended cover protection, in the case of Premium Waiver Insurance, ceases before then in the event of that the insured joins a new comparable insurance.

The extended cover protection, in the case of Long-term disability – PlanSjuk, ceases before then in the event of that the insured joins a new healthcare plan or utilises the right to Continuation Insurance, see Clause 1.6.4.

1.6.3 Assignment, pledges and use as collateral

The insured is entitled to assign the occupational pension insurance within three months counted from the date of the cessation of the employment.

An assignment can be made:

- from a former employer to a new employer
- from an employer to the insured, provided that the premium continues to be paid via a sole proprietorship, partnership or limited partnership.

Occupational pension insurance may not be pledged or used as collateral.

1.6.4 Continuation Insurance

The insured is, subject to the precondition that the insured has been covered by Long-term disability – PlanSjuk for more than six months, entitled to apply for Continuation Insurance if the employment ceases before the retirement age stated in the insurance agreement, although at most up to the age of 65.

An application for Continuation Insurance is to be made within 90 days from the insurance having ceased. If the insured in some other way joins comparable insurance, the right to Continuation Insurance lapses.

Premiums for Continuation Insurance are determined on the basis of the insured's age and applicable sum insured.

The Continuation Insurance can partly have another structure and other conditions of insurance than the health insurance applicable during the term of the employment.

In the case of Premium Waiver Insurance or Survivor's Pension the insured is not entitled to apply for Continuation Insurance unless otherwise agreed.

1.7 Restrictions

1.7.1 Duty of disclosure

The policyholder or the insured is liable to upon request provide information that may be of relevance to whether the insurance is to be granted, extended or renewed. The same obligation applies in conjunction with claims handling.

It is an obligation of the policyholder or the insured to without delay give notice of the following to Euro Accident:

- information about earned income or income from active business activities
- information about changed earned income/income from active business activities
- information about new employment alternatively cessation of employment
- information about work disablement of the insured
- information about other changes that may affect the insurance cover
- in the case of Premium Waiver Insurance, the amount of the pension insurance premium for which premium waiver insurance is desired.

If the policyholder fails to give notice of the above-mentioned changes in time, they should start to apply from the date when notice was given to Euro Accident.

1.7.2 Incorrect or incomplete information

The provisions of the Insurance Contracts Act apply if any information that has been provided by the policyholder or the insured is incorrect or incomplete.

If incorrect or incomplete information has been provided, this may mean that the insurance may be declared completely or partially invalid. The insurance agreement can be declared invalid or the insurance cover may be reduced to the level and scope that would have applied considering the payments made if correct and complete information had been provided. Premium paid for previous periods will not be repaid. The provisions of Clauses 3.12 and 4.12 apply if the policyholder or the insured under Long-term disability – PlanSjuk or Premium Waiver Insurance provides incorrect information about the insured's earned income or income from active business activities or healthcare benefits, or concerning premium cost.

1.7.3 Intent and gross negligence

If the insured has by intent or gross negligence induced a loss or aggravated its consequences, the compensation may be reduced in accordance with the Insurance Contracts Act and Euro Accident be released from liability.

1.7.4 Criminal act

Compensation for work disablement may be reduced, cease or lapse completely if work disablement arose in conjunction with the insured committing or participating in a criminal act that, according to Swedish law, may lead to imprisonment. The above does not apply to Survivor's Pension.

1.7.5 Misuse

The insurance does not apply for the insured's work disablement that results from the insured's misuse of alcohol, other intoxicants, sleeping or narcotic substances or improper use of pharmaceuticals. The above does not apply to Survivor's Pension.

1.7.6 Certain communicable diseases or epidemics

The insurance does not apply for losses that completely or partially, directly or indirectly, were caused by or are a result of, or have been aggravated by an epidemic or pandemic announced by the World Health Organisation (WHO) or disease subject to the Communicable Diseases Act.

1.7.7 Force majeure

The insurance does not apply for loss that may arise if the assessment of the right to insurance, investigation of the loss or payment of compensation is delayed or made impossible owing to war, warlike event, civil war, revolution, rebellion, owing to official measure, strike, lockout, blockade or similar event or owing to a natural disaster.

1.7.8 War, warlike political unrest, armed conflict or the like in Sweden

The insurance does not apply for losses that are connected to war, warlike political unrest, armed conflict or the like in Sweden.

1.7.9 War, warlike political unrest, armed conflict or the like in countries or areas outside Sweden

The insurance does not apply for losses that are connected to war, warlike political unrest, armed conflict or the like in countries or areas outside Sweden.

However, if the insured is staying in countries or areas outside Sweden where war, warlike political unrest, armed conflict or the like breaks out during the stay, the insurance applies during the first four weeks subject to the precondition that the insured does not in

any way participate in, or report on, the war, the warlike political unrest or the armed conflict.

However, this does not apply to countries or areas to which the Swedish Ministry for Foreign Affairs (UD) advises against travel owing to war, warlike political unrest, armed conflict or the like.

1.7.10 War, terrorism and mass destruction

The insurance does not apply for losses that are connected to an act of terrorism that has been caused by the use of weapons of mass destruction in the form of biological, chemical or nuclear materia in or outside Sweden.

'Act of terrorism' means an act implemented by a person or group of persons with political, religious, ideological or similar purposes, with the aim of influencing governments or to put the general public, or parts of the general public, in danger. An act of terrorism may include, but is not limited, to the actual use of power, violence or threat of such. The perpetrators may either act individually, or on the assignment of, or in collusion with another organisation or government.

1.7.11 Nuclear processes

The insurance does not apply to sickness or accidental injury that has directly or indirectly been caused by nuclear processes.

1.8 Validity abroad

The insurance applies without restrictions in respect of the length of the stay abroad, provided that the insured continues to be entitled to compensation from a Swedish social insurance agency and is employed by the policyholder.

Nor is there any limitation on the length of the stay abroad provided the insured is:

- in foreign service with the Swedish state, a Swedish company or a Swedish NGO
- in service with a foreign company with a permanent link to Sweden
- in service with an international organisation with a permanent link to Sweden.

Clause 1.8.1 shall apply in the event of a stay abroad during a period of sickness.

1.8.1 Staying abroad during a period of sickness

If the insured leaves Sweden during an ongoing period of sickness, the insurance only affords a right to compensation for work disablement to the extent and for the period in respect of which it is possible to assess the continued work disablement on the basis of a medical examination by a physician assigned by Euro Accident, conducted prior to departure. Euro Accident

is entitled to request that the insured attends for a medical examination in Sweden if Euro Accident considers that this is necessary for Euro Accident's assessment of the continuation of compensation in respect of an ongoing claim.

1.9 General guidelines

1.9.1 Action for payment

An insurance loss shall be reported to Euro Accident as soon as possible.

Forms can be obtained from Euro Accident or the insurance intermediary representing the insured group.

If Euro Accident so requests, consent shall be granted for Euro Accident or the companies that Euro Accident engages for medical risk assessment or claims handling, in order to assess Euro Accident's liability, gather information, records, certificates etc. from a physician or other medical staff, hospital or other medical establishment, the Social Insurance Agency or other insurance establishment.

Long-term disability - PlanSjuk and Premium Waiver Insurance

In the case of Long-term disability - PlanSjuk and Premium Waiver Insurance, the application must be made as soon as possible after the commencement of the period of sickness. When giving notice a medical certificate must be attached. This certificate must certify the insured's work disablement.

If the Social Insurance Agency has decided to grant, amend or withdraw the insured's right to activity compensation, sickness compensation or temporary sickness compensation, such decision shall be immediately forwarded to Euro Accident.

A precondition for the right to compensation is that the insured during the period of sickness is continuously under the supervision of a physician, observes the physician's directions and complies with Euro Accident's instructions issued in conjunction with a physician.

In order to establish the right to compensation Euro Accident may request that the insured attends for an examination at a specially assigned physician in Sweden.

If the payment relates to Premium Waiver Insurance it can only be made directly to such nominated insurer as grants pension insurance and subject to the precondition that the insurance agreement in question with the insurer relates to retirement or survivor's pension according to tax category P and also provided it is the same person insured as the premium waiver payment relates to.

Survivor's Pension

Those documents and other information that Euro Accident considers to be relevant to the assessment of the right to compensation shall be obtained and submitted without cost for Euro Accident.

If it is not possible for Euro Accident to be aware that the death has occurred, a representative of the estate of the deceased must notify the death to Euro Accident, which will provide forms for giving notice of death.

Beneficiaries shall verify their right to benefits by a Death Certificate and Investigation Concerning Relatives from the Swedish Tax Agency. Euro Accident is entitled to request a provision of supplementary information, such as copies of estate inventories, in order to verify the right to a benefit.

1.9.2 Time of payment and provisions concerning interest

After a right to compensation has arisen, and when the insured, or for Survivor's Pension, the person who requests a payment has taken the action prescribed to receive payment and also presented the investigation that may reasonably be requested to determine Euro Accident's payment obligation, payment shall be made, or in those cases involving periodic payments shall commence, within one month thereafter.

If payment is made later, interest for delay shall be paid to the insured, or in the case of Survivor's Pension the person who requests payment, according to the Interest Act. Euro Accident is not liable beyond this for any loss that may arise if the investigation in respect of claims results in a delay in payment.

Interest for delay is not paid if the delay results from circumstances as referred to in Clause 1.7.7.

Premium Waiver Insurance

Euro Accident is only responsible for compensation being paid under the insurance agreement. Euro Accident is never responsible for any exchange loss owing to incorrect or delay in providing information of relevance to the payment of the compensation amount.

1.9.3 Time limits

A party who wishes to make a claim for insurance compensation or other insurance cover must institute proceedings against Euro Accident within ten years of the time when the circumstance arose that, according to the insurance agreement, would afford an entitlement to such cover or compensation. Otherwise the right to compensation or other insurance cover lapses.

If a claim has been presented within this period, the time limit for the institution of proceedings is always

six months from when Euro Accident has declared that the company has adopted a final position on the claim.

1.10 Processing of personal data

As a Controller, Euro Accident processes personal data to be able to offer and provide the insurance and services on which we have agreed and for other purposes such as, for example, compliance with laws and other rules. Further detailed information about the processing of personal data is available from Euro Accident's Integrity Policy available at euroaccident.se or by contacting Euro Accident.

Our Integrity Policy not only includes information about how Euro Accident collects and uses your personal data, but also information about your rights in conjunction with the processing of personal data, such as the right to information, rectification, data portability, right to be forgotten and to object, etc.

1.11 Loss notification register

Euro Accident is entitled to register losses reported that were incurred under this insurance in a joint loss notification register (GSR) of the insurance industry. The register is only used in conjunction with claims handling.

The personal data controller for GSR is:

Försäkringsförbundet (Svensk försäkring – Insurance Sweden)
Box 24043
SE-104 50 Stockholm
Telephone: +46 (0)8-522 785 00
Visiting address: Karlavägen 108, Stockholm.
Website: svenskforsakring.se

1.12 Consideration of decision in an insurance matter

If the insured is not satisfied with Euro Accident's decision on an insurance matter, a request shall be made in the first instance to Euro Accident to have the matter reconsidered. The request shall be sent to the administrative officer who made the decision in the matter or to the administrative officer's immediate superior.

Euro Accident has also appointed a Complaints Officer to whom the insured can refer for assistance and an independent review of its matter. Contact details for the Complaints Officer are available on Euro Accident's website euroaccident.se.

Euro Accident's Review Committee

A final decision in an insurance matter can be considered by Euro Accident's Review Committee. The committee comprises one external expert with extensive experience from the personal injury area, one lawyer and Euro Accident's claims and risk assessment manager.

If the insured is nevertheless not satisfied, the insured can refer to:

Allmänna Reklamationsnämnden (The Swedish National Board for Consumer Disputes) (ARN)
Box 174, SE-101 23 Stockholm. Telephone +46 (0)8-508 860 00
Visiting address: Teknologgatan 8 C, Stockholm
Website: arn.se

ARN does not consider matters concerning medical issues, where special medical knowledge is required. Such matters are instead considered by:

The Board for Insurance of Persons
Box 24067
SE-104 50 Stockholm
Telephone: +46 (0)8-522 787 20
Visiting address: Karlavägen 108, Stockholm
Website: forsakringsnamnder.se/PFN

For advice without charge contact:

Konsumenternas försäkringsbyrå (The Swedish Consumers' Insurance Bureau) (KFB)
Box 24215
SE-104 51 Stockholm
Telephone: +46 (0)200-22 58 00
Visiting address: Karlavägen 108, Stockholm
Website: bankforsakring.konsumenternas.se

Disputes resulting from the insurance agreement are to be considered by a Swedish court, in the first instance at a district court, applying Swedish law. Costs for a legal representative are not paid by the insurance.

2 Explanation of terms

Beneficiary

The person who, via a nomination of beneficiary contained in these insurance conditions or through a separate nomination of beneficiary, receives payment of the sum insured from insurance upon the death of an insured.

Business operator

Limited company:

- Shareholders who either themselves or together with a husband/wife, registered partner, parent or children, own at least one third or more of the shares in the company.
- The husband/wife, registered partner of the business operator active in the company
- The husband/wife or registered partner of a business operator active in the company, with or without their own shareholding, is counted as business operator.
- Children of a business operator are counted as business operators if they own at least one share.
- Siblings cannot aggregate their shares.

How the shareholdings of a business operator are aggregated:

Aggregate the shareholder's portion of the shares with shares that are owned by a husband or wife, registered partner, parent or a child active in the company. If the total amounts to at least one third, such person is regarded as a business operator.

Part-owners of limited companies that own less than one third of the shares are regarded as an employee.

Partnership:

- Partner
- Partners' husband/wife, registered partner.

Limited partnership:

- General partner
- General partners' husband/wife, registered partner.

Other forms of company:

- All owners

Employee

'Employee' means a permanent (indefinite-term) employee who is not counted as a business operator, see above. Probationary employment is dealt with as permanent employment if it is intended that it should

transfer to permanent employment. The employee may upon application not be on leave of absence or parental leave. The income should be fixed and Euro Accident as a rule disregards overtime compensation and similar remuneration if this is not paid regularly.

It is possible for an employee engaged by the hour to request an exemption to be able to apply for insurance depending on the nature of the employment and other circumstances.

Fully capable of working

'Fully capable of working' means that your normal work can be performed without restriction and that sick pay from the employer or compensation from the Social Insurance Agency is not being paid.

'Compensation from the Social Insurance Agency' means sickness or rehabilitation benefit, activity compensation, sickness compensation or other compensation owing to work disablement.

In order to be fully capable of working it is also required that no occupational injury annuity is being paid or that wage subsidy employment, dormant activity compensation, sickness compensation or corresponding compensation has not been granted.

The 'Social Insurance Agency' and 'compensation' also mean the corresponding in the Nordic countries.

Group eligible for insurance

A defined group of persons who according to agreement are entitled to apply for or join insurance.

Insurance agreement

The agreement applicable for each individual insurance. The scope of the insurance agreement is stated in the application documents for the insurance, agreement, the insurer's underwriting guidelines, the insurance conditions, the Insurance Contracts Act (2005:104) and Swedish law in general.

Income from work

'Income from work' means earned income and income from active business activities as follows:

- Fixed pay including holiday supplement (monthly pay x 12.2)
- Benefits in kind in the form of completely free food or housing, valued in accordance with the tax agency's rules
- Commission, bonuses and the like, including holiday supplement

- Compensation for regular shift work, staggered working hours, on-duty time or standby work, including holiday supplement
- Car benefit, subject to the precondition that the employer certify that the car benefit will be withdrawn in the event of long-term sick leave.

Insured

The person in respect of whose life or health an insurance applies.

Mandatory insurance

Insurance where all employees in a defined group are, according to the agreed requirements for joining, affiliated by measures taken by the employer.

Policyholder

Policyholder and similarly owner of all occupational pension insurance is an employer or a natural person with an income from sole proprietorship, partnership or limited partnership that enters into an insurance agreement with the insurer.

Price base amount

The price base amount is an amount calculated on the basis of the changes to general price levels in accordance with the provisions of the Social Insurance Code (SFS 2010:110). These calculations are made on the basis of the changes to the consumer price index and fixed for the entire calendar year.

Voluntary insurance

Employers apply for insurance for individuals through a separate application.

Work disablement

'Work disablement' means that the work capacity of the insured has been eliminated or impaired owing to sickness or accidental injury. Euro Accident's assessment will normally follow the rules for national insurance and the decision of the Social Insurance Agency on the right to sickness or rehabilitation benefit, activity compensation, sickness compensation or other compensation owing to work disablement. Periods with sick pay are also regarded as work disablement. The impairment is assessed, unless otherwise stated, in accordance with Chapter 7, Section 3 of the National Insurance Act. In order to establish the right to compensation Euro Accident may request that the insured attends for an examination at a specially assigned physician.

3 Long-term disability - PlanSjuk

3.1 Scope

Long-term disability - PlanSjuk will pay continuous compensation in the case of work disablement following the stipulated qualifying periods shown in the insurance agreement.

3.1.1 Health and work environment screening

In the case of companies with at least 20 employees, the insurance reimburses the cost of implementation of one (1) health and work environment screening per insured.

The insurance covers, for those insured, a health and work environment screening comprising:

- a web questionnaire with questions concerning health, lifestyle and motivation. It also contains questions regarding the insured's work situation, working group, manager and physical work environment
- a web-based feedback concerning the insured's health.

The health and work environment screening provides the insured's manager:

- the possibility of identifying the persons insured within a 'healthy group' and 'risk group'
- a web-based survey at department or group level in order to be able to prioritise the correct initiatives for various groups within the organisation.

Health and work environment screening shall be implemented for all persons insured on one and the same occasion. It is offered free of charge once per company and term of insurance, but can be bought in addition for a follow-up.

A precondition for a right to compensation is that the company contacts Euro Accident and that the health and work environment screening is implemented by Euro Accident, or by such company that Euro Accident cooperates with at any given time for the implementation of this task.

3.1.2 Rehabilitation insurance ComeBack with Counselling Support

Rehabilitation insurance ComeBack with Counselling Support contains the following:

- Counselling Support
- Survey of needs for measures
- Preparation of a plan of action

- Coordination and follow-up
- Measures
- Evaluation and concluding report

The complete conditions are attached at the end of these conditions.

3.2 Right to compensation

A right to receive compensation applies if the insured owing to sickness or accidental injury becomes totally work disabled or has their work capacity reduced by at least 25 per cent, for the time that the period of sickness lasts beyond the qualifying period. 'Period of sickness' means the time that the work disablement lasts without interruption during the term of the insurance.

An impairment of work capacity by at least 25 per cent affords a right to compensation with such a proportion of the sum insured as corresponds to the impairment of work capacity.

A precondition for a right to compensation is that the insured during the period of sickness is continuously under the supervision of a physician, observes the physician's directions and complies with the rehabilitation plan determined by the employer or by the rehabilitation manager appointed by Euro Accident.

To be entitled to compensation the premium for Long-term disability -PlanSjuk must have been paid on the date of the loss and during the qualifying period.

3.3 Assessment of work capacity

That the Social Insurance Agency has granted or rejected the insured sickness benefit, rehabilitation benefit, activity compensation or sickness compensation is an important though not decisive circumstance for Euro Accident's assessment in respect of the issue of compensation.

Euro Accident will assess the scope of the work disablement on the basis of the reduction to work capacity that may be deemed to have been caused by objectively determinable symptoms and disability. When making this assessment Euro Accident will take into account whether the insured is capable of working.

Euro Accident does not consider that there is a work disablement if the insured can perform some kind of work that may be requested of the insured considering their age, previous education and activity, retraining or other similar measure and residential situation.

3.4 Second opinion – further assessment

The insurance will compensate necessary and reasonable costs for a second medical opinion by a consultant physician in Sweden when the insured has been diagnosed with a life-threatening or particularly serious sickness.

3.5 Restrictions

The right to compensation only applies for periods after the insured's 16th birthday and periods before the end of the month in which the insured attains the age of 67, unless otherwise agreed. The compensation may be limited in time within the said limits.

If the insured is work disabled after the age of 65 the compensation may be limited in accordance with the applicable rules and assessment of the Social Insurance Agency.

The right to compensation always ceases upon attaining the agreed retirement age.

3.6 Qualifying period

'Qualifying period' is the time that the period of sickness must endure before the right to compensation arises. 'Period of sickness' means the time that the work disablement lasts without interruption during the term of the insurance. The insurance documents indicate the qualifying period applicable for the insurance agreement.

A fixed qualifying period applies when the insured's work disablement, according to the assessment of Euro Accident, has been temporarily impaired.

A variable qualifying period (R-qualifying period) applies after the period of sickness that endured until Euro Accident considers that the work disablement of the insured has been permanently impaired owing to sickness or accidental injury. However, the qualifying period can never be shorter than 90 days counted from the first day of the period of sickness.

3.6.1 Recurrent work disablement

Recurrence of sickness within twelve months with the same complaints

If the insured once again becomes work disabled by at least 25 per cent for longer than 14 consecutive days within twelve months counted from the end of the preceding period of sickness, and where the complaints are considered to be connected to the earlier period of work disablement, the new period shall be regarded as a recurrence of sickness. As the new period of work disablement arose within twelve months, it is regarded as being the same loss as the earlier one and no new qualifying period will apply. If the insured's compensation amount has changed

between these periods of work disablement, the new period will be settled on the basis of the latest revised sum insured.

Recurrence of sickness within twelve months with new complaints

If the insured once again becomes work disabled by at least 25 per cent for longer than 14 consecutive days within twelve months counted from the end of the preceding period of sickness, and where the complaints are not considered to be connected to the earlier period of work disablement, the new period shall be regarded as a new loss occurrence. As the new period of work disablement arose within twelve months the insured may be entitled to a reduction of qualifying period, see Clause 3.6.2. If the insured's compensation amount has changed between these periods of work disablement, the new period will be settled on the basis of the latest revised sum insured.

New work disablement after twelve months

If the insured once again becomes work disabled by at least 25 per cent later than twelve months counted from the end of the preceding period of sickness, the new period shall be regarded as a new loss occurrence. In that case a new qualifying period of 90 days applies for the new period.

3.6.2 Reduction of qualifying period

If a new period of work disablement, longer than 14 consecutive days, arises within twelve months counted from the end of the preceding period of work disablement the insured may be entitled to a reduction of the qualifying period.

This is calculated on the basis of the first day of the new period of work disablement and twelve months back. The reduction of qualifying period is all days of work disablement longer than 14 days within these twelve months.

3.7 Qualifying period – special diagnoses

A qualifying period according to this clause only refers to the following professional groups:

- maritime, fishing
- heavy industry (steel, metal, pulp, saw mills, slaughterhouses and mines)
- public sector activity
- healthcare
- premises care.

If the work disablement results from:

- back, joint or muscular complaints that cannot be shown to have been caused by an accident
- fibromyalgia
- chronic conditions of pain

- chronic fatigue syndrome, e.g. myalgic encephalomyelitis

for payments to be made under the insurance it is required that the insurance has been in force without interruption with Euro Accident or with another insurer for at least 24 months before the sickness occurred. It is also required that the insured during this consecutive period of 24 months has not become ill with any of the above-mentioned sicknesses or complaints.

If the insured became ill with any of the above sicknesses or complaints during the first 24 months, it is required that the insured has been free of complaint for more than 36 months after the last occasion of sickness for any payment to be made.

There is thereafter no limitation to the right to compensation in the case of impaired work capacity as referred to above.

3.8 Compensation levels

The insurance statement states the compensation level applicable for the insured.

A reported earned income and income from active business activities constitutes the basis for the determination of the sum insured which will be paid as a result of work disablement owing to sickness or accidental injury.

The following tables indicate how the sums insured are calculated for the respective disability insurance.

Occupational pensions for salaried employees in the private sector - sickness (ITP-sjuk)			
	0-8 price base amounts	8 price base amounts - 20 income base amounts	20-30 income base amounts
3 mon	10 %	65 %	32.5 %
12 mon	0 %	65 %	32.5 %
	0-7.5 price base amounts	7.5 price base amounts - 20 income base amounts	20-30 income base amounts
Variable	15 %	65 %	32.5 %

Supplementary occupational pensions for salaried employees in the private sector (ITP-komplettering)			
	0-8 price base amounts	8 price base amounts - 20	20-30 income

		income base amounts	base amounts
3 mon	0 %	25 %	37.5 %
12 mon	10 %	25 %	3.,5 &
	0-7.5 price base amounts	7.5 price base amounts - 20 income base amounts	20-30 income base amounts
Variable	10 %	25 %	37.5 %

Max sickness (Max-sjuk)			
	0-8 price base amounts	8 price base amounts - 20 income base amounts	20-30 income base amounts
3 mon	10 %	90 %	70 %
12 mon	10 %	90 %	70 %
	0-7.5 price base amounts	7.5 price base amounts - 20 income base amounts	20-30 income base amounts
Variable	25 %	90 %	70 %

Consolidation sickness (Kons-sjuk) for business operators			
	0-8 price base amounts	8 price base amounts - 20 income base amounts	20-30 income base amounts
3 mon	28 %	90 %	70 %
12 mon	28 %	90 %	70 %
	0-7.5 price base amounts	7.5 price base amounts - 20 income base amounts	20-30 income base amounts
Variable	43 %	90 %	70 %

3.9 Increase of sum insured

The right to make an increase in respect of mandatory and voluntary Long-term disability - PlanSjuk may vary during the term of the insurance agreement.

A precondition for a right to increase the sum insured is that the insured is fully capable of working at the time of the increase. The sum insured may not be increased during an ongoing qualifying period or period of sickness.

An increase of the sum insured applies as of the date stated in the application documents, subject to the precondition that:

- these documents have been received within three months, counted from the entry into force of the increase
- the increase, according to the guidelines applicable at any given time, can be granted subject to an approved health status review
- complete application documents have been received by Euro Accident
- the increase is covered by the agreed right to make an increase
- the insurance has been in force for at least one year. This applies to the main part-owners and business operators.

The sum insured can be increased during a 12-month period according to the agreed right to make an increase. An unutilised increase cannot be saved for the following period.

If the sum insured following an increase of such amount that according to the guidelines applicable at any given time it is necessary to have a further health status review or if the insurance has to be reinsured to some extent and if such a health status review or the decision of the reinsurance company shows that the insurance can be granted only with premium loadings and/or a condition, the increase only applies when a decision concerning premium loadings and any condition respectively has been notified to the policyholder and accepted by them.

3.10 Index supplement

The compensation amount is indexed as of January, with the same percentage rate as the price base amount has changed since January the preceding year, although at most by ten per cent. The price base amount for the calendar year in question compared with the price base amount for the preceding year forms the basis for such increase.

3.11 Aggregations of periods of sickness

If a new period of sickness commences within twelve months after the end of a period of sickness, which in its turn lasts for a longer period than twelve months, the rules on index supplements shall apply as if the two periods of sickness have endured for an uninterrupted period.

3.12 Overinsurance

Health insurance aims to compensate the loss of earned income or income from active business activities in the event of work disablement. 'Overinsurance' means that the insured's aggregate healthcare benefits in relation to the income is greater than what Euro Accident would at any given time grant when applying for new insurance considering the insured's income and healthcare benefits. Sick pay, sickness benefit, activity and sickness compensation under the National Insurance Act together with compensation from other health insurance or other similar compensation are counted as healthcare benefits.

If it transpires during the term of the insurance that the insured is overinsured, Euro Accident is entitled to reduce the sum insured in order to avoid overinsurance. The sum insured can also be reduced during an ongoing period of sickness.

A decision on reduction of the sum insured applies as of and including the date when Euro Accident sent notice of the decision.

If the sum insured is reduced, the premium will be adapted to the new sum insured at the same time that the decision for a reduction started to apply. Premiums that have been paid during the term of the insurance will not be repaid.

The policyholder is liable to repay excess compensation received.

3.13 Validity abroad

See Clause 1.8 regarding validity abroad.

4 Premium Waiver Insurance

4.1 Scope

'Premium Waiver Insurance' means that if the work capacity of the insured is impaired by at least 25 per cent Euro Accident will make continuous premium payments to pension insurance, regarding age pension and survivor's pension, following the stipulated qualifying periods shown in the insurance agreement.

If the regular payments of premium to the pension insurance ceases, the Premium Waiver Insurance also ceases.

4.1.1 Counselling Support

This service is included when the insured is in need of counselling support.

Counselling Support is included free of charge for all insured persons and covers consultations by telephone or visits concerning psycho-social, financial, legal or lifestyle-related issues. Manager support and support by a HR consultant are also included.

Counselling Support is open around the clock seven days a week. A trained social worker or crisis manager will take the call and put the insured into contact with the right competency.

In the event of an acute personal crisis it is possible to get in contact with a psychologist around the clock seven days a week.

Total confidentiality applies regarding the insured in relation to their employer.

The following is included in Counselling Support:

- telephone consultations with or visits to a registered psychologist or behaviourist up to five occasions
- telephone consultations with or visits concerning manager support up to five occasions
- telephone consultations on issues relating to practical or strategic HR work up to three occasions
- consultations by telephone or visits to a financial advisor or lawyer up to three occasions
- telephone consultations with a health coach on lifestyle-related issues up to three occasions.

It is possible to combine, for example, two consultations with a psychologist, one consultation with a lawyer and one consultation with a financial advisor. Counselling Support covers at most five consultations per calendar year in the same matter and at most five consultations regardless of whether

the insured has more than one insurance where Counselling Support is included.

4.2 Right to premium waiver payment

A right to receive premium waiver payment applies if the insured owing to sickness or accidental injury becomes totally work disabled or has their work capacity reduced by at least 25 per cent, for the time that the period of sickness lasts beyond the qualifying period. 'Period of sickness' means the time that the work disablement lasts without interruption during the term of the insurance.

An impairment of work capacity by at least 25 per cent affords a right to premium waiver payment with such a proportion of the sum insured as corresponds to the impairment of work capacity.

It is a precondition for the payment of Premium Waiver Insurance that there is an underlying pension insurance agreement in force with ongoing, regular payments of premium. The premium to the pension insurance must amount at least to the sum insured and the agreed premium for the pension insurance must have been paid.

The premium waiver payments cease when the insured no longer has reduced work capacity of at least 25 per cent.

A precondition for a right to premium waiver is that the insured during the period of sickness is continuously under the supervision of a physician, observes the physician's directions and complies with the rehabilitation plan determined by the employer or by the rehabilitation manager appointed by Euro Accident.

4.3 Assessment of work capacity

That the Social Insurance Agency has granted or rejected the insured sickness benefit, rehabilitation benefit, activity compensation or sickness compensation is an important though not decisive circumstance for Euro Accident's assessment in respect of the issue of compensation.

Euro Accident will assess the scope of the work disablement on the basis of the reduction to work capacity that may be deemed to have been caused by objectively determinable symptoms and disability. When making this assessment Euro Accident will take into account whether the insured is capable of working.

Euro Accident does not consider that there is a work disablement if the insured can perform some kind of work that may be requested of the insured considering their age, previous education and activity, retraining or other similar measure and residential situation.

4.4 Second opinion – further assessment

The insurance will compensate necessary and reasonable costs for a second medical opinion by a consultant physician in Sweden when the insured has been diagnosed with a life-threatening or particularly serious sickness.

4.5 Restrictions

The right to premium waiver payments only applies for periods after the insured's 16th birthday and periods before the end of the month in which the insured attains the age of 67, unless otherwise agreed. The premium waiver payments may be limited in time within the said limits.

If the insured is work disabled after the age of 65 the compensation may be limited in accordance with the applicable rules and assessment of the Social Insurance Agency.

The right to premium waiver payments always ceases upon the agreed retirement age for the pension insurance to which the premium waiver refers, in the event of death or when the payment of retirement pension has commenced from the pension insurance insured for premium waiver.

4.6 Qualifying period

'Qualifying period' is the time that the period of sickness must endure before the right to compensation arises. 'Period of sickness' means the time that the work disablement lasts without interruption during the term of the insurance. The insurance documents indicate the qualifying period applicable for the insurance agreement.

A fixed qualifying period applies when the insured's work disablement, according to the assessment of Euro Accident, has been temporarily impaired.

A variable qualifying period (R-qualifying period) applies after the period of sickness that endured until Euro Accident considers that the work disablement of the insured has been permanently impaired owing to sickness or accidental injury. However, the qualifying period can never be shorter than 90 days counted from the first day of the period of sickness.

4.6.1 Recurrent work disablement

Recurrence of sickness within twelve months with the same complaints

If the insured once again becomes work disabled by at least 25 per cent for longer than 14 consecutive days within twelve months counted from the end of the preceding period of sickness, and where the complaints are considered to be connected to the earlier period of work disablement, the new period shall be regarded as a recurrence of sickness. As the new period of work disablement arose within twelve months, it is regarded as being the same loss as the earlier one and no new qualifying period will apply. If the insured's compensation amount has changed between these periods of work disablement, the new period will be settled on the basis of the latest revised sum insured.

Recurrence of sickness within twelve months with new complaints

If the insured once again becomes work disabled by at least 25 per cent for longer than 14 consecutive days within twelve months counted from the end of the preceding period of sickness, and where the complaints are not considered to be connected to the earlier period of work disablement, the new period shall be regarded as a new loss occurrence. As the new period of work disablement arose within twelve months the insured may be entitled to a reduction of the qualifying period, see Clause 4.6.2. If the insured's compensation amount has changed between these periods of work disablement, the new period will be settled on the basis of the latest revised sum insured.

New work disablement after twelve months

If the insured once again becomes work disabled by at least 25 per cent later than twelve months counted from the end of the preceding period of sickness, the new period shall be regarded as a new loss occurrence. In that case a new qualifying period of 90 days applies for the new period.

4.6.2 Reduction of qualifying period

If a new period of work disablement, longer than 14 consecutive days, arises within twelve months counted from the end of the preceding period of work disablement the insured may be entitled to a reduction of the qualifying period.

This is calculated on the basis of the first day of the new period of work disablement and twelve months back. The reduction of qualifying period is all days of work disablement longer than 14 days within these twelve months.

4.7 Qualifying period – special diagnoses

A qualifying period according to this clause only refers to the following professional groups:

- maritime, fishing
- heavy industry (steel, metal, pulp, saw mills, slaughterhouses and mines)
- public sector activity
- healthcare
- premises care.

If the work disablement results from:

- back, joint or muscular complaints that cannot be shown to have been caused by an accident
- fibromyalgia
- chronic conditions of pain
- chronic fatigue syndrome, e.g. myalgic encephalomyelitis.

For payments to be made under the insurance it is required that the insurance has been in force without interruption with Euro Accident or with another insurer for at least 24 months before the sickness occurred. It is also required that the insured during this consecutive period of 24 months has not become ill with any of the above-mentioned sicknesses or complaints.

If the insured became ill with any of the above sicknesses or complaints during the first 24 months, it is required that the insured has been free of complaint for more than 36 months after the last occasion of sickness for any payment to be made.

There is thereafter no limitation to the right to compensation in the case of impaired work capacity as referred to above.

4.8 Sum insured

A reported pension premium constitutes the basis for the determination of the sum insured which will be paid as a result of work disablement owing to sickness or accidental injury, subject to the precondition that this does not exceed the agreed and actual premium paid for the pension insurance to which the premium waiver refers.

The recipient of sum insured that becomes payable is the insurer that provided capital growth pension insurance of tax category P in respect of which the insured is covered.

4.9 Increase of sum insured

The right to make an increase in respect of Premium Waiver Insurance may vary during the term of the insurance agreement.

A precondition for a right to increase the sum insured is that the insured is fully capable of working at the time of the increase. The sum insured may not be increased during an ongoing qualifying period or period of sickness.

An increase of the sum insured applies as of the date stated in the application documents, subject to the precondition that:

- these documents have been received within three months, counted from the entry into force of the increase
- the increase, according to the guidelines applicable at any given time, can be granted subject to an approved health status review
- complete application documents have been received by Euro Accident.

If the sum insured following an increase is of such scope that it is, according to the guidelines applicable at any given time, necessary to have a further health status review or if the insurance is to be reinsured to some extent and if such a health status review or the decision of the reinsurance company shows that the insurance can be granted only with premium loadings and/or a condition, the increase only applies when a decision concerning premium loadings and any condition respectively has been notified to the policyholder and accepted by them.

If the employer wishes to change the applicable pension policy and the change results in an increase of the employer's commitment for premium waiver or if the change affects the premium waiver insurance component in some other way, an application shall be made to Euro Accident regarding the change before the insurance also covers such revised commitment. If the introduction of a new pension policy leads to an increase of the sum insured, a certification of being fully capable of working is required.

4.10 Index supplement

The compensation amount is indexed as of January, with the same percentage rate as the price base amount has changed since January the preceding year, although at most by ten per cent. The price base amount for the calendar year in question compared with the price base amount for the preceding year forms the basis for such increase.

4.11 Aggregations of periods of sickness

If a new period of sickness commences within twelve months after the end of a period of sickness, which in its turn lasts for a longer period than twelve months, the rules on index supplements shall apply as if the two periods of sickness have endured for an uninterrupted period.

4.12 Overinsurance

Premium Waiver Insurance aims to compensate the policyholder's premium costs for pension insurance in respect of retirement and survivor's pension in the event of the insured's work disablement.

'Overinsurance' means that the premium waiver payment exceeds the premium that has been agreed or actually paid to the pension insurance to which the Premium Waiver Insurance refers.

If it transpires during the term of the insurance that the insured is overinsured, Euro Accident is entitled to reduce the sum insured in order to avoid overinsurance. The sum insured can also be reduced during an ongoing period of sickness.

A decision on reduction of the sum insured applies as of and including the date when Euro Accident sent notice of the decision.

If the sum insured is reduced, the premium will be adapted to the new sum insured at the same time that the decision for a reduction started to apply. Premiums that have been paid during the term of the insurance will not be repaid.

The policyholder is liable to repay excess compensation received.

4.13 Validity abroad

See Clause 1.8 regarding validity abroad.

5 Survivor's Pension

5.1 Scope

Survivor's Pension is paid during a period of at least five years in the case of death that occurs before the agreed retirement age or at the latest on attaining the age of 67.

At the time of payment upon the occurrence of a death, the payment term may be changed in those cases where the beneficiaries agree on such a change. The payment term may, however, never be shorter than five or longer than 20 years. The payment term cannot be changed in the event that payments have commenced.

Payment of the sum insured is to be made monthly in arrears.

Payment in the case of death cannot be postponed.

5.2 Right to compensation

If the insured dies during the term of the insurance the sum insured will be paid out during the agreed payment period. The amount of the sum is stated in the insurance agreement.

The sum insured will be paid upon death to the beneficiary nominated.

5.3 Beneficiary

A beneficiary is the person to whom the sum insured is to be paid out upon the death of the insured. Only the insured can change who is to be beneficiary.

5.3.1 General nomination of beneficiary

The beneficiaries are, unless a special nomination of beneficiary has been submitted, as shown in the order stated below:

- a) the insured's husband/wife, registered partner or cohabitee
- b) if there is no beneficiary as referred to in a), the insured's children of the first generation who are entitled to inherit. If there are several children who are beneficiaries, the sum insured is shared in equal proportions between the children.

The definitions below refer to the insured's situation upon the insured's death:

'Husband/wife' means the person with whom the insured was married. A nomination for the benefit of a husband/wife ceases to apply when an application for divorce has been received by a court.

'Registered partner' means the person with whom the insured was a registered partner. A nomination for the benefit of a registered partner ceases to apply when an application for dissolution of partnership has been received by a court.

Insured's 'cohabitee' means the person with whom the insured cohabited subject to the precondition that neither of them was married or a registered partner and that they cohabited in such a way as is covered by the Cohabitees Act (2003:376).

'Child/children' means the insured's children who according to law have a right to inherit from the insured, whether they are born within or out of marriage.

5.3.2 Special nomination of beneficiary

The insured must complete a standard form regarding special nomination of beneficiary to give notice of any other nomination of beneficiary than the generally applicable nomination.

Forms can be obtained from Euro Accident or the insurance intermediary representing the policyholder.

Subject to the provisions of the Income Taxes Act (1999:1229), such a nomination may only cover the following persons:

- a) husband/wife, registered partner or former husband/wife, registered partner
- b) cohabitee or former cohabitee
- c) child of the first generation who is entitled to inherit, stepchild or foster child of the insured or of any of the persons under a) or b).

Any former husband/wife, registered partner, former cohabitee, stepchild or foster child shall be specified by name and personal identity number. Others do not need to be specified by name and personal identity number. The definitions have the same meaning as stated under Clause 5.3.1.

If several children are beneficiaries, the sum insured will be shared in equal proportions between them, unless some other share is stated in the nomination.

A nomination of beneficiary can be combined with conditions that the amount that passes to the beneficiary is to be the separate property (enskilda egendom) of the beneficiary.

A special nomination of beneficiary applies for as long as the insurance is in force or until such time as it is revoked or amended. A nomination of beneficiary may, however, be made irrevocable and cannot then be

revoked or amended without the consent of the beneficiary.

A nomination of beneficiary cannot be changed by will.

A special nomination of beneficiary lapses upon a change of insurance company.

5.3.3 Declination

If a beneficiary has died, or completely or partially declines their right, the/those person(s) who according to the nomination would be next entitled will take the place of the party who has declined. A declination must be made before the death benefit is paid to the beneficiary.

5.4 Sum insured

The sum insured shall be stated as fixed amount in SEK.

5.5 Index supplement

The compensation amount is indexed as of January, with the same percentage rate as the price base amount has changed since January the preceding year, although at most by ten per cent. The price base amount for the calendar year in question compared with the price base amount for the preceding year forms the basis for such increase.

5.6 Option right

For an employee who before their 60th birthday enters into marriage or registered partnership, enters into cohabitation or has a child, the employee shall within twelve months from such event be entitled to apply for the insurance, alternatively change the sum insured, subject to a certification of being fully capable of working.

The insured is personally responsible for giving notice of a new family situation to Euro Accident.

5.7 Leave of absence and parental leave

In the case of leave of absence and parental leave, the employer may continue with the payment of premiums for the insured. If the employer during the leave of absence or parental leave ceases to pay premiums then, following the conclusion of the leave of absence or parental leave, there is an entitlement to re-enter the insurance agreement with the same insurance cover that applied prior to the leave of absence or parental leave.

For re-entry it is required that the leave of absence or parental leave has not lasted for a longer period than 18 months and that the employee is fully capable of working upon re-entry. A new health status review will be required if notice of re-entry is made later than three months after the employee having re-entered into service with the employer.

If the leave of absence or parental leave lasted for a longer period than 18 months, the employee must apply for new insurance, subject to a health status review.

5.8 Validity abroad

See Clause 1.8 regarding validity abroad.



Rehabilitation Insurance ComeBack with Counselling Support

Conditions and general underwriting guidelines
2019

CONTENT

1	General conditions.....	3		
1.1	Introduction	3		
1.2	The group scheme agreement	3		
1.3	The insurance agreement	3		
1.4	General underwriting guidelines	3		
1.5	Conversion from previous insurer	4		
1.6	Entry into force of the insurance	4		
1.7	Premium	5		
1.8	Cessation of the insurance	5		
1.9	Assignment	6		
1.10	Restrictions	6		
1.11	Validity abroad	7		
1.12	Action for payment	7		
1.13	Processing of personal data	7		
			1.14	Loss notification register
			1.15	Consideration of decision in an insurance matter
			2	Explanation of terms.....
				9
			3	Rehabilitation Insurance ComeBack with Counselling Support
				10
			3.1	The insurance cover
			3.2	Right to compensation
			3.3	Liability period
			3.4	Deductible
			3.5	Restrictions
			3.6	Sum insured
			3.7	Validity abroad

1 General conditions

1.1 Introduction

The insurance conditions contain information about the content of the insurance, requirements for joining, entry into force, cessation and premium rules. The insurance statement contains information about the insurance products purchased.

The insurance conditions are divided into:

- General conditions including general underwriting guidelines
- Explanation of terms
- Product conditions

1.1.1 Insurer

Euro Accident Livförsäkring AB, referred to as Euro Accident below, is the provider of all insurance products.

The insurer is the insurance company that enters into the insurance agreement and thereby carries the insurance risk.

Corporate Headquarters: Danderyd
Address: Svärdvägen 3 a
SE-182 33 DANDERYD

1.2 The group scheme agreement

An agreement (group scheme agreement) forms the basis of the group scheme insurance. The group scheme agreement is concluded between the insurer and a representative of the group. A precondition for the validity of the individual insurance is that the group scheme agreement endures.

The preconditions of the group scheme agreement have priority before the provisions of the insurance conditions.

1.3 The insurance agreement

1.3.1 Parties to the agreement

In the case of mandatory insurance the insurance agreement is concluded between the insurer and a representative of the group members (e.g. a company for its employees or an association for its members). In the case of mandatory group scheme insurance, the group representative (that is the company/organisation) is policyholder.

1.3.2 Content

The provisions set out in the insurance agreement apply to the insurance. The insurance agreement is based on the information provided in writing or in some other manner to Euro Accident by the policyholder and (where appropriate) the insured.

Swedish law applies to the insurance agreement. The Insurance Contracts Act contains the currently applicable provisions.

1.3.3 Contract period

The group scheme agreement has, unless otherwise agreed, a common main due date for all insurance products. In the case of an insured that has newly joined a group with a common main due date, the first contract period is the period left to the group's main due date. Thereafter each contract period is one year.

1.3.4 Renewal of/amendment to the insurance agreement

If the insurance agreement or the group scheme agreement is not terminated by any of the parties, the insurance agreement will be renewed automatically, for one year at a time, on the conditions stated by Euro Accident.

The conditions and premium for the insurance can consequently be changed at the end of a contract period. Information about changes is provided in conjunction with the premium demand for the new contract period.

Euro Accident is also otherwise entitled to change the conditions for the insurance agreement during the term of the insurance if the preconditions for the agreement change owing to amended legislation or other enactment, changed legal practice or through public authority regulations.

1.4 General underwriting guidelines

When applying for Euro Accident's Long-term disability - PlanSjuk insurance, Rehabilitation Insurance ComeBack with Counselling Support is included.

The provisions set out below apply to standalone Rehabilitation Insurance ComeBack with Counselling Support.

1.4.1 Standalone Rehabilitation Insurance ComeBack with Counselling Support

Rehabilitation Insurance ComeBack with Counselling Support can be applied for by a person who has attained the age of 16 and up to the date when the person attains the age of 65, is resident and registered as resident in the Nordic countries (excluding Iceland) and who is also entitled to compensation from a Swedish social insurance agency or the corresponding in a Nordic country, unless otherwise agreed.

If the person is resident and registered as resident in a Nordic country other than Sweden (excluding Iceland) and is entitled to compensation from another social insurance agency than the Swedish agency, it is required that the

person is in foreign service with a Swedish company. The company shall be a customer of Euro Accident and the employees shall have been offered group scheme insurance within the framework of these underwriting guidelines and associated conditions.

The company may have at most 25 per cent of their employees stationed in a Nordic country other than Sweden (excluding Iceland).

Group scheme insurance cannot be applied for by participants in sports teams or sports associations.

Application for a new Rehabilitation ComeBack with Counselling Support insurance for a defined group of five individuals or more can be applied for provided the employee is fully capable of working. An individual employee who is not fully capable of working at the time of affiliation may join the group scheme agreement after they satisfy the requirement of being fully capable of working.

If the number of those affiliated is less than four persons, owing to deregistration, future new employees are to provide a health declaration if these become covered by the insurance at a later time than twelve months from the date when the number of employees was for the first time less than four persons.

During the twelve-month period the normal procedure for joining shall apply, that is to say if the number of persons affiliated is at least five.

Use of the term 'corporate group'

In order to be considered part of a 'corporate group' upon affiliation subject to the requirement of being fully capable of working, insurance applications shall be for at least five persons at one and the same time and it is required that the parent company owns more than 50 per cent of the subsidiary/subsidiaries.

Franchise companies are not considered to be part of a corporate group.

In the case of a 'corporate group' all companies within the group must apply for insurance agreements, with the same arrangements as regards agreements and products, at one and the same time and be subject to the same commencement date. If companies are added to the corporate group at a later time, these become affiliated, subject to the requirement concerning being fully capable of working, at the time when such companies were acquired/affiliated.

1.4.2 Fully capable of working

'Fully capable of working' means that your normal work can be performed without restriction and that sick pay from the employer or compensation from the Social Insurance Agency is not being paid.

'Compensation from the Social Insurance Agency' means sickness or rehabilitation benefit, activity compensation, sickness compensation or other compensation owing to work disablement. In order to be fully capable of working it is also required that no occupational injury annuity is being paid or that wage subsidy employment or dormant activity compensation/sickness compensation or corresponding compensation has not been granted.

The 'Social Insurance Agency' and 'compensation' also mean the corresponding in the Nordic countries.

Parental leave or leave of absence

Persons who are on parental leave or leave of absence are deemed to be fully capable of working provided the above-mentioned requirements (concerning none of the mentioned forms of compensation being paid) are satisfied. A person is not considered to be fully capable of working if the leave of absence results from the employee testing other work for health reasons.

1.5 Conversion from previous insurer

If a group scheme agreement is transferred from another insurer, the group member shall be fully capable of working at the time of joining, in order to be converted to a similar product.

A group member who later becomes fully capable of working may join the insurance subject to the health status review guidelines applicable from time to time for new applications for insurance relating to the agreement in question.

1.6 Entry into force of the insurance

The insurance starts to apply from the date specified in the group scheme agreement. Unless otherwise agreed, the agreement shall be deemed to have been concluded on the day following the date on which the application was made to Euro Accident, subject to the precondition that insurance can be granted according to Euro Accident's underwriting and health status review rules.

If the certification of being fully capable of working was made earlier than the entry into force of the insurance agreement referred to above, it is required that all persons who are to be covered by the insurance agreement are fully capable of working at the time the insurance agreement enters into force.

If the certification of being fully capable of working was made earlier than 30 days before the insurance agreement is to enter into force, Euro Accident may, at the date the insurance agreement is to enter into force, require a new staff report with certification of being fully capable of working.

For a group member who joins later, the liability of Euro Accident arises on the day following the date on which

the application was made to Euro Accident, subject to the precondition that Euro Accident has received complete application documents and that the insurance can be granted according to the conditions applicable to the group scheme agreement and also the underwriting and health status review rules applicable from time to time.

New employees after the agreement has been entered into

For a new employee to join, the insurance applies as of and including the commencement of the employment, subject to the precondition that:

- the application was received no earlier than one (1) month before and no later than three (3) months after the commencement of the employment
- the insurance, according to the underwriting guidelines applicable at any given time, can be granted subject to an approved health status review
- complete application documents have been received by Euro Accident.

If the application is received later than three months counted from the commencement of the employment, the insurance applies as of and including the day following the date on which the application was made to Euro Accident subject to the precondition that the insurance, in accordance with the guidelines applicable at any given time, can be granted subject to an approved health status review and also that complete application documents have been received by Euro Accident.

1.7 Premium

Unless otherwise stated in the group scheme agreement, the premium is determined on the basis of among other things the sickness factor for the group. The premium is calculated for one year at a time and shall be paid by no later than the due date.

An invoicing charge is taken in the event of invoicing by post. This charge is specified in the tariff applicable at any given time.

The premium is tax deductible for the company.

1.7.1 Payment of premium

The first premium for an insurance shall be paid no later than 30 days after the date when Euro Accident sent a premium notification.

Renewal premium for insurance that already applies shall be paid no later than on the date when the new term of the insurance commences. However, the premium does not need to be paid earlier than one month following the date on which Euro Accident dispatched a premium demand.

It is required that the company or organisation that has concluded the group scheme agreement shall, without

any cost to Euro Accident, make the premium payments in one lump sum for all insured, unless otherwise agreed.

1.7.2 Notice of termination

Euro Accident is entitled to give notice terminating the insurance if the premium is not paid when due. Notice of termination takes effect 14 days after a message concerning termination is dispatched, subject to the precondition that the premium is not paid within that period.

1.7.3 Reinstatement

If the insurance has ceased to apply owing to delay in the payment of premium, the insurance can be reinstated, without a new health status review, by the premium being paid within three months from the date when the insurance ceased to apply.

The insurance then starts to apply once again as of and including the day following the date on which the premium was paid. This right does not apply if the delay relates to the first premium for the insurance.

If the insurance is reinstated, owing to the above mentioned, the insurance does not cover losses that occurred during the time when the insurance did not apply, nor for losses that occurred after the time the insurance was reinstated, if the loss originates from an event that occurred when the insurance did not apply. The liability of Euro Accident commences first as of and including the day following the date on which the premium amount is paid.

The right to reinstatement may be limited by the group scheme agreement if this is necessary owing to the nature of the insurance or other special circumstances.

1.7.4 Repayment of premium

It is an obligation of the policyholder and/or the insured to as soon as possible give notice to Euro Accident if an insured group member withdraws from the group eligible for insurance.

If the above-mentioned is not notified at the right time, at most the last twelve months' premium will be repaid.

If a premium has been paid for a period after the time that the insurance ceased, a repayment will always be made of that part of the premium referable to the period after the insurance ceased. Euro Accident reserves the right to charge administrative fees in conjunction with repayment.

Euro Accident can, during the term of the insurance, without preceding notice change the means for repayment.

1.8 Cessation of the insurance

The insurance applies for at most up to and including the end of the month in which the group member attains the

age of 67, unless otherwise stated in the group scheme agreement.

The insurance will cease to apply before then:

- when the group scheme agreement ceases to apply
- at the end of the month in which the group member no longer belongs to the group of persons who can be insured, as defined in the group scheme agreement
- according to a written notice of termination by a group member
- according to a notice of termination given by Euro Accident
- the premium is not paid when due.

Euro Accident reserves the right to give notice terminating the insurance if the policyholder or the insured has grossly neglected their obligations in relation to the company or if there are other exceptional reasons to do so.

Duty of disclosure

It is an obligation of the policyholder to as soon as possible give notice to Euro Accident if an insured group member withdraws from the group eligible for insurance or if the insured for some other reason shall no longer be covered by the insurance. The right to repayment of premium regarding time after the expiry of the term of the insurance is governed by Clause 1.7.4.

If the policyholder fails, during the term of the insurance, to give notice of changes in time, these will start to apply according to the general provisions for the entry into force of the insurance, that is to say at the earliest from the date after the date when the notice was given to Euro Accident.

1.9 Assignment

The group scheme insurance cannot be assigned or pledged.

1.10 Restrictions

1.10.1 Incorrect or incomplete information

The provisions of the Insurance Contracts Act apply if any information that has been provided by the policyholder or the insured is incorrect or incomplete.

If incorrect or incomplete information concerning circumstances that are of relevance to the assessment of the insurance risk have been provided, this may mean that the insurance will be terminated or amended and that the right to insurance compensation lapses completely or partially and also that Euro Accident is released from liability for losses that have occurred. Premium paid will not be repaid in these cases.

1.10.2 Criminal act

Compensation may be reduced, cease or lapse completely in the event of a loss in conjunction with the insured committing or participating in a criminal act that, according to Swedish law, may lead to imprisonment.

1.10.3 Certain communicable diseases and/or epidemics

The insurance does not apply for losses that completely or partially, directly or indirectly, were caused by or are a result of, or have been aggravated by an epidemic, pandemic announced by the World Health Organisation (WHO) or disease subject to the Communicable Diseases Act.

1.10.4 Force majeure

The insurance does not apply for loss that may arise if the assessment of the right to insurance, investigation of the loss or payment of compensation is delayed or made impossible owing to war, warlike event, civil war, revolution, rebellion, owing to official measure, strike, lockout, blockade or similar event or owing to a natural disaster.

1.10.5 War, warlike political unrest, armed conflict or the like in Sweden

The insurance does not apply for losses that are connected to war, warlike political unrest, armed conflict or the like in Sweden.

1.10.6 War, warlike political unrest, armed conflict or the like in countries or areas outside Sweden

The insurance does not apply for losses that are connected to war, warlike political unrest, armed conflict or the like in countries or areas outside Sweden.

However, if the insured is staying in countries or areas outside Sweden where war, warlike political unrest, armed conflict or the like breaks out during the stay, the insurance applies during the first four weeks subject to the precondition that the insured does not in any way participate in, or report on, the war, the warlike political unrest or the armed conflict. However, this does not apply to countries or areas to which the Swedish Ministry for Foreign Affairs (UD) advises against travel owing to war, warlike political unrest, armed conflict or the like.

1.10.7 Terrorism and mass destruction

The insurance does not apply for losses that are connected to an act of terrorism that has been caused by the use of weapons of mass destruction in the form of biological, chemical or nuclear materia in or outside Sweden.

'Act of terrorism' means an act implemented by a person or group of persons with political, religious, ideological or similar purposes, with the aim of influencing governments or to put the general public, or parts of the general public,

in danger. An act of terrorism may include, but is not limited, to the actual use of power, violence or threat of such. The perpetrators may either act individually, or on the assignment of, or in collusion with another organisation or government.

1.10.8 Nuclear processes

The insurance does not apply to sickness or accidental injury that has directly or indirectly been caused by nuclear processes.

1.11 Validity abroad

The insurance applies without restrictions in respect of the length of the stay abroad, provided that the insured continues to be entitled to compensation from a Swedish social insurance agency or the corresponding in a Nordic country and is employed by the policyholder.

Rehabilitation investigation and any rehabilitation measures are, however, to be conducted in Sweden.

Counselling Support only applies in Sweden.

1.12 Action for payment

Losses, which may lead to a right to compensation, shall be notified to Euro Accident as soon as possible or, if stated on the claims form, via the insurance intermediary who represents the insured group.

Forms can be obtained from Euro Accident or the insurance intermediary representing the insured group.

Those documents and other information that Euro Accident considers to be relevant to the assessment of the right to compensation shall be obtained and submitted without cost for Euro Accident.

If Euro Accident so requests, consent shall be granted to Euro Accident or the companies that Euro Accident engages for medical risk assessment or claims handling, in order to assess Euro Accident's liability, gather information, records, certificates etc. from a physician or other medical staff, hospital or other medical establishment, the Social Insurance Agency or other insurance establishment.

Costs shall be verified by original receipts and/or by certificates of compensation paid from the care provider/county council.

1.12.1 Time of payment and provisions concerning interest

Losses will always be settled according to the conditions applicable for the contract period when the loss occurred.

Payment shall be made no later than one month after the right to compensation arose and Euro Accident has received information, records, certificates, etc. from a physician or other medical staff, hospital or other medical establishment, the Social Insurance Agency or other

insurance establishment and provided that the party requesting payment has:

- performed the measures stipulated for the payment to be made
- submitted the investigation that may reasonably be required to determine the insurer's liability to pay compensation
- given notice of to whom the payment is to be made.

If payment is made later, interest for delay shall be paid according to the Interest Act. Euro Accident is not liable above this for loss that may arise if the investigation is delayed in respect of losses or payment.

Interest for delay is not paid if the delay results from circumstances as referred to in Clause 1.11.3.

1.12.2 Time limits

A party who wishes to make a claim for insurance compensation or other insurance cover must institute proceedings against Euro Accident within ten years of the time when the circumstance arose that, according to the insurance agreement, would afford an entitlement to such cover or compensation. Otherwise the right to compensation or other insurance cover lapses.

If a claim has been presented within this period, the time limit for the institution of proceedings is always six months from when Euro Accident has declared that the company has adopted a final position on the claim.

1.12.3 Subrogation

Euro Accident takes over the insured's right to damages, or other compensation from another party, to the extent that Euro Accident has paid compensation owing to the insurance agreement.

1.13 Processing of personal data

As a Controller, Euro Accident processes personal data to be able to offer and provide the insurance and services on which we have agreed and for other purposes such as, for example, compliance with laws and other rules. Further detailed information about the processing of personal data is available from Euro Accident's Integrity Policy available at euroaccident.se or by contacting Euro Accident.

Our Integrity Policy not only includes information about how Euro Accident collects and uses your personal data, but also information about your rights in conjunction with the processing of personal data, such as the right to information, rectification, data portability, right to be forgotten and to object, etc.

1.14 Loss notification register

Euro Accident is entitled to register losses reported that were incurred under this insurance in a joint loss

notification register (GSR) of the insurance industry. The register is only used in conjunction with claims handling.

The personal data controller for GSR is:

Försäkringsförbundet (Svensk Försäkring – Insurance Sweden)
Box 24043
SE-104 50 Stockholm
Telephone: +46 (0)8-522 785 00
Visiting address: Karlavägen 108, Stockholm
Website: svenskforsakring.se

1.15 Consideration of decision in an insurance matter

If the insured is not satisfied with Euro Accident's decision on an insurance matter, a request shall be made in the first instance to Euro Accident to have the matter reconsidered. The request shall be sent to the administrative officer who made the decision in the matter or to the administrative officer's immediate superior.

Euro Accident has also appointed a Complaints Officer to whom the insured can refer for assistance and an independent review of their matter. Contact details for the Complaints Officer are available on Euro Accident's website www.euroaccident.se.

Euro Accident's Review Committee

A final decision in a claims case can be considered by Euro Accident's Review Committee. The committee comprises one external expert with extensive experience from the personal injury area, one lawyer and Euro Accident's claims and risk assessment manager.

If the insured is nevertheless not satisfied, the insured can refer to:

Allmänna Reklamationsnämnden (The Swedish National Board for Consumer Disputes) (ARN)
Box 174, SE-101 23 Stockholm.
Telephone: +46 (0)8-508 860 00
Visiting address: Kungsholmstorg 5, Stockholm
Website: arn.se.

ARN does not consider matters concerning medical issues, where special medical knowledge is required. Such matters are instead considered by:

Personförsäkringsnämnden (the Board for Insurance of Persons)
Box 24067, SE-104 50 Stockholm
Telephone: +46 (0)8-522 787 20
Visiting address: Karlavägen 108, Stockholm
Website: forsakringsnamnder.se/PFN

For advice without charge contact:

Konsumenternas försäkringsbyrå (The Swedish Consumers' Insurance Bureau) (KFB)
Box 24215, SE-104 51 Stockholm
Telephone: +46 (0)200-22 58 00
Visiting address: Karlavägen 108, Stockholm
Website: bankforsakring.konsumenternas.se

Disputes resulting from the insurance agreement are to be considered by a Swedish court, in the first instance at a district court, applying Swedish law. Costs for a legal representative are not paid by the insurance.

2 Explanation of terms

Defined group

A group of persons that is fixed and well defined in advance. This definition may apply both in terms of territory or organisational nature.

Fully capable of working

'Fully capable of working' means that your normal work can be performed without restriction and that sick pay from the employer or compensation from the Social Insurance Agency is not being paid.

'Compensation from the Social Insurance Agency' means sickness or rehabilitation benefit, activity compensation, sickness compensation or other compensation owing to work disablement.

In order to be fully capable of working it is also required that no occupational injury annuity is being paid or that wage subsidy employment, dormant activity compensation/sickness compensation or corresponding compensation has not been granted.

The 'Social Insurance Agency' and 'compensation' also mean the corresponding in the Nordic countries.

Group

A company, business operator or organisation that has entered into a group scheme agreement with the insurer.

Group member

A person who belongs to the group specified in the group scheme agreement and can be insured according to the group scheme agreement.

Group representative

The group representative is the person with whom Euro Accident has entered into an insurance agreement covering all group members eligible for insurance.

Group scheme agreement

An agreement concluded between the insurer and a representative of a group concerning insurance for the group members. The group scheme agreement contains provisions on the composition of the group, which insurance is offered to those entitled to insurance, the entry into force of the group scheme agreement and its term and the extension and termination of the group scheme agreement.

Health and work environment screening

Screening with focus on health habits, health experience, health data, level of motivation for life-style change and the insured's work situation, working group and manager and physical work environment.

Insurance agreement

The agreement applicable for each individual insurance. The scope of the insurance agreement is stated in the application documents for the insurance, group scheme agreement, the insurance conditions, the Insurance Contracts Act (2005:104) and Swedish law in general.

Insured

The person in respect of whose life or health an insurance applies.

Liability period

The longest period for which reimbursement can be paid for a loss.

Mandatory Group Scheme Insurance

Insurance where the insured are, according to the group scheme agreement's requirements for joining, automatically affiliated by measures taken by the employer.

Policyholder

The policyholder is the person who entered into the insurance agreement with the insurer.

Work disablement

'Work disablement' means that the work capacity of the insured has been eliminated or impaired owing to sickness or accidental injury. Euro Accident's assessment will normally follow the rules for national insurance and the decision of the Social Insurance Agency on the right to sickness or rehabilitation benefit, activity compensation, sickness compensation or other compensation owing to work disablement. Periods with sick pay are also regarded as work disablement. The impairment is assessed, unless otherwise stated, in accordance with Chapter 7, Section 3 of the National Insurance Act. In order to establish the right to compensation Euro Accident may request that the insured attends for an examination at a specially assigned physician.

3 Rehabilitation Insurance ComeBack with Counselling Support

The insurance cover	
- Counselling support	- Coordination and follow-up
- Survey of needs for measures	- Measures
- Preparation of a plan of action	- Evaluation and concluding report

3.1 The insurance cover

The insurance covers, in accordance with the following, the policyholder's necessary and reasonable costs for assessing and investigating the need of rehabilitation oriented towards working life. When necessary, the costs for the preparation of a rehabilitation plan, including costs for a rehabilitation coordinator, and for the measures taken during the rehabilitation phase are included.

All such costs are to be approved by Euro Accident in advance.

3.1.1 Counselling Support

The right to consultation arises when the insured has a need of one of the competencies included that are offered under Counselling Support.

Counselling Support is included free of charge for all insured and covers consultations by telephone or visits concerning psycho-social, financial, legal or lifestyle-related issues. Manager support and support by a HR consultant are also included.

The telephone number is +46 (0)771-10 50 15. Counselling support is open around the clock seven days a week. A trained social worker or crisis manager will take the call and put the insured into contact with the right competency. This applies 08.00 to 19.00 all ordinary weekdays.

In the event of an acute personal crisis it is possible to have contact with a psychologist around the clock on all days.

Total confidentiality applies regarding the insured in relation to their employer.

The following is included in Counselling Support:

- consultations by telephone with or visits to a registered psychologist or behaviourist up to five occasions.
- consultations by telephone with or visits concerning manager support up to five occasions
- consultations by telephone on issues relating to practical or strategic HR work up to three occasions

- consultations by telephone or visits to an economist or lawyer up to three occasions
- consultations by telephone with a health coach on lifestyle-related issues up to three occasions.

It is possible to combine, for example, two consultations with a psychologist, one consultation with a lawyer and one consultation with an economist. Counselling Support covers up to five consultations per calendar year in the same matter and at most five consultations regardless of whether the insured has more than one insurance where Counselling Support is included.

3.1.2 Survey of needs for measures

If the assessment shows that there is a need of rehabilitation oriented towards working life, a rehabilitation coordinator will conduct an in-depth interview in order to establish the current status, measures previously implemented and the need of supplementary investigation and/or rehabilitation measures. This survey will be conducted together with the employer, the employee and possibly more parties affected. The investigation will be documented and subsequently forms the basis of the plan of action.

3.1.3 Preparation of a plan of action

The plan of action will be produced together with the employer and the employee. This will clearly set out the targets for return to work, what measures are needed and who is to be responsible for them. This plan of action will be submitted to the employer.

3.1.4 Coordination and follow-up

The rehabilitation coordinator will follow up measures and is responsible for the coordination. The rehabilitation coordinator will also ensure that the plan of action is implemented in an effective and professional way, and that necessary revision is conducted.

The rehabilitation coordinator will coordinate debriefing meetings with the parties affected in the event this is necessary.

The rehabilitation coordinator will be appointed by Euro Accident. In the event that other specialists will need to be consulted in conjunction with the survey and/or plan of action, the insurance will also

compensate the policyholder for the expenses of doing so.

3.1.5 Measures

Measures described in the plan of action and costs associated with these must be approved in advance by Euro Accident. These measures are to be implemented within the framework of Euro Accident's network, applicable at any given time, for care providers and cooperating partners.

The insurance covers, per claim, the following necessary, reasonable and previously approved measures for:

- treatment performed by a registered psychologist, registered psychotherapist up to ten occasions of treatment
- mindfulness programme *)
- measure performed by a registered physiotherapist, naprapath, osteopath or chiropractor up to ten occasions of treatment
- health-promoting initiatives within lifestyle **)
- motivational counselling and consultations in the event of misuse-related illness with a registered psychologist/registered psychotherapist up to ten occasions of treatment per loss
- in-depth assessment of needs of aid and assistance regarding prevailing alcohol habits, individually or in group
- one (1) consultation with a psychologist for husband/wife, cohabitee, registered partner or child
- consultation and analysis relating to workplace adaptation, change of work tasks and vocational training with the employer
- advice to manager responsible when necessary when an employee shows signs of illness.
- debriefing meeting with treating psychologist/psychotherapist or when appropriate other care provider together with the employee, rehabilitation coordinator and employer
- vocational guidance or career coaching up to five occasions, with the aim of achieving a sustainable work situation to ensure either continuation in employment with the employer or to find work with another employer subject to the precondition that a return to the ordinary employer is not considered to be appropriate
- plan of action and concluding report.

*) *Mindfulness programme*

If the rehabilitation manager considers appropriate, the insurance may compensate the substitution of occasions of treatment with a psychologist for a mindfulness programme. The treatment programme shall be documented and take place under the guidance of the responsible rehabilitation manager. The scope of the mindfulness programme will be

assessed by the rehabilitation manager and approved by Euro Accident. The cost of the mindfulness programme and treatments by a psychologist or psychotherapist may not in total exceed the cost corresponding to ten treatments by a psychologist or psychotherapist according to the tariff applicable at any given time with Euro Accident.

***) *Health-promoting initiatives within lifestyle*

If the rehabilitation manager considers appropriate, the insurance may compensate health-promoting initiatives within lifestyle comprising physical activity, stress management, diet and mental training. The treatment programme must be documented and take place under the guidance of the responsible rehabilitation manager. The scope of the treatment programme will be assessed by the rehabilitation manager and approved by Euro Accident.

3.1.6 Evaluation and concluding report

Compensation is provided for the policyholder's necessary and reasonable costs for the rehabilitation coordinator's work with the concluding summary of the matter following conclusion of the investigation and/or implementation of rehabilitation measures.

3.2 Right to compensation

The insurance applies for Counselling Support, survey, preparation of a plan of action, coordination and follow-up, measures and also evaluation and concluding report covered by the insurance and which are performed during the time when the insurance is in force.

The insurance applies when employees:

- are at risk of being afflicted by work disablement that results in long-term sick leave
- is on sick leave. The work disablement must be medically documented by a physician's record.

Loss notification is to be given through completing a claims form on Euro Accident's website, euroaccident.se, and submitted in accordance with instructions.

Loss notification shall be made to the employer as soon as possible. In the case of ongoing sick leave the notification shall for there to be a right to compensation be submitted to Euro Accident no later than the thirtieth day of absence due to sickness.

The right to compensation only applies for periods after the insured's 16th birthday and periods before the end of the month in which the insured attains the age of 67. The right to compensation always ceases upon attaining the agreed retirement age.

In the event of non-compliance with the recommended plan of action by the policyholder or the insured, this

may mean that the right to compensation lapses completely or partially.

Euro Accident will assess the scope of the work disablement on the basis of the reduction to work capacity that may be deemed to have been caused by objectively determinable symptoms and disability. The Swedish Social Insurance Agency may request the employer to disclose this kind of investigation and plan of action.

That the Social Insurance Agency has granted the insured sickness benefit, rehabilitation benefit or sickness compensation is an important though not decisive circumstance for Euro Accident's assessment in respect of the issue of compensation.

3.3 Liability period

The liability period, that is to say the longest period for which compensation can be provided for a loss, is twelve months from the date when the insured gave notice of their work disablement to their employer or, in the event of loss where the cause is a risk of long-term sick leave, from the date when the employer gave notice of this.

The liability period is extended to 18 months in the event of cancer diagnosis or stroke.

The liability period applies at most up to and including the insured's last day of employment if the insured's employment ceases.

In the case of rehabilitation owing to repetitive short-term absence, the liability period is counted from the time of the last absence due to sickness that preceded the report of the loss by the policyholder.

In the event of loss where the cause is a risk of long-term sick leave, the loss is deemed to have been concluded when the rehabilitation coordinator makes the assessment that the risk no longer prevails, or that the liability period ceases according to this clause.

After the insured has been fully capable of working for at least twelve months following a loss that has come to an end, the insured is once again covered by the insurance.

In the event of a new loss, where the cause of the sick leave or work disablement does not have a connection with previous sick leave, it is not required that the insured has been fully capable of working for twelve months for the entitlement to compensation to be reinstated.

It is a precondition that the insurance is in force. If the insurance has expired, the liability period and consequently the cover cease to apply.

3.4 Deductible

The insurance applies without any deductible.

3.5 Restrictions

The insurance does not cover:

- medical rehabilitation
- taking of specimens
- costs that arose after the employee finished their employment with the policyholder
- costs that arose during leave of absence or parental leave
- travelling expenses to and from treatment
- costs that are reimbursed by other insurance or a Swedish social insurance agency
- employees in foreign service, apart from those employed in the Nordic countries
- preliminary redundancy notice, termination, dismissal, laying off or the like
- education or programmes aimed at getting the insured work with another employer than the policyholder
- pay or other compensation to the insured during the rehabilitation period
- costs for any substitutes
- debt relief expenses
- costs for adaptation of the workplace that arose as a consequence of the employer having failed to perform the obligations that normally lie within the employer's area of responsibility
- costs that relate to appointments that were cancelled too late or not attended. The cancellation rules of the clinic/service booked apply. In this case costs shall be paid by the insured.
- costs for interpreter.

3.6 Sum insured

The sum insured is maximised at SEK 75,000 per loss.

3.7 Validity abroad

See Clause 1.11 regarding validity abroad.