

Group Insurance

for companies and organisations

*It is important that
you read and save
this information.*

Life insurance

Monthly sickness benefit

Financial disability insurance

Medical disability in the event of illness

Critical illness insurance

Accident insurance

Child insurance

Advance and after-sale information

Valid from 1 January 2025, terms and conditions GF 900:17

Our group insurance offers you protection and covers illness, accidents and death. The insurance supplements the protection that applies under laws and contracts. This document only comprises general information to which you are entitled before and after you have taken out the insurance and it is important that you read it. The insurance also includes important limitations. Your application will tell you which insurance policies you can take out. If a type of protection is particularly important to you, you should find out whether it is included in the policy. Contact Customer Service on +46 8 588 427 00 or e-mail info.halsa@lansforsakringar.se. The complete terms and conditions of the insurance can be found on our website, lansforsakringar.se/halsa. You can also contact your group representative or insurance advisor and we will send these to you.

When you have purchased the insurance policy, it is also important that you carefully read your insurance certificate and check that everything is correct, for example, name and personal identity number, the size of the amount insured and the period covered by the insurance policy.

Who can be insured?

To take out insurance, we require the following:

- You are an employee in a company or member of an organisation that has taken out a group policy with us.
- You must be over 16 years of age but not have turned 64.
- You must be registered in and a permanent resident of Sweden, or have your primary employment in Sweden but are domiciled in another Nordic country.
- You meet our health/medical examination requirements.

The insurance policy can in certain cases also be taken out by your spouse or cohabitee. In such a case, this will be stated in the application.

If you supplement or extend your insurance cover, the same provisions apply as for taking out a new insurance policy.

Health requirements – Medical examination

You must answer questions regarding your health. Your application will indicate what applies to you.

Medical disability in the event of illness, critical illness, accident and child insurance can be purchased without any health requirements.

To apply for life insurance, monthly sickness benefit or financial disability insurance, you must be completely able to work.

We define the term “completely able to work” as:

- being able to perform your normal work without hindrance and do not receive, or are not eligible to receive, benefits connected to illness or accident.



- not having specially adapted employment for health reasons, or subsidised employment or equivalent.

In certain cases, you must also provide responses to more questions in our health declaration. After this, we perform an insurance medical risk assessment. The insurance policy is based on the signed health declaration we received from you. Failure to provide complete information in the health declaration can result in the insurance becoming invalid.

What can you apply for, and what does it cost?

Your application will tell you which insurance you can purchase. You will find the price in the offer, in your application or on the price sheet.

Insurance amount and price

The price of the insurance policy depends on the insurance amount that you select and sometimes also your age. The price base amount is an amount that follows the price trend in society, and which is determined each year by the Government. Your insurance amount will be index-linked since the insurance amount and other compensation in policies are updated when the price base amount changes.

All compensation that is provided from the insurance is exempt from income tax.

What does the insurance cover

The insurance policies apply with no deductible, 24 hours a day, and have no restrictions for sporting activities.

How to receive compensation

If something has happened for which you want to be reimbursed, you will need to contact us. You can also ring us on +46 8 588 424 12 or e-mail us at skada.grupp@lansforsakringar.se.

In order for us to settle your claim as quickly as possible, it is important that we are provided with all the necessary information.

Limitations to the insurance

In the insurance terms and conditions and conditions, you will find limitations that pertain to cases where the insurance is not valid. In this document, we have highlighted the most important limitations in the insurance terms and conditions.

When we use limitations that pertain to illnesses or accidents for which you have sought medical care before the insurance policy was taken out, we will conduct a causation assessment. This means that we will look at the existing connections between the illness or accident that caused the condition you are now seeking compensation for, and the illness or accident you suffered before the insurance policy was taken out. In the causation assessment, we primarily take into account the type of illness or injury you have had, as well as the time that has elapsed since you last sought care for the illness or accidental injury.

In the event of a war or warlike situations, certain acts of terrorism and nuclear processes, the insurance policy will not be valid.

In the event of your death

Life insurance is for those who wish to provide someone with financial security in the event of their death.

Life insurance means that a lump sum will be paid out to the beneficiary in the event of your death. The lump sum may sometimes be reduced depending on your age at death. You can see in the application and insurance certificate what will apply to you.

If you have other life insurance policies, compensation may be paid out from all of them.

Beneficiaries are:

- a) your spouse or cohabitee
- b) your heirs

If you want someone else to be a beneficiary, you can obtain a special form at www.lansforsakringar.se/halsa.

The insurance is valid around the clock and around the globe, regardless of the length of your stay abroad.

If your child dies – Child coverage

Child cover is a supplement to the life insurance policy for those who wish to have a death benefit paid out if their child dies before they turn 18. If child coverage is included in your life insurance, it means that if your child dies after the 22nd week of pregnancy but before the age of 18, we will pay an amount equivalent to one price base amount to the estate of the deceased child. If child coverage is included in your life insurance, you cannot exclude it. You will see in the application and your insurance certificate what applies to you.

Important limitations

The insurance does not pay compensation if:

- your child has turned 16 when your insurance started to apply
- there was a right to receive a nursing care allowance for the child under the Social Insurance Code; or
- if your child was being cared for in a residential care home for children and young persons (HVB) when your life insurance policy became valid.

If your life insurance expires prematurely, your child's insurance will also cease to be valid.

If you have reduced ability to work

Monthly sickness benefit is for those who wish to have financial protection in the event of reduced ability to work owing to illness or accident in order to compensate for a certain part of your loss of income. If you have had your ability to work reduced, this means you are on sick leave or have the right to other compensation related to illness or accident.

You can receive a monthly sickness benefit for up to a maximum of three years.

You can receive compensation when your ability to work has been reduced by at least 25%. We begin paying compensation on a monthly basis in arrears, after your ability to work has been reduced for at least three months. We call these three months before you receive compensation the qualifying period.

The amount you receive depends on how much your ability to work has been reduced. When you receive maximum compensation, you must have been completely able to work and not been on sick leave for more than 14 days in 12 months in order to have the right to a new compensation period.

The level of the insurance amount you can choose in your health insurance depends on your income. You have the right to aggregate health insurance coverage – from the Swedish Social Insurance Agency, occupational pension and health insurance, for example – corresponding to 90% of your working income.

The amount of health insurance is not automatically adjusted to the level of your pay. You must apply for the correct level in conjunction with a raise in pay.

Important limitations

- If you are outside the Nordic countries for longer than 12 months, the insurance will not be valid. If you are outside the Nordic countries owing to expatriation, special rules will apply. You can read about them in the insurance terms and conditions.
- If your aggregate health insurance coverage corresponds to more than 90% of your income from work and you are thus over-insured, this could mean that the scope of your health insurance will be limited or that the health insurance will no longer be valid. You are yourself responsible for checking that you have the right level of compensation in your health insurance and that you are not over-insured.

If your ability to work has been permanently reduced

Financial disability insurance is for those who wish to have financial protection if their ability to work has been permanently reduced in the event of illness or accident, where the compensation covers a certain part of their future loss of income. We call this compensation "financial disability".

You can receive compensation for financial disability when your ability to work has been reduced by at least 50% continuously over three years. We pay a lump sum compensation, and this is the insurance amount that applies when your right to compensation that we will be paying out begins.

The insurance amount for financial disability is reduced by 5 percentage points annually, but not to less than 25%, from the year in which you turn 46.

Important limitations

- The insurance does not provide compensation if your ability to work was permanently reduced, in full or in part, when you took out the insurance.
- If you are outside the Nordic countries for longer than one year, the insurance will not be valid. If you are outside the Nordic countries owing to expatriation, special rules will apply. You can read about them in the insurance terms and conditions.

If your functional capacity has been permanently reduced due to illness

Medical disability in the event of illness is for those who wish to have financial protection if they have permanently reduced functional capacity in order to compensate them to a certain extent.

The policy provides insurance protection in the event of illness. Illness refers to a confirmed deterioration of health that cannot be considered an accidental injury. The illness is deemed to have manifested itself when the deterioration was first documented by an doctor, psychologist or at a psychiatric clinic, regardless of whether a diagnosis could be established.

You will receive compensation if you have a permanent disability that is deemed to be a medical disability.

The amount of compensation in the event of disability is determined by the insurance amount, your age at the time of the injury and the degree of disability.

The insurance amount for medical disability is reduced by 5 percentage points annually, but not to less than 25%, from the year in which you turn 46.

Important limitations

- If you are outside the Nordic countries for longer than one year, the insurance will not be valid. If you are outside the Nordic countries owing to expatriation, special rules will apply. You can read about them in the insurance terms and conditions.

The insurance does not pay compensation:

- for illness, disability, physical defects or intellectual disabilities, or the consequences of such conditions, that manifest themselves prior to the insurance becoming valid.
- if you had symptoms prior to the insurance becoming valid, even if a diagnosis could not be established until after the insurance became valid.
- voluntarily inflicted bodily injury.
- for preventive treatments/surgery.
- illness that according to medical expertise is the result of abuse of alcohol, narcotics, other intoxicants, sleeping agents or other pharmaceuticals.
- injuries arising from a procedure, treatment or examination not caused by illness (e.g. cosmetic surgery).

Nor do we pay compensation for the following illnesses:

- Musculoskeletal system ICD M25, M40–M99
- Congenital malformations, ICD Q00–Q99
- Mental, behavioural and neurodevelopmental disorders, ICD F00–F99
- Other disorders of brain, postviral fatigue syndrome, such as ME/CFS, ICD G93
- Pain, unspecified ICD R52
- Dystonia, ICD G24

If you are given a serious diagnosis

Critical illness insurance is suitable for those who wish to have financial protection if they receive a certain diagnosis, and provides them with financial compensation in conjunction with the changes that a serious diagnosis entails.

The policy provides insurance protection in the event of certain illnesses. The insurance amount is one (1) price base amount, and can be paid at the earliest 30 days after your diagnosis has been determined or the surgery has been performed.

You can receive a lump sum if you have any of the following illnesses or conditions:

- Malignant tumour, and leukaemia
- Benign tumour in the brain and other parts of the central nervous system
- Stroke
- Heart attack
- Crohn's disease
- Ulcerative colitis
- Diabetes 1 (treated with insulin)
- Multiple Sclerosis (MS)
- Amyotrophic Lateral Sclerosis (ALS)
- Systemic Lupus Erythematosus (SLE)

- Parkinson's disease
- Chronic kidney disease
- Heart disease requiring replacement of the coronary artery or valve
- Diseases requiring organ transplant.

Important limitations

- You can receive compensation for at most three different diagnoses.
- If you received a diagnosis before you took out this insurance, you cannot receive compensation for the same diagnosis again.
- If you are diagnosed with an illness within the first year of the insurance becoming valid, you cannot receive compensation if it turns out that you had symptoms at any point within the last 12 months prior to the insurance becoming valid. This limitation does not apply if you suffer a stroke or a heart attack.
- If you are outside the Nordic countries for longer than one year, the insurance will not be valid. If you are outside the Nordic countries owing to expatriation, special rules will apply. You can read about them in the insurance terms and conditions.

If you are involved in an accident

Accident insurance is suitable for those who:

- primarily want financial coverage in the event of reduced ability to work or permanent injury owing to accident ("disability").
- want insurance that does not contain either deductibles for costs or any limitations for hazardous activities.

An accidental injury is a bodily injury that you suffer involuntarily as a result of a sudden external event. A heart attack, for example, is not an accident because it is a sudden internal event. The accidental injury must also have required medical treatment by an authorised and impartial doctor, nurse or physiotherapist. This means that we will not pay compensation if you yourself or your next of kin treated the injury. A more complete description is available in the insurance terms and conditions.

You can receive compensation for the following if you are an accident victim:

- reduced physical or mental functional capacity – medical disability
- reduced ability to work – financial disability
- scars
- accident assistance, up to SEK 4,500 per year
- lump sum for medical care of SEK 800
- lump sum for personal belongings of SEK 1,500
- additional expenses, up to three price base amounts
- expenses for aids up to one price base amount
- dental injury expenses for a maximum of five years
- crisis assistance up to half a price base amount
- in the event of death, at one price base amount.

The insurance amount for medical and financial disability is reduced by 5 percentage points annually from the year you turn 56, but never to lower than 25%.

Compensation for disability is determined by the insurance amount, your age, and the degree of your disability.

Important limitations

- You will not be compensated for expenses that are reimbursed by other means according to law, convention, statute, collective agreement, other insurance (such as a motor third-party liability

or industrial injury insurance policy) or by a municipality, regional authority or the government.

- You cannot receive compensation for medical or financial disability that existed before the accidental injury.
- You cannot receive compensation both for medical and for financial disability. We pay for the disability that provides the higher compensation.
- The insurance policy does not cover financial disability established after your 60th birthday when you are domiciled and registered outside the Nordic region.
- If you are outside the Nordic countries for longer than one year, the insurance will not be valid. If you are outside the Nordic countries owing to expatriation, special rules will apply. You can read about them in the insurance terms and conditions.

There are more limitations and exceptions for each part of the accident insurance that are stated in the insurance terms and conditions.

If you want extra coverage for your child

For group policies with more than 10 members

Child insurance is suitable for those who:

- want to protect your child financially if they suffer a permanent injury or permanently reduced ability to work owing to certain illnesses and accidents
- want compensation for expenses in conjunction with your child's accidental injury
- want to supplement your child's insurance We encourage you not to cancel your child's individual child insurance
- The insurance policy is valid round the clock in the event both of accidents and of illness.

In order to take out child insurance, you must be covered by group insurance. Child insurance can be purchased before the child turns 24 years of age.

The insurance is valid for all your children with the right of inheritance. The children of your spouse or cohabitee are covered if they are registered at the same address as you are. Children born outside the Nordic region whom you intend to adopt are insured as soon as they come to Sweden, provided that you have been granted approval under the Swedish Social Services Act.

Compensation for medical and financial disability is determined by the insurance amount and the degree of disability.

On condition that you have not reached the final age under the group policy, the child insurance will be valid up to a maximum of the end of the insurance period in which the child turns 25. You must notify us when your youngest child reaches the age of 25.

Accident

In conjunction with accidental injury, compensation can be paid for:

- reduced physical or mental functional capacity – medical disability
- reduced ability to work – financial disability
- scars
- monthly compensation for nursing care allowance until the age of 19, up to one price base amount per year
- hospital stays up to 0.5% of a price base amount per day
- rehabilitation and aid expenses up to two price base amounts
- medical and travel expenses for a maximum of five years
- dental injury expenses

- damaged clothes and glasses up to half a price base amount
- other additional expenses, up to three price base amounts
- in the event of death, at one price base amount.

An accidental injury is a bodily injury that the child suffers involuntarily as a result of a sudden external event. Read more about this in the insurance terms and conditions.

Illness

In conjunction with illness, compensation can be paid for:

- reduced physical or mental functional capacity – medical disability
- reduced ability to work – financial disability
- scars
- monthly compensation for nursing care allowance until the age of 19, up to one price base amount per year
- hospital stays up to 0.5% of a price base amount per day
- in the event of death, at one price base amount.

Important limitations

The insurance does not pay compensation:

- illness, physical defects, psychomotor delays or intellectual disabilities – nor the consequences of such conditions – where the symptoms manifest themselves prior to the insurance becoming valid, or that originate from an illness that occurred during the first month of life.
- disability, scars or cosmetic defects that the child had prior to the insurance becoming valid.
- for costs that are reimbursed by other means according to law, convention, statute, collective agreement, other insurance (such as a motor third-party liability or industrial injury insurance policy) or by a municipality, regional authority or the government.

More limitations

Medical or financial disability You cannot receive compensation for medical or financial disability that existed before the accidental injury. You cannot receive compensation both for medical and for financial disability. We pay for the disability that provides the higher compensation.

Exceptions for specific illnesses: Certain illnesses are entirely exempt from compensation, for example, unspecified brain illnesses that in certain cases lead to exhaustion syndrome, congenital metabolic illnesses, mental illnesses and behavioural disorders. Read more about which illnesses are exempt in the insurance terms and conditions.

Nor is the insurance valid for epilepsy, ICD G40, under certain conditions that you can read more about in the insurance terms and conditions.

Children over the age of 10 when the original insurance became valid: If the original group insurance became valid after the age of ten, and the child develops an illness within six months of the start date of the insurance, the insurance will not be valid for that illness or its consequences.

Residence outside the Nordic region: If you are outside the Nordic countries for longer than one year, the insurance will not be valid. If you are outside the Nordic countries owing to expatriation, special

rules will apply. You can read about them in the insurance terms and conditions.

General information about the insurance policy

What is group insurance?

Group insurance is insurance that is signed for a group of people instead of an individual person. All our group insurance policies are risk insurance policies, which means that they have no value when they expire. The insurance policies are endowment insurance policies under the Swedish Income Tax Act, which means that compensation from insurance policies is tax-free.

The group policy is a contract between us and the company, the local regional insurance company or member organisation. The group comprises members of the group. The group member is the person who, for example, is employed at a company, a customer of a regional insurance company or a member of an organisation. Co-insured are spouses or cohabitants of the group members. The group member, any co-insured and children are those who are insured and for whom the insurance is valid.

The existence of a group policy is a condition for your insurance policy being valid.

The group policy, together with the application, indicates what insurance we offer you. This means that you may not always be able to take out all available insurance policies.

A group policy for compulsory insurance is signed between us and the representative of the group. This means that the representative of the group pays for the insurance.

The insurance contract for voluntary group insurance is signed between you and us based on the group policy.

Under certain group policies, you may have free advance cover for the first three months. Under certain other group policies, you can be automatically linked to insurance cover without applying for it, known as automatic enrolment. This means that if you do not refuse to accept the insurance policy within a given period of time, you will automatically receive certain insurance policies. If you are subject to automatic enrolment, you will receive specific information about this when the insurance becomes valid.

We have the right to change the insurance terms and conditions when we renew your insurance. If we change the terms, we will begin to use the amended insurance terms and conditions only on the next subsequent maturity date.

If you are part of a contract with a compulsory plan membership, your employer or organisation will pay for the insurance policy. For voluntary plan membership, you pay for insurance for yourself and co-insured parties.

The premium is paid via paying-in form, autogiro or salary deductions.

If an insured event occurs, it will be settled under the terms in effect when the claim occurs.

Swedish law will apply to the agreement, and all communication is to take place in Swedish.

When the insurance takes effect – contract period

Voluntary insurance is valid from the date stated in the group policy, if you meet the membership requirements and have taken out the insurance policy. If you join the group at a later date, the policy

applies at the earliest one day after you applied for the insurance policy, provided that we can grant your insurance.

Compulsory (company-paid) insurance applies one day after the group policy is taken out. However, this requires that the insurance policy can be granted and that it is not stated, in the group policy or elsewhere, that the insurance will apply at a later date. If you join the group at a later date, the policy applies at the earliest one day after you join the group.

How long is the insurance valid – contract period

The insurance will be valid at most until you turn 67. The child insurance is valid not longer than until the end of the calendar year in which the child turns 25.

In the event your spouse or cohabitee is co-insured, their insurance will also expire when yours expires, or if the marriage or cohabitee relationship ends.

The insurance will also expire if you terminate your employment or your membership, and if the group policy is cancelled.

If you do not pay for your insurance, it will expire 14 days after we have sent a notification that it has been cancelled, if the premium is not paid within that time.

You can renew the insurance policy for the same amount you had previously if you pay the remaining premiums within three months after the insurance policy expired. The policy will then be valid on the day after you have paid.

If you do not pay the initial premium, the insurance policy cannot be renewed.

How the price is calculated, and when the price may change

The price may change at every main renewal date for reasons that include a changed price base amount, changes to terms and conditions and, where applicable, your age.

If you change your mind

If you purchase your insurance or service on the Internet, by telephone or away from our offices, known as a distance purchase, you are entitled to change your mind about the purchase within 30 days. Contact us and we will assist you. If you have already made payment, your money will be returned with a deduction for the cost of the time that you had the insurance.

More detailed information about your right to a refund can be found in the Swedish Act on Distance Contracts and Off-Premises Contracts.

When the insurance policy is renewed

The insurance policy is valid for one-year periods, although the first insurance year may be a shorter period. The insurance policy is subsequently renewed for one-year periods.

When the insurance can be cancelled

You may cancel your insurance with immediate effect at any time, at the end of the month or at a future point in time. Your cancellation will go into effect on the day after we receive your request, or at a future date that you have reported to us.

Who to contact if you have questions

You may also contact the Swedish Consumers Insurance Bureau, www.konsumenternas.se, +46 200 22 58 00. Your municipal

consumer advice department can also provide advice and information. Such advice is free of charge.

Registering a claim

The company uses an industry-wide claims register (known as GSR). This register contains certain information about claims and details about who has claimed compensation. This means that the company can find out if you have previously made any claims with another insurance company, occupational pension company or government agency that handles similar claims for compensation.

The purpose of GSR is to provide insurance companies, occupational pension companies and government agencies that process similar claims for compensation a basis for identifying unclear insured events and claims for compensation. With its help, companies and government agencies can counteract the disbursement of compensation that is based on incorrect information as well as erroneous disbursements from several insurance policies for the same injury. This information can also be used in anonymised or pseudonymised form for statistical purposes and analyses at an aggregated level.

The personal data controller for GSR is: Skadeanmälningsregister (GSR) AB, Box 24171, SE-104 51 Stockholm, Sweden. See www.gsr.se for more information on the processing of information found in the register.

Information about our insurance distribution

Länsförsäkringar does not provide the type of advice referred to in the Insurance Distribution Act for this product.

Our employees who sell insurance receive a fixed salary. In some cases, they also receive variable commissions, primarily based on quality and only to a small extent on quantity. If the insurance is purchased online via our website, no compensation or commission is paid to our employees for the sale.

If you purchase our insurance through a broker or another insurance intermediary, they are obligated to inform you about their insurance distribution. In that case, the information they provide is what applies to you.

Processing of personal data

You can find information on how we at Länsförsäkringar process personal data and your rights in relation to this on our website lansforsakringar.se/personuppgifter.

If we do not agree

If you are not satisfied with a decision or the way in which your case was handled, we are prepared to re-consider your case. In the first instance, get in touch with your contact person or our complaints officer.

If you are still not satisfied, you can contact the Swedish Personal Insurance Board for medical disputes, www.forsakringsnamnder.se, +46 8 522 787 20. If the dispute concerns other issues, you can contact the Swedish National Board for Consumer Disputes, www.arn.se, on +46 8 508 860 00.

You may also have your case settled in a court of law. Your legal representation costs can usually be reimbursed if you have legal expenses insurance. In this event, you will only have to pay the deductible.

Post-cover

If you have been insured for at least six months, you have the right to extended insurance protection, known as post-cover, for three months after your insurance ceases.

This does not apply if you:

- retire or reach the final age for the insurance policy,
- cancel your insurance policy yourself,
- stop paying for the insurance policy,
- can obtain the same type of insurance protection as previously in another manner.

The post-cover will not apply if the group policy is cancelled by the company or organisation.

Exactly when and how the post-cover is valid is indicated in the insurance terms and conditions.

When individual insurance can be taken out

When you can no longer remain in the group policy (i.e. no longer employed at the company, or a customer of the regional insurance company or a member of the organisation), you may have the right to apply for individual insurance without a medical examination.

This will apply on condition that you have been insured for at least 6 months, and at the time of the application for individual insurance you are permanently residing and registered in Sweden.

A co-insured spouse or cohabitee has the same right to individual insurance.

The application must be submitted within 3 months after the insurance policy expiration date.

You have the right to apply for the insurance policies and the amounts corresponding to the coverage you had in the group insurance.

You pay for the insurance from the day on which the group insurance expired. Special conditions apply to individual insurance.

When continuation insurance can be taken out

When you can no longer remain in the group policy (i.e.

- if the group policy is terminated due to cancellation by us or by the group, or
- if the mandatory group personal insurance is cancelled due to non-payment.

The co-insured is also entitled to continuation insurance if the insurance is cancelled due to the group member not having paid the premium.

In the above situations, you and your co-insured spouse or cohabitee have the right to apply for continuation insurance without a medical examination.

This applies on condition that you have been insured for at least 6 months and you have not in any other way received, or are obviously eligible for, other similar cover, for example, through group or continuation insurance.

The application must be submitted to us within 3 months after the insurance policy expiration date.

You have the right to apply for the insurance policies and the amounts corresponding to the coverage you had in the group insurance.

You pay for the insurance from the day on which the group insurance expired.

Special conditions apply to continuation insurance.

When seniors insurance can be taken out

Once you have reached the final age under the group insurance policy, you can take out/apply for seniors insurance without a medical examination/health requirements within 3 months.

You have the right to apply for life insurance and accident insurance if you had these policies through your group policy.

This will apply if you have been insured for at least 6 months, and at the time of the application for seniors insurance you are permanently residing and registered in Sweden.

The seniors insurance will become valid one day after you have applied.

You pay for the insurance from the day on which the group insurance expired.

Special conditions apply to seniors insurance.

Insurer

The insurer is Länsförsäkringar Grupplivförsäkringsaktiebolag (publ), Corp. Reg. No. 516401-6692, for life insurance and Länsförsäkringar AB (publ), Corp. Reg. No. 502010-9681, for other insurance policies. The registered offices of the Boards of Directors are located in Stockholm, Sweden.

We are regulated by the Swedish Financial Supervisory Authority.

Contact Länsförsäkringar or your insurance broker

Länsförsäkringar Bergslagen +46 21 19 01 00 | **Länsförsäkringar Blekinge** +46 454 30 23 00 | **Dalarnas Försäkringsbolag** +46 23 930 00 | **Länsförsäkringar Gotland** +46 498 28 18 50 | **Länsförsäkringar Gävleborg** +46 26 14 75 00 | **Länsförsäkringar Gäddede-Kristianstad** +46 44 19 62 00 | **Länsförsäkringar Göteborg och Bohuslän** +46 31 63 80 00 | **Länsförsäkringar Halland** +46 35 15 10 00 | **Länsförsäkringar Jämtland** +46 63 19 33 00 | **Länsförsäkringar Jönköping** +46 36 19 90 00 | **Länsförsäkringar Kalmar län** +46 20 66 11 00 | **Länsförsäkring Kronoberg** +46 470 72 00 00 | **LF Norrbotten** +46 920 24 25 00 | **Länsförsäkringar Skaraborg** +46 500 77 70 00 | **Länsförsäkringar Skåne** +46 42 633 80 00 | **Länsförsäkringar Stockholm** +46 8 562 830 00 | **Länsförsäkringar Södermanland** +46 155 48 40 00 | **Länsförsäkringar Uppsala** +46 18 68 55 00 | **Länsförsäkringar Värmland** +46 54 775 15 00 | **Länsförsäkringar Västerbotten** +46 90 10 90 00 | **Länsförsäkringar Västernorrland** +46 611 36 53 00 | **Länsförsäkringar Ålvsborg** +46 521 27 30 00 | **Länsförsäkringar Östgöta** +46 13 29 00 00



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