Life insurance
Accident insurance
Monthly sickness benefit
Financial disability insurance
Medical disability in the event of illness
Critical illness insurance
Child insurance

Terms and Conditions for Group Insurance

Terms and conditions GF 900:18
Valid from 1 January 2026

Contents

A Information about your insurance policy

Swedish law applies to this insurance policy. The most important provisions of the insurance contract are stipulated in the Swedish Insurance Contracts Act.

All communication is to take place in Swedish.

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. Your insurance certificate states the insurance company that is the insurer for your policy.

"We," "our" and "us" refers to the insurance companies stated above.

General information about group insurance

Group insurance refers to a group policy that we have signed with the group representative. You belong to the group since, as a group member, you are included in the group policy. A spouse/cohabitee (co-insured) and children can also be covered by the group insurance policy.

The provisions of the advance and after-sale information, the group policy, the insurance certificate and related documents, such as the application and the insurance terms and conditions, apply to this group insurance policy. These documents state, for example, the scope of the insurance, the insurance amount and prices. The insurance contract is based on the information that was provided when the insurance policy was taken out or changed.

"You" and "your" refer to the insured person to which the insurance policy applies. "Your organisation" refers to the company, organisation or association that purchased the insurance.

Group policy

The group policy contains provisions regarding whether the group insurance is compulsory or voluntary, the people covered by the policy, the insurance cover that we offer, when the contract starts and the length of the contract, as well as automatic renewal and cancellation of the policy. A provision in the group policy takes precedence over a provision in these terms and conditions and in the advance and after-sale information. Preliminary cover is included only if stated in the group policy.

Voluntary group insurance

If the insurance is voluntary, you have the right to decide yourself whether or not you want insurance cover. The insurance contract is then between you, as the policyholder, and us. It is granted after you apply for the insurance or, if automatic enrolment applies under the group policy, by not actively declining the insurance cover within a certain period of time.

Advance cover

If you are a new employee, you may have free advance cover for the first three months. For these months, it is sufficient that you are completely able to work in order to join certain insurance policies and insurance amounts (basic cover): The basic cover is described in your application and can never be more extensive than the insurance provided within the scope of the group agreement.

During the period of advance cover, you can apply to supplement your insurance cover at a higher insurance amount or with additional insurance by submitting a health declaration.

Your application will state whether your spouse or cohabitee or children can be insured. All insurance policies are free of charge during the period of advance coverage. Your spouse/cohabitee (co-insured) must submit a health declaration that, after a risk assessment, needs to be assessed before we can approve the insurance.

After the period of advance coverage, the insurance policy is valid by you paying for it, unless you have cancelled the insurance before that time. You can cancel the insurance at any time by contacting us.

If you want to extend your insurance cover or apply for insurance after your first three months, you must submit a health declaration.

Automatic enrolment

Under certain group policies, you can automatically join 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. Automatic enrolment is applied only if stated in the group agreement or the insurance certificate.

Compulsory group insurance

If the insurance is compulsory, the insurance-entitled group is automatically insured. The insurance contract is signed between the group representative, as the policyholder, and us.

Insurance certificate

When you take out the policy, change it and renew it, the policyholder receives an insurance certificate that shows what is included in and the price of the policy. The insurance certificate contains information on the insurance products that apply to you.

Insurance terms and conditions

The insurance terms and conditions describe the contents of the insurance that could be included in your policy, our requirements for taking out insurance, when the insurance becomes valid, is renewed, and expires, and a provision on pricing.

The terms and conditions can be found at *lansforsakringar.se*, and you are also welcome to contact us for more information.

Processing of personal data

We process your personal data in accordance with what is stated in the "Processing of personal data" document, which can be found on our website *lansforsakringar.se/personuppgifter*. You can request that this information be sent to you by contacting us on telephone +46 8 588 427 00 or e-mail *info.halsa@lansforsakringar.se*.

For compulsory group personal insurance, the group representative is responsible for ensuring that the group members receive the *Processing of personal data* document.

B Rules for purchase and the period of validity

B.1 Who can be insured?

To take out insurance, we require the following from you:

- you must belong to the group that can apply for the insurance
- you must be over 16 years of age but not have turned 64.
- you are 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.

What applies to your insurance specifically will be indicated in the application and in the advance and after-sale information.

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

In order to apply for child insurance, the group member themselves must be covered by group insurance.

B.2 Health requirements – Medical examination

In order to be covered by voluntary group insurance, most of our insurance policies will require you to be completely able to work. There are certain insurance policies, however, for which we do not have any health requirements, and other insurance policies for which we have stricter health requirements.

To take out the insurance policies for which we have stricter requirements, you must respond to a few questions. We then use this information to conduct a risk assessment. After the risk assessment, we either approve or reject your application for insurance.

The application and advance and after-sale information will indicate what applies to the insurance you are looking for. We also ask that you respond to questions about your health if you wish to raise the insurance amount and expand your insurance protection.

With compulsory insurance, you are automatically covered by the insurance policy. In order to have the right to compensation, we may have imposed health requirements, for example, being completely able to work. This will be stated in the application.

You are completely able to work if you

- are 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

B.3 When the insurance policy becomes valid

Voluntary insurance is valid from the date stated in the group policy, if you meet the membership requirements and have applied for 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.

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

Compulsory 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.

We are only liable for claims that occur during the contract period.

B.4 How long is the insurance valid

When the policy expires, compensation will no longer be payable. When part of the policy expires, compensation will no longer be payable for this part.

Group insurance automatically expires when you reach the final age indicated in the advance and after-sale information and on the insurance certificate.

Your insurance expires prior to this:

- if you no longer belong to the defined group that the contract was taken out for. In this case, the insurance will also expire for your co-insured party and children.
- if you have not had any assignments for/received a salary from the company for the last 12 months.
- if the contract expires.
- if you or the group cancel the insurance policy.
- if the contract is cancelled because the premium was not paid in time, or
- if the contract is transferred to another insurer.
- if you are a co-insured party and your marriage or cohabitee relationship ends.
- if you are a co-insured party or child and the group member's insurance expires.
- if you have child insurance and your youngest child turns 25. You must notify us when your youngest child reaches the age of 25.

The insurance period cannot be extended after the final age has been reached by paying the premium for the period after the policy has expired.

B.5 When the insurance is renewed

Your insurance policy is automatically renewed for another one-year period at a time, unless it is cancelled by you, your group representative or us.

The price and insurance terms and conditions may change when your insurance is renewed.

When your insurance is renewed, the group representative/your organisation is to provide you with information about the scope and limitations in the insurance terms and other information about the policy that is important for you to know.

B.6 When can you cancel or waiver under the insurance

For voluntary group insurance, you have the right to cancel the insurance at any time with immediate effect.

For compulsory group insurance, you can waiver the insurance at any time. Notify your group representative or us.

If not otherwise indicated, the insurance is cancelled on the day after we received the cancellation.

B.7 Who is covered by the insurance policy

The policy applies to the person named as the insured in the insurance certificate.

Life insurance with child cover

The child cover is valid for your children with the right of inheritance. Your spouse's/cohabitee's children who are

beneficiaries are also insured if your spouse/cohabitee is co-insured.

A foreign child, whom you intend to adopt, is insured as soon as he/she arrives in Sweden, on condition that consent is provided in accordance with the Swedish Social Services Act. If the adoption is not completed, the insurance expires when the child leaves Sweden, but not later than one year after the child arrived in Sweden.

Child insurance

The child insurance is valid for your children with the right of inheritance. The children who are beneficiaries of your spouse/cohabitee are insured provided that the children are registered at the same address as you. The child insurance can apply from birth.

A foreign child, whom you intend to adopt, is insured as soon as he/she arrives in Sweden, on condition that consent is provided in accordance with the Swedish Social Services Act. If the adoption is not fully completed, the insurance expires when the child leaves Sweden.

B.8 When and for what does the policy apply

Our insurance is valid around the clock. If you will be residing outside the Nordic region for longer than 12 months, you can read about what will apply to you in Section C General limitations.

B.9 Insurance amount

When you buy the insurance, you normally choose an insurance amount. The insurance amount can be a price in Swedish kronor, or a defined number of price base amounts. The price base amount is established annually by the Swedish government, and is based on changes to the general price situation.

B.10 How the price is calculated, and when the price and terms and conditions change

The price is calculated for periods of one year at a time and is based on such factors as the applicable premium rate, the expected claims result and operating expenses.

The insurance terms and conditions and conditions and the price of the insurance policy can change on every annual due date. Your insurance amount can also change at this time if the price base amount was altered in January. A change in price may be due, for example, to a change in price base amount, changes to terms and conditions or your age.

B.11 Information that forms the basis of the insurance contract - Disclosure obligation

The insurance contract is based on the information that you submit to us. It can also be based on information that we collect based on the power of attorney that you provided. If any detail is incorrect or incomplete, it could mean that your insurance is invalid and that no compensation is paid.

When you apply for the insurance policy, you must, at our request, provide information that could be important to whether we can grant your policy, for example, in a health declaration. The same applies to expansion and renewal of the insurance policy. You must also provide true answers to our questions during the insurance period. If the information you provide is incorrect or incomplete, it could mean that your insurance is invalid and that we are not responsible for claims incurred.

For compulsory group personal insurance, the policyholder must inform us within one month of changes to the names or the number of people that are to be included in the insured group. Changes to the number of the insured because the policyholder incorrectly stated the number of insured persons to us can only be made for the current calendar year.

If, during the insurance period, we become aware that this disclosure obligation has been disregarded intentionally or due to gross negligence, we are entitled to cancel or change the insurance policy. Cancellation takes effect three months after we have notified you that the policy will be cancelled. Any premiums paid are not repaid.

C General limitations

We have further limitations and exceptions that you can read about under each individual insurance policy.

C.1 If you are outside the Nordic countries

The policies do not apply for stays outside the Nordic region that were longer than 12 months. For the insurance policies to be valid during these 12 months, residence must be temporary. Residence is not deemed to be discontinued if a short visit of less than 30 days is made home when the intention is to return to the same destination.

The life insurance policy is valid regardless of the duration of residence abroad.

If you are outside the Nordic countries due to expatriation

The policies are valid regardless of the length of your stay outside the Nordic region if you are:

- expatriated by the Swedish government, a Swedish company or a Swedish non-profit organisation
- employed in a foreign company with direct links to Sweden
- employed by a body of states that includes Sweden
- employed in an international organisation with direct links to Sweden.

C.2 Bringing about an insured event and compensation reductions

The insurance policy does not apply if:

- you purposely brought about a claim.

The amount of compensation will be reduced if:

- you incurred an injury in connection with your causing an injury, or aggravated its consequences, through gross negligence.
- you acted or failed to act knowing that a significant risk of injury was involved.
- your were injured while participating in a fight, gang fight, riot or similar.
- you incurred an injury while committing a criminal act that is punishable by fines or prison according to Swedish law.
- you incurred an injury because you were under the influence of alcohol, other intoxicants, sleep inducers, narcotic compounds or through abuse of pharmaceuticals.

If a reduction is to be made, we make a reasonable assessment taking into account the other circumstances of the case.

The above does not apply if you brought about the insured event or acted under the influence of a serious mental disorder in

accordance with the Swedish Penal Code or if you were under 18 years of age.

C.3 Transfer or pledging

You may not transfer or pledge the insurance as security.

C.4 Exemptions in the event of war, warlike situations, nuclear processes and terrorism

The insurance policy does not cover:

- accidental injury, illness or death that occurs in connection with war or warlike situations.
- accidental injury, illness or death that occurs in connection with events and unrest in countries or areas to which the Swedish Ministry for Foreign Affairs (UD) has issued advice against travelling, regardless of the level set by the UD for such advice.
- accidental injury, illness or death that is directly or indirectly caused by nuclear processes.
- accidental injury, illness or death caused by the spread of biological, chemical or nuclear substances connected to terrorism.

If you are visiting areas outside Sweden where war or warlike unrest breaks out during your visit, the insurance applies for the first four weeks provided that you do not take part in such unrest or act as rapporteur or similar.

Definition of terrorism: Organised acts of violence that target the civil population for the purpose of inciting terror and seriously destabilising or destroying fundamental political, constitutional, economic or social structures in a country.

C.5 Force majeure

The insurance policy does not cover loss that may arise if the settlement of a claim, compensation payment or similar obligation we have committed to is delayed, or if we are unable to perform these obligations, due to:

- war or warlike action, civil war, terrorist incident, revolution, rebellion, political unrest,
- changes in legislation, actions taken by authorities, hindrances in public communications or the energy supply,
- natural catastrophes, fire, epidemic, pandemic or similar force majeure events.

We are also not responsible for damages caused by errors in the telephone network or other technological equipment that does not belong to us.

C.6 Sanctions and Money Laundering

The contract is null and void if the policyholder or any person covered by the insurance is subject to, or falls under, international sanctions under the Act (2025:327) on International Sanctions (*Swe: lag om internationella sanktioner*) or any other sanction regulation applicable in Sweden. If the insurance company could be exposed to any sanction, prohibition, or restriction due to international sanctions or national sanctions imposed by the United Kingdom or the United States, the insurance company has no obligations under the contract.

D Payment

D.1 When the insurance needs to be paid

You are to pay for a new insurance policy or an extension of a policy (additional premium) within 14 days from the day on which we send payment notice.

A renewed insurance policy is to be paid not later than the date that the new insurance period begins. You or your organisation always have one month to pay, starting from the day on which we send payment notice.

If you or your organisation make partial payments on your/your organisation's policy (every month, quarter, four months or six months) you or your company are to pay not later than the first day of the period you have selected.

D.2 If the insurance is paid late

If you or your organisation do not pay on time, we are entitled to cancel the insurance contract. The insurance will expire 14 days after we send you or your organisation a written notice of cancellation. If you or your organisation pay within these 14 days, the insurance will remain valid.

D.3 Reinstatement of unpaid existing insurance policy

If you or your organisation pay after the insurance policy has been cancelled, this will be considered an application for a new insurance policy based on the same terms and conditions. The policy will then be valid one day after you or your organisation have paid. This applies on the condition that you or your organisation pay within three months after the day that the policy is to be paid by. You cannot receive compensation for the period that the policy has not been paid for.

The policy cannot be reinstated for only a co-insured.

Compulsory group insurance can only be reinstated for the entire group.

D.4 Premium exemption

The insurance policy does not provide entitlement to premium exemption.

D.5 Repayment

You must immediately notify the group representative or us if you or your organisation no longer qualify for the insurance. If you do not provide notification, we will repay a maximum of the premium paid during the preceding 12 months.

E When you apply for compensation

E.1 Reporting the illness or accidental injury

After an injury/illness has occurred, you must participate in our investigation of what has happened and provide the information that we need to process your claim. You must:

- Visit a doctor as soon as possible.
- Report the claim to us as a soon as possible.
- Strictly follow what the doctor prescribes.
- Present a medical certificate and other documents that we request and that are important to the right to receive

compensation. We will pay for the cost of medical certificates and other medical documents.
- Allow the doctor appointed by us to examine you, if we so request. We will pay for the cost of any such examination and for necessary travel.
- Provide evidence of costs that you are claiming compensation for.
- For compensation claims for damaged clothes, shoes, glasses, helmets, hearing aids or other disability aids carried when the accidental injury occurred, it must be possible to show the damaged item.

A power of attorney is to be provided at our request so that we can obtain information from doctors, hospital, other care facilities, the social security office or other insurance institutions.

We have the right to consult medical expertise to assess what is deemed to be medically necessary according to Swedish practice.

If you do not submit the required documents, take part in the assessment or submit incorrect information, it could mean that we cannot assess your right to compensation. In these cases, some or all of the compensation may not be provided.

E.2 Registering a claim

We are entitled to register claims advised under this insurance in a claims advice register (GSR) that is shared by the insurance industry in Sweden. The register is used only in connection with claims adjustment. The personal data controller in the shared claims advice register is GSR AB.

E.3 Date of payment and interest-rate provisions

As soon as the right to payment has arisen according to the scope of the terms and conditions, payment is to be made not later than one month after the person making a compensation claim has fulfilled all their obligations in accordance with the section entitled *Information that forms the basis of the insurance contract – Disclosure obligation*.

If payment is made after this, penalty interest must be paid in accordance with the Swedish Interest Act.

E.4 Indexation

In paying out compensation where the amount is based on the price base amount, the compensation is based on the price base amount that applies in the year that

- the injury date occurred for life insurance.
- payment is made for other insurance policies.

E.5 Limitation regulations

You lose your right to receive insurance compensation or other cover if you do not bring legal action against us within ten years from the date on which the circumstance occurred that entitles the party to cover under the insurance contract. If you have registered a claim with us within the time stated above, you always have six months to bring a legal action against us after we have provided a final ruling in your compensation case.

E.6 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.

More information is available from our website.

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.

For free advice concerning insurance matters, you can 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.

F Life insurance

The insurance covers the following in the event of death:

1. Survivor compensation in the event of your death
2. Compensation if your child dies – Child coverage

The date of loss is the date the death occurred. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

F.1 Compensation to survivors in the event of your death

The insurance pays compensation:

- to your beneficiaries in the form of an insurance amount in the event of your death.

Beneficiaries

Beneficiaries are:
1) spouse or cohabitee
2) the insured's heirs.

You spouse ceases to be a beneficiary when the court receives your application for divorce or dissolution of partnership.

Changes to beneficiaries

You must inform us in writing if you want someone else to be a beneficiary. You can find a printable beneficiary clause at *www.lansforsakringar.se/halsa*. You cannot change a beneficiary clause by writing a will.

Beneficiaries who waive their rights

Beneficiaries can waive their rights in part or in full. The person(s) who are next in line according to the beneficiary clause become the beneficiaries instead. The beneficiary who waives their right must do so before the insurance amount is paid out.

Payment

We pay the insurance amount to your beneficiaries.

The insurance amount is indicated on the insurance certificate.

Your insurance certificate states whether your insurance amount reduces as your age increases.

F.2 Compensation if your child dies – Child coverage

The insurance pays compensation:

- if the child dies after the 22nd week of pregnancy and before the age of 18
- for only one insurance amount per child when a child dies.

The insurance does not pay compensation:

- if your child has turned 16 when your insurance started to apply; or
- if there was a right to receive a nursing care allowance for the child under the Swedish 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.

The child cover does not apply if your life insurance expires.

Payment

We pay the insurance amount to the estate of the deceased child as a funeral allowance. The insurance amount is indicated on the insurance certificate.

G Accident insurance

The insurance covers the following in the event of accidental injury:

1. Reduced physical or mental functional capacity – Medical disability
2. Reduced ability to work – Financial disability
3. Compensation for scars
4. Accident assistance
5. Lump sum for medical care
6. Lump sum for personal belongings
7. Additional expenses
8. Compensation for disability aids
9. Compensation for dental injury expenses
10. Crisis assistance
11. Death benefit

The date of loss is the date the accidental injury occurred. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

G. Accidental injury

The accidental injury must have required medical treatment by a qualified 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.

Compensation is only paid for the direct consequences of the accidental injury.

Accidental injury refers to:

bodily injury that you involuntarily incur due to a sudden external incident. An external incident means external force directed against the body.

Wounds must be so serious that they need to be stitched, glued, stapled or taped. It may also involve dressing more serious injuries.

An accidental injury is also considered to be:

- Violent twisting of the knees and achilles tendon rupture
- Infection due to tick bites
- Frostbite, heatstroke or sunstroke

Such bodily injury is considered to have occurred on the date on which it becomes apparent.

The following is not considered an accidental injury:

- Injury or consequences of injury that occurred before the start of the insurance policy.
- Bodily injury resulting from overexertion, repetitive movement, stretching, repetitive strain injury, or age-related changes, for example, lumbago, slipped disc or ruptured muscle.
- Injury due to infection by bacteria, parasite, virus or other contagions.
- Infection or poisoning from food or drink.
- Injury arising from the use of medicinal preparations, or from a procedure, treatment or examination, not due to an accidental injury.
- Illness, changes in illness or other bodily injury that you already had when the accidental injury occurred or if these manifested themselves at a later date with no connection to the accidental injury.
- Voluntarily inflicted bodily injury.

G.1 Medical disability

The insurance pays compensation:

- For accidental injury that entails a future permanent impairment of your bodily function that can be objectively determined.
- For impaired bodily function deemed to be a medical disability.

The degree of medical disability is determined according to a medical statistical table established by the trade organisation Insurance Sweden.

The insurance does not pay compensation:

- For impaired bodily function that existed prior to the accidental injury. If your functional capacity was already impaired in the injured body part, we deduct the corresponding degree of disability.
- Both for medical and financial disability. We pay for the disability that provides the higher compensation.
- For medical disability for loss of teeth and dental injury.
- For more than 100% medical disability for the same accidental injury.
- If you die before you are entitled to receive disability benefit.

How much compensation you will receive

We pay compensation at an insurance amount corresponding to the degree of medical disability. The insurance amount is indicated on the insurance certificate. Your insurance certificate states whether your insurance amount reduces as your age increases.

When you have the right to receive compensation

You will have the right to receive compensation at the earliest one year after the accidental injury occurred. The definitive degree of medical disability is to be confirmed as soon as possible. An assessment of the degree of disability may be postponed as long as necessary according to medical experience or due to potential rehabilitation.

In order to receive compensation, the complaints after the

accidental injuries must have become a stationary and non-life threatening condition. All treatment options and medical rehabilitation must be exhausted. Stationary means that the condition cannot be expected to change for the better or worse.

If it is not possible to determine the degree of medical disability when the right to receive disability benefit begins and a certain medical disability has been confirmed, we can make an advance payment. This advance payment will be the lowest confirmed degree of medical disability.

How we assess medical disability

When we establish medical disability, we assess your functional impairment regardless of your occupation, work circumstances or leisure-time activities. It also disregards whether your ability to work is impaired to a certain extent. If functional capacity can be improved through the use of prostheses, implants, hearing aids or lenses/glasses, the degree of disability is determined taking into account the effect of the aid.

Lasting pain, loss of sensory function and internal organ(s) are also included in the degree of medical disability.

Payment

We pay you compensation at an insurance amount corresponding to the degree of medical disability.

If you have received compensation in advance, we will deduct the previously assessed degree of disability from the definitive degree of disability before we pay you.

If you die after the right to receive disability benefit has arisen but before final payment has been made, an amount will be paid to your estate corresponding to the confirmed definitive degree of disability at the time of death.

If your functional capacity worsens – Reassessment

If your condition significantly deteriorates after the degree of medical disability has been confirmed, you can request a reassessment. Such a deterioration must be stationary. Deterioration of medical disability occurring ten or more years after the injury never provides the right to additional disability benefit.

G.2 Financial disability

The insurance pays compensation:

- For accidental injury that entails a future permanent impairment of your ability to work of at least 50%. For your impaired ability to work assessed as a degree of financial disability.

The insurance does not pay compensation:

- For reduced ability to work that existed prior to the accidental injury. If your ability to work prior to the accidental injury was wholly or partly permanently impaired, no compensation is paid for such impairment.
- For financial disability confirmed after your 60th birthday, regardless of when the accidental injury occurred.
- Both for medical and financial disability. We pay for the disability that provides the higher compensation.
- If you die before you are entitled to receive disability benefit.

How much compensation you will receive

We pay compensation at an insurance amount corresponding to the degree of financial disability. The insurance amount is indicated on the insurance certificate. Your insurance certificate states whether your insurance amount reduces as your age increases.

- For 100% permanently impaired ability to work, we pay 100% of the insurance amount.
- For 75% permanently impaired ability to work, we pay 75% of the insurance amount.
- For 50% permanently impaired ability to work, we pay 50% of the insurance amount.

When you have the right to receive compensation

You have the right to receive compensation at the earliest two years after the accident took place and at the earliest at the age of 19.

We will consider your ability to work to be permanently reduced when you have attempted all opportunities for work in some other occupation. All your options for rehabilitation must have been investigated. You must also have completed your medical treatment and your condition must be permanent and non-life threatening.

Assessment of financial disability

The degree of disability is assessed based on the reduction in work capacity caused by the accidental injury. Only symptoms and functional impairments that can objectively be established are used as a basis for assessing the reduced ability to work. Your ability to work is considered permanently reduced when your incapacity for work is permanent. Several criteria must be fulfilled for this to be determined. You must have completed all necessary medical treatment and your condition must be considered stable, meaning that it is not expected to improve or deteriorate. The condition must also not be life-threatening. Possibilities for medical and vocational rehabilitation must have been investigated and carried out. Your ability to work must have been assessed both in your usual occupation and in work normally occurring within your profession on the labour market.

It is important that you are on sick leave and that the Social Insurance Agency has approved your sickness benefit, but they are not the sole determining factors in our assessment of compensation.

Payment

We pay you compensation at an insurance amount corresponding to the degree of financial disability.

If you have received compensation in advance, we will deduct the previously assessed degree of disability from the definitive degree of disability before we pay you.

If you die after the right to receive disability benefit has arisen but before final payment has been made, an amount will be paid to your estate corresponding to the confirmed definitive degree of disability at the time of death.

If your ability to work worsens – Reassessment

If your ability to work is significantly impaired after the degree of financial disability has been confirmed, you can request a reassessment. The deterioration must entail a future permanent impairment of your ability to work. Deterioration of your ability to work occurring ten or more years after the injury never provides the

right to additional compensation for financial disability.

G.3 Compensation for scars

The insurance pays compensation:

- For scars resulting from an accidental injury. A condition is that the scar still exists one year after the treatment of the scar has been completed. The injury must have been so severe that treatment was required and performed by a qualified and impartial doctor or nurse. By treatment we mean, for example, stitches or taping a wound. It may also involve dressing more serious injuries.

The insurance does not pay compensation:

- For scars that were not caused by an accidental injury.
- For scars with a length of less than 0.5 cm.
- For scars that are not noticeable or visible to others.
- Of more than 20% of ten price base amounts for one or more scars arising from the same accidental injury.

How much compensation you will receive

We calculate compensation according to the table. We multiply the relevant percentage in the table by ten price base amounts to calculate your compensation.

The scar must be longer than, for example, 4 cm in order to receive compensation in the interval of 4–6 cm. If the scar is shorter than 4 cm, compensation is paid in the interval of 0.5–3 cm. Compensation for a scar that is 3.7 cm long is paid in the interval of 0.5–3 cm.

If you have more than one scar in the same category that are each more than 0.5 cm long, we add together the length and breadth of each scar.

Category 1: Face and throat/neck

	Length (cm)				
Width (cm)	**0.5-3**	**4-6**	**7-10**	**11-15**	**>15**
0-1	0.50%	0.60%	0.90%	1.20%	1.70%
2-3	0.60%	0.90%	1.20%	1.70%	2.40%
4-6		1.20%	1.70%	2.40%	3.40%
7-10			2.40%	3.40%	5.00%
>10				5.00%	10.00%

Category 2: Lower leg, knee, forearm and back of the hand

	Length (cm)				
Width (cm)	**0.5-4**	**5-9**	**10-15**	**16-25**	**>25**
0-2	0.40%	0.50%	0.70%	0.90%	1.10%
3-4	0.50%	0.70%	0.90%	1.10%	1.60%
5-9		0.90%	1.10%	1.60%	2.20%
10-15			1.60%	2.20%	3.00%
>15				3.00%	6.00%

Category 3: upper arm, thigh, foot, torso, palm and crown/skull

	Length (cm)				
Width (cm)	**0,5-6**	**7-11**	**12-20**	**21-35**	**>35**
0-3	0.30%	0.40%	0.50%	0.70%	0.90%
4-6	0.40%	0.50%	0.70%	0.90%	1.30%
7-11		0.70%	0.90%	1.30%	1.80%
12-20			1.30%	1.80%	2.00%
>20				2.00%	4.00%

For several scars, changes to skin and hair loss in the same category, the maximum compensation paid is:

- Category 1: 10% of 10 price base amounts
- Category 2: 6% of 10 price base amounts
- Category 3: 4% of 10 price base amounts

When you have the right to receive compensation

You will have the right to receive compensation at the earliest one year after the accidental injury occurred. A condition is that the scar still exists one year after the treatment of the scar has been completed.

How we assess compensation for scars

Our assessment is based on the location of the scar on the body and its size.

Payment

We pay you compensation in the form of a lump sum that corresponds to the percentage indicated in the scar chart.

G.4 Accident assistance

The insurance pays compensation:

- of SEK 3,000 when a doctor issues a certificate prescribing at least 30 consecutive days of sick leave due to the accidental injury.
- An additional SEK 1,500 if you are put on sick leave for at least another 30 consecutive days, making a total of at least 60 days in a row.

The insurance does not pay compensation:

- For sick leave of less than 30 days.
- For more than SEK 4,500 for sick leave for the same accidental injury.
- For sick leave that occurred and started when this insurance policy was not valid.

When you have the right to receive compensation

Compensation is paid as soon as a doctor issues a certificate prescribing at least 30 consecutive days of sick leave. Accident assistance can be paid without preventing us from applying other limitations in the insurance policy.

Payment

Compensation is paid to you.

G.5 Lump sum for medical care

The insurance pays compensation:

- of SEK 800 in a lump sum if your accidental injury required medical treatment by a qualified and impartial doctor, nurse or physiotherapist.

The insurance does not pay compensation:

- More than once per accidental injury.

- In a lump sum if it has been more than five years since the accidental injury occurred.
- In a lump sum for dental injuries that only required dental treatment. See the section "Compensation for dental injury expenses."

Payment
Compensation is paid to you.

G.6 Lump sum for personal belongings

The insurance pays compensation:
- For personal clothes, helmet and glasses, hearing aid or other disability aids that you were wearing when the accident occurred and that were damaged.

The insurance does not pay compensation:
- For other personal belongings than those stated above
- More than once per accidental injury.
- For costs that can be reimbursed 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.
- In a lump sum if it has been more than five years since the accidental injury occurred.

How much compensation you will receive
We pay compensation of a total of SEK 1,500, even if several of the personal belongings have been damaged.

When you have the right to receive compensation
One condition is that you needed to visit a doctor and that your accidental injury required treatment.

Payment
Compensation is paid to you.

G.7 Additional expenses

The insurance pays compensation:
- For costs for travel between home and school or work if special transportation is required
- For costs for temporary sheltered accommodation after a hospital stay
- For costs for home help approved by the municipality
- For other personal, reasonable and necessary costs for a total maximum of SEK 5,000, for example, for chiropody, hair care, snow clearing and dog sitting if you cannot do these activities yourself as a result of the accidental injury.
- For expenses incurred by you as a private individual.

The insurance does not pay compensation:
- For expenses that can be reimbursed by your employer or the Swedish Social Insurance Agency
- For costs that can be reimbursed 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.
- For expenses pertaining to business operations.
- For expenses to raise standards.
- For expenses outside the Nordic region.
- For expenses if it has been five years or longer since the accidental injury occurred.

How much compensation you will receive
We pay compensation for necessary and reasonable costs of up to three price base amounts. Travel expenses are reimbursed for the least expensive, commonly available means of travel that could be used with regard to your condition and which is confirmed by a doctor.

When you have the right to receive compensation
We must have approved the expense in advance. One condition is that you needed to visit a doctor or dentist and your accidental injury required treatment.

Payment
We pay compensation to you.

G.8 Compensation for disability aids

The insurance pays compensation:
- For aids intended to increase your movement and reduce the risk of any future disability. The aids must have been prescribed by a doctor as medically necessary and we must approve the cost.

The insurance does not pay compensation:
- For aids designed for sports, hobbies or special interests.
- For costs that can be reimbursed 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.
- After medical and financial disability have been paid, since we cannot also pay compensation for aids intended to ease an already compensated disability.
- For expenses to raise standards.
- For expenses for business operations.
- For expenses arising outside the Nordic region.
- For expenses if it has been five years or longer since the accidental injury occurred.

How much compensation you will receive
We pay compensation for necessary and reasonable costs of up to one price base amount.

Payment
We pay compensation to you.

G.9 Compensation for dental injury expenses

The insurance pays compensation:
- For expenses for treatment of dental injuries arising from an accidental injury. The treatment must have been performed by a dentist.

The insurance does not pay compensation:
- For damage due to chewing or biting.
- For expenses in addition to reimbursements if you had been part of the national insurance scheme.
- For costs that can be reimbursed 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.
- For expenses outside the Nordic region.
- For expenses if it has been five years or longer since the accidental injury occurred.
- For expenses arising after the insurance policy has paid compensation for final treatment.

How much compensation you will receive
We pay compensation for necessary and reasonable costs.

When you have the right to receive compensation
We must have approved the cost in advance.

If your injury occurred before you turned 24 and if final treatment must be postponed to a later date due to your age, expenses for the postponed treatment are also to be covered on the following conditions: We have approved the postponed treatment before you turned 25. The final treatment must take place before the age of 30.

How we assess compensation
You should seek a treating dentist linked to the national dental health insurance scheme as soon as possible. We assess reasonable costs based on reference prices in the national dental health insurance scheme. We must approve the treatment and remuneration in advance.

We assess compensation based on whether changes that are unhealthy or not normal for your age occurred in connection with the accidental injury. In that case, we pay compensation only for the injury that can be assumed to have resulted if the change had not existed at the time of the injury.

We pay compensation for damage to a permanently attached (fixed) dental prostheses as for a natural tooth. This also applies to detachable prostheses that were being used in the mouth when it was damaged.

If you undergo necessary emergency treatment, we will pay compensation for reasonable costs even if we were unable to approve the treatment in advance.

Payment
We pay compensation to you.

G.10 Crisis assistance

The insurance pays compensation:
For conversational therapy with a registered psychologist/psychotherapist and psychiatrist as well as travel expenses for such therapy if you have a crisis reaction to one of the following events:
- Compensable accidental injury.
- Death of a close relative. A close relative means spouse, registered partner, cohabitee, child, parent or sibling.
- Attack, assault, threat, robbery or rape incidents that are reported to the police.
- Bullying.

The insurance does not pay compensation:
- For more than ten therapy sessions per claim incident.
- For costs that can be reimbursed 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.
- For therapy started more than one year after the event that caused the crisis reaction.
- For therapy that lasts for more than one year.

How much compensation you will receive
We pay compensation of a maximum of half a price base amount.

When you have the right to receive compensation
We must have approved the expense in advance.

Payment
We pay compensation to you.

G.11 Death benefits

The insurance pays compensation:
- in the event of death owing to the accidental injury.

The insurance does not pay compensation:
- for death occurring more than three years after the accident.

Payment
We will pay one price base amount to your estate.

H Monthly sickness benefit

The insurance covers the following in the event of illness or accidental injury:
- Compensation for reduced ability to work – Monthly sickness benefit

The date of loss is the first sick day that you reported to your employer, or the Swedish Social Insurance Agency that your ability to work had been reduced. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

H.1 Monthly sickness benefit

The insurance pays compensation:
- when you lose income as a result of reduced ability to work of at least 25%.

How much compensation you will receive
We pay compensation at an insurance amount corresponding to the degree to which your ability to work has been reduced.

If you have lost:
- 100% of your ability to work, we pay compensation for 100% of the insurance amount.
- 75% of your ability to work, we pay compensation for 75% of the insurance amount.
- 50% of your ability to work, we pay compensation for 50% of the insurance amount.
- 25% of your ability to work, we pay compensation for 25% of the insurance amount.

The insurance amount is indicated on the insurance certificate.

When you have the right to receive compensation after the qualifying period

You are entitled to compensation at the earliest three months after your ability to work has been continuously reduced by at least 25%. We call this the qualifying period.

If you were to relapse or incur a new case of illness for at least 14 consecutive days, you may include each such period of illness in the qualifying period. This assumes that it took place in full or in part within twelve months of the most recent period of illness.

Working without interrupting the qualifying period or benefit period

We want to help you return to work. Therefore, it is possible for you try returning to work to for a period of time, without interrupting your qualifying period or benefit period. The cases for which this is possible are:

- If you have been completely able to work during periods of a maximum of 14 days during the qualifying period.
- If you have been completely able to work during periods of a maximum of 14 days during an ongoing benefit period.

How we assess your ability to work

We assess the extent of your reduced ability to work based on the impairment of ability to work that can be considered to be caused by objectively determinable symptoms and functional impairments. When assessing this, we take into account whether or not you can perform work.

If you can carry out any type of work that can be expected of you, considering your age, prior education and occupation, retraining or other similar measures, as well as living conditions, we will consider you able to work.

It is important that you are on sick leave and that the Social Insurance Agency has approved your compensation, but they are not the sole determining factors in our assessment of compensation. The crucial question is your being able to show that you have a reduced ability to work to the degree for which you are seeking compensation.

Payment

We pay compensation to you monthly in arrears.

Time limit for compensation payments

We pay compensation for up to a maximum of the period of time stated on the insurance certificate.

Excessive compensation

If you receive compensation from the insurance policy and, due to this, receive a higher income than you had when you were working, we are entitled to reduce the insurance amount so that you do not receive more income than when you were working. In this case, we will not repay the premium paid corresponding to the excessive portion of compensation.

If we limit the health insurance, we will adjust the price from the date on which we informed you of our decision.

If you have received excessive compensation during the payment period, we may request repayment of the excessive amount.

If you fall ill again

If you fall ill again, we will continue to pay compensation for the remaining days of your compensation period without a new qualifying period.

When you receive compensation for the entire period, you must subsequently be fully able to work for at least a year and not go on sick leave for more than 14 consecutive days during the year in order for us to pay compensation for a new period. A new period means that you will receive compensation only after the qualifying period.

I Financial disability insurance

The insurance covers the following in the event of illness or accidental injury:

- Reduced ability to work – Financial disability

The date of loss is three years after you have been on continuous sick leave of at least 50%. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

I.1 Financial disability

The insurance pays compensation:

- for illness or accidental injury that entails a future permanent impairment of your ability to work of at least 50%. The impairment of your ability to work is assessed as a degree of financial disability.

The insurance does not pay compensation:

- for reduced ability to work that existed prior to the accidental injury or illness. If your ability to work prior to the illness or accidental injury was permanently impaired either wholly or in part, no compensation is paid for such impairment.
- in the event of your death before you are entitled to receive disability benefit.

How much compensation you will receive

We pay compensation in the full insurance amount.

Your insurance amount is reduced by 5 percentage points annually, but not lower than 25%, from the year in which you turn 46.

The insurance amount is stated on your insurance certificate.

When you have the right to receive compensation

You have the right to receive compensation at the earliest three years after you have been on continuous sick leave of at least 50% sick leave, and at the earliest at the age of 19.

We will consider your ability to work to be permanently reduced when you have attempted all opportunities for work in some other occupation. All your options for rehabilitation must have been investigated.

Assessment of financial disability

The degree of disability is assessed based on the reduction in work capacity caused by the illness or accidental injury. Only symptoms and functional impairments that can objectively be established are

used as a basis for assessing the reduced ability to work. Your ability to work is considered permanently reduced when your incapacity for work is permanent. Several criteria must be fulfilled for this to be determined. You must have completed all necessary medical treatment and your condition must be considered stable, meaning that it is not expected to improve or deteriorate. The condition must also not be life-threatening. Possibilities for medical and vocational rehabilitation must have been investigated and carried out. Your ability to work must have been assessed both in your usual occupation and in work normally occurring within your profession on the labour market.
It is important that you are on sick leave or that the Social Insurance Agency has approved your sickness benefit, but they are not the sole determining factors in our assessment of compensation.

We consider your reduced ability to work to have been interrupted if you are able to work to a degree of more than 50% during a consecutive work period of more than 30 days during the current sick leave period.

Payment

We pay the insurance amount to you.

If you applied for compensation yourself and die after the right to receive disability benefit has arisen but before final payment has been made, we pay the compensation to your estate.

If your ability to work worsens

The insurance policy will compensate you for the full insurance amount. This means that if you have previously received compensation from this insurance, you cannot receive more compensation if you lose additional ability to work.

J Medical disability in the event of illness

The insurance covers the following in the event of illness:

- Reduced physical or mental functional capacity – Medical disability

The date of loss is the day the illness manifested itself. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

J. Illness

Illness refers to a deterioration of health that affects physical or psychological functional capacity and that cannot be regarded as an accidental injury.

The illness is deemed to have manifested itself when the deterioration was first documented by an impartial doctor, psychologist or at a psychiatric clinic, regardless of whether a diagnosis can be established at this time.

Illnesses with medical connections are regarded as a single illness. Isolation as a disease carrier in accordance with regulations by authorities is considered equivalent to illness.

Illness does not refer to:

- other illnesses, changes in illness or other bodily injury that you already had when the reported illness manifested itself or that arose at a later date with no connection to the illness. Compensation is only paid for the consequences that have a medical connection to the reported illness.
- voluntarily inflicted bodily injury.
- treatment/surgery for preventive purposes or the consequences of such treatment.
- illness that according to medical expertise is the result of abuse of alcohol, narcotics, other intoxicants, sleeping agents or other pharmaceuticals.
- injury arising from a procedure, treatment or examination not caused by illness.

Symptoms prior to the commencement of cover

The insurance does not cover illness, bodily injury or functional impairment, nor any consequences of such conditions, where symptoms have appeared before the start of the insurance period. Symptoms are considered to have appeared when they were first documented in connection with a health-care or medical consultation. This applies even if a diagnosis could only be established during the insurance period.

Exceptions for certain illnesses

You cannot receive compensation for the illnesses, medical conditions and disorders listed below or illnesses that according to medical experience are related to them.

- 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

ICD

The stated ICD codes refer to the International Statistical Classification of Diseases and Related Health Problems ICD-10, issued in Sweden in 1997 and established by the World Health Organisation. ICD-10 applies even though the classification may be amended or if the diagnosis codes are amended or supplemented. The ICD codes are available from the website of the Swedish National Board of Health and Welfare, *www.socialstyrelsen.se*.

J.1 Medical disability

The insurance pays compensation:

- for illness that entails a future permanent functional impairment that can be objectively determined.
- for disability deemed to be a medical disability. The degree of medical disability is determined according to the medical statistical tables established by the trade organisation Insurance Sweden.

The insurance does not pay compensation:

- or illnesses listed under the heading Exceptions for certain illnesses.
- for impaired bodily function or reduced mental function that existed prior to the illness manifesting itself. If your functional capacity had already been previously reduced owing to other illness, unhealthy change or other injured body part, we deduct

the corresponding degree of disability. Illnesses with medical connections are regarded as a single illness event.
- in the event of your death before you are entitled to receive disability benefit.
- for more than 100% medical disability for the same illness.

How much compensation you will receive

We pay compensation at an insurance amount corresponding to the degree of medical disability.

The insurance amount is stated on your insurance certificate. Your insurance amount is reduced by 5 percentage points annually, but not lower than 25%, from the year in which you turn 46.

When you have the right to receive compensation

You have the right to receive compensation at the earliest one year after the illness manifested itself. The definitive degree of medical disability is to be confirmed as soon as possible. An assessment of the degree of disability may be postponed as long as necessary according to medical experience or due to potential rehabilitation.

In order to receive compensation, the illness must have become a stationary and non-life threatening condition. All treatment options and medical rehabilitation must be exhausted. Stationary means that the condition cannot be expected to change for the better or worse.

If it is not possible to determine the degree of medical disability when the right to receive disability benefit arises and a certain medical disability has been confirmed, we can make an advance payment. This advance payment will be the lowest confirmed degree of medical disability according to our assessment.

How we assess medical disability

We assess your functional impairment regardless of your occupation, work circumstances or leisure-time activities. It also disregards whether your ability to work is impaired to a certain extent.

If functional capacity can be improved through the use of prostheses, implants, hearing aids or lenses/glasses, the degree of disability is determined taking into account the effect of the aid.

Lasting pain, loss of sensory function and internal organ(s) are also included in the degree of medical disability.

Payment

Compensation is paid to you.

If you die after the right to receive disability benefit has arisen but before final payment has been made, we pay an amount to the estate based on the confirmed definitive degree of disability at the time of death.

If your functional capacity worsens – Reassessment

If your condition significantly deteriorates after the degree of medical disability has been confirmed, you can request a reassessment. Such a deterioration must be stationary. Deterioration of medical disability occurring ten or more years after the injury never provides the right to additional disability benefit.

K Critical illness insurance

The insurance covers the following in the event of illness:

- Compensation for the listed diagnoses

The date of loss is the date the diagnosis was confirmed. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

Exceptions for diagnoses established within 12 months of the date the insurance policy became valid

You cannot receive compensation for a diagnosis:
- if the diagnosis was confirmed within the first 12 months after the insurance came into effect, and
- if there were symptoms connected with this diagnosis during the 12 months prior to the insurance coming into effect.

The limitation does not apply to diagnoses of stroke or acute myocardial infarction.

K.1 Diagnosis

The insurance pays compensation:

if you are diagnosed with one of the following illnesses:
- Malignant neoplasms, ICD C00- C43, C45-C76, C80-C97. The insurance covers a malignant melanoma that is more than 0.5 mm thick. The insurance does not cover pre-stage cancer (non-invasive in situ cancer), and secondary cancer (metastases).
- Benign neoplasms of brain and other parts of central nervous system, ICD D32-D33, D35:2
- Diabetes mellitus type 1, ICD E10
- Amyotrophic lateral sclerosis (ALS), ICD G12.2
- Parkinson disease, ICD G20
- Multiple sclerosis (MS) and other demyelinating diseases, ICD G35-G37
- Acute heart attack, ICD I21 for which you were admitted to hospital.
- Stroke, ICD I60-I63
- Transient Ischemic Attacks (TIA) and Reversible Ischemic Neurologic Deficit (RIND) are not covered under the insurance.
- Crohn disease, ICD K50
- Ulcerative colitis, ICD K51
- Systemic lupus erythematosus (SLE), ICD M32
- Chronic kidney disease, ICD N18
- Heart disease requiring replacement of the coronary artery (bypass operation). You must be on a waiting list for an operation.
- Heart disease requiring replacement of valves. You must be on a waiting list for an operation.
- Disease requiring the transplantation of the heart, liver, kidney, lung, bone marrow or pancreas. You must be on a waiting list for an operation. The disease must not have been caused by alcohol or any other form of substance abuse. You receive payment only once for a diagnosis that subsequently resulted in an organ transplant.

ICD

The stated ICD codes refer to the International Statistical Classification of Diseases and Related Health Problems ICD-10, issued in Sweden in 1997 and established by the World Health Organisation. ICD-10 applies even though the classification may be amended or if the diagnosis codes are amended or supplemented.

The ICD codes are available from the website of the Swedish National Board of Health and Welfare, *www.socialstyrelsen.se*.

The insurance does not pay compensation:

- for other ICD codes than those stated above
- for the same diagnosis that you had before the insurance came into effect
- for more than three different diagnoses with separate ICD codes
- more than once for diagnoses that have a medical connection
- if death occurs before a diagnosis is established

When you have the right to receive compensation

You have the right to receive compensation at the earliest 30 days after the diagnosis has been confirmed by a doctor with the relevant specialist expertise in the illness.

Payment

We pay the insurance amount to you.

In the event of your death after the diagnosis is confirmed but before compensation has been paid, payment is made to your estate.

L Child insurance

The scope of the insurance in the event of accidental injury or illness:

1. Reduced physical or mental functional capacity – Medical disability
2. Reduced ability to work – Financial disability
3. Compensation for scars
4. Compensation for hospital stays
5. Monthly compensation for a nursing care allowance
6. Accident-related rehabilitation and aid expenses
7. Accident-related medical costs
8. Accident-related travel expenses
9. Accident-related dental injury expenses
10. Clothing and glasses in the event of accidental injury
11. Accident-related additional expenses
12. Death benefit

The date of loss is the day the illness manifested itself or the day the accidental injury occurred. The date of loss determines which terms and conditions will apply when the right to compensation is determined.

L. Accidental injury

Accidental injury refers to a bodily injury that affects the child involuntarily due to a sudden external incident. An external incident means external force directed against the body.

The accidental injury must have required medical treatment by a qualified and impartial doctor, nurse or physiotherapist.

Compensation is only paid for the direct consequences of the accidental injury.

An accidental injury is also considered to be:

- Violent twisting of the knees and total achilles tendon rupture*
- Infection due to tick bites*
- Frostbite, heatstroke or sunstroke

*Such bodily injury is considered to have occurred on the date on which it becomes apparent.

The following is not considered an accidental injury:

- Injury or consequences of injury that occurred before the start of the insurance policy.
- Bodily injury resulting from overexertion, repetitive movement, stretching, repetitive strain injury, or age-related changes, for example, lumbago, slipped disc or ruptured muscle.
- Injury due to infection by bacteria, parasite, virus or other contagions.
- Infection or poisoning from food or drink.
- Injury arising from the use of medicinal preparations, or from a procedure, treatment or examination, not due to an accidental injury.
- Illness, changes in illness or other bodily injury that you already had when the accidental injury occurred or if these manifested themselves at a later date with no connection to the accidental injury.
- Voluntarily inflicted bodily injury.

L. Illness

Illness refers to a deterioration of health that affects physical or psychological functional capacity and that cannot be regarded as an accidental injury.

The illness is deemed to have manifested itself on the date when the deterioration was first documented by an impartial doctor, psychologist or at a psychiatric clinic, regardless of whether a diagnosis can be established at this time.

Illnesses/medical conditions that, according to medical experience, have a medical connection are regarded as a single illness.

Isolation as a disease carrier in accordance with regulations by authorities is considered equivalent to illness.

Illness does not refer to:

- Voluntarily inflicted bodily injury.
- Refractive errors or strabismus not caused by illness.
- Short stature.
- Treatment/surgery for preventive purposes or the consequences of such treatment.
- Illness that according to medical expertise is the result of abuse of alcohol, narcotics, other intoxicants, sleeping agents or other pharmaceuticals.
- Injury arising from a procedure, treatment or examination not caused by illness.

Limitations

The insurance policy does not cover illness, bodily injury or functional impairment nor any 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. Symptoms are considered to have appeared when they were first documented in connection with a health-care or medical consultation. This applies even if a diagnosis could only be established during the insurance period.

The following illnesses and consequences of such illness are

exempted entirely from the compensation, except in the case of death:

- Unspecified brain disorders that in certain cases lead to fatigue syndrome, ME/CFS ICD G93.
- Disorders of the eye, ICD H35 and H55.
- Hemangioma and lymphangioma ICD D18.
- Haemophilia ICD D66 and D67.
- Adrenogenital disorders ICD E250.
- Congenital metabolic diseases ICD E70-E90.
- Cystic fibrosis ICD E84.
- Mental, behavioural and neurodevelopmental disorders, ICD F00-F99.
- Diseases in the central nervous and muscle system ICD G11, G12, G60, G71, G80 and G91.
- Sensorineural hearing impairment ICD H90.
- Congenital viral diseases ICD P35.
- Other congenital infectious diseases and parasitic diseases ICD P37.
- Deformities and chromosome abnormalities ICD Q00-Q99 (such as Down's syndrome and deformities of internal organs).
- Infertility due to congenital diseases ICD N46 and N97.
- Dyslexia ICD R48.0

The insurance policy does not cover epilepsy ICD G40, or the consequences of such conditions if, according to medical experience, it is likely that:

- The condition had existed since birth or originated from an illness that occurred during the first month of life, or
- A predisposition to the condition existed at birth, or
- A link exists with neuropsychiatric disorders ICD F70-F99.

Limitations for insurance that took effect after the age of ten

Illnesses that arise within six months of the insurance policy becoming valid are not covered by the insurance policy. However, such a limitation does not apply if the insurance had been in effect with the same scope (disease or accidental injury) when the insurance policy was taken over from another insurance company.

ICD

The stated ICD codes refer to the International Statistical Classification of Diseases and Related Health Problems ICD-10, issued in Sweden in 1997 and established by the World Health Organisation. ICD-10 applies even though the classification may be amended or if the diagnosis codes are amended or supplemented. The ICD codes are available from the website of the Swedish National Board of Health and Welfare, *www.socialstyrelsen.se*.

L.1 Medical disability

The insurance pays compensation:

- For accidental injury or illness that entails a future permanent impairment of the child's bodily function or psychological capacity that can be objectively determined.
- For disability deemed to be a medical disability. The degree of medical disability is determined according to the medical statistical tables established by the trade organisation Insurance Sweden.

The insurance does not pay compensation:

- For disability that existed before the accidental injury occurred or before the illness manifested itself. If your functional capacity had already been previously reduced in an injured body part owing to other illness, an unhealthy change or other bodily injury, we deduct the corresponding degree of disability.
- Illnesses with medical connections are regarded as a single illness event.
- All or part of additional disability that occurs after the age of 30.
- For medical disability for loss of teeth and dental injury.
- For more than 100% medical disability for the same accidental injury or illness.
- Both for medical and financial disability. We pay for the disability that provides the higher compensation.
- If you die before you are entitled to receive disability benefit.

How much compensation you will receive

We pay compensation at an insurance amount corresponding to the degree of medical disability. The insurance amount is indicated on the insurance certificate.

When you have the right to receive compensation

You are entitled to receive compensation at the earliest one year after the accidental injury occurred or the illness manifested itself. The definitive degree of medical disability is to be confirmed as soon as possible. An assessment of the degree of disability may be postponed as long as necessary according to medical experience or due to potential rehabilitation.

In order to receive compensation, the complaints after the accidental injuries or illness must have become a stationary and non-life threatening condition. All treatment options and medical rehabilitation must be exhausted. Stationary condition means that the complaints cannot be expected to change for the better or worse.

If it is not possible to determine the degree of medical disability when the right to receive disability benefit begins and a certain medical disability has been confirmed, we can make an advance payment. This advance payment will be the lowest confirmed degree of medical disability.

How we assess medical disability

When we establish medical disability, we assess your functional impairment regardless of your occupation, work circumstances or leisure-time activities. It also disregards whether your ability to work is impaired to a certain extent. If functional capacity can be improved through the use of prostheses, implants, hearing aids or lenses/glasses, the degree of disability is determined taking into account the effect of the aid.

Lasting pain, loss of sensory function and internal organ(s) are also included in the degree of medical disability.

The degree of medical disability is determined according to the medical statistical tables established by Insurance Sweden and applicable at the time of the injury.

Payment

You receive compensation when the degree of medical disability has been confirmed. Compensation is paid as a lump sum to you.

If you are a minor when the compensation is paid and if the compensation exceeds one price base amount, the compensation will be deposited in a blocked account subject to approval by a chief guardian.

If you have received compensation in advance, we will deduct the previously assessed degree of disability from the definitive degree of disability before we pay you compensation.

If you die after the right to receive disability benefit has arisen but before final payment has been made, an amount will be paid to your estate corresponding to the confirmed definitive degree of disability at the time of death.

Reassessment

If your condition significantly deteriorates after the degree of medical disability has been confirmed, you can request a reassessment. Such a deterioration must be stationary.

Impaired or additional medical disability that occurs after you have turned 30 does not provide entitlement to additional compensation for medical disability.

L.2 Financial disability

The insurance pays compensation:

- For illness or accidental injury that entails a future permanent impairment of your ability to work of at least 50%.
- For impaired ability to work assessed as a degree of financial disability.

The insurance does not pay compensation:

- For impaired ability to work of less than 50%.
- For impaired ability to work that existed prior to the accidental injury or illness. If the ability to work prior to the accidental injury or illness was wholly or partly permanently impaired, no compensation is paid for such impairment.
- Both for medical and financial disability. We pay for the disability that provides the higher compensation.
- If you reside and are registered outside the Nordic region on the date of the insured event, regardless of where the injury occurred.
- If you die before you are entitled to receive disability benefit.

How much compensation you will receive

We pay compensation at an amount corresponding to the degree of financial disability. The insurance amount is indicated on the insurance certificate.

- For 100% permanently impaired ability to work, we pay compensation of 100% of the insurance amount.
- For 75% permanently impaired ability to work, we pay compensation of 75% of the insurance amount.
- For 50% permanently impaired ability to work, we pay compensation of 50% of the insurance amount.

When you have the right to receive compensation

The right to receive compensation arises at the earliest two years after the illness manifested itself or the accidental injury occurred and at the earliest at the age of 19.

The reduction in ability to work is deemed to be permanent when all opportunities for work in some other occupation have been attempted. You must also have completed your medical treatment and your condition must be stationary and non-life threatening. Stationary means that the condition cannot be expected to change for the better or worse.

Assessment of financial disability

The degree of disability is assessed based on the reduction in work capacity caused by the illness or accidental injury. Only symptoms and functional impairments that can objectively be established are used as a basis for assessing the reduced ability to work. Your ability to work is considered permanently reduced when your incapacity for work is permanent. Several criteria must be fulfilled for this to be determined. You must have completed all necessary medical treatment and your condition must be considered stable, meaning that it is not expected to improve or deteriorate. The condition must also not be life-threatening. Possibilities for medical and vocational rehabilitation must have been investigated and carried out. Your ability to work must have been assessed both in your usual occupation and in work normally occurring within your profession on the labour market.

It is important that the Social Insurance Agency has approved your sickness benefit or activity allowance, but it is not the sole determining factor in our assessment of compensation.

Payment

You receive compensation when the degree of financial disability has been confirmed. Compensation is paid as a lump sum to you.

If you are a minor when the compensation is paid and if the compensation exceeds one price base amount, the compensation will be deposited in a blocked account subject to approval by a chief guardian.

If you die after the right to receive disability benefit has arisen but before final payment has been made, an amount will be paid to your estate corresponding to the confirmed definitive degree of disability at the time of death.

Reassessment

If your ability to work significantly deteriorates after the degree of financial disability has been confirmed, you can request a reassessment. The deterioration must entail a future permanent impairment of your ability to work. Impaired or additional impaired ability to work that occurs after you have turned 30 does not provide entitlement to additional compensation for financial disability.

L.3 Compensation for scars

The insurance pays compensation:

- Scars, changes to skin or hair loss that are deemed to be permanent. An assessment can be made at the earliest one year after the treatment of the scar, changes to skin or hair loss has been completed. The injury must have been so severe that treatment was required and performed by a qualified and impartial doctor or nurse. By treatment, we mean, for example, stitches or taping a wound. It may also involve dressing more severe injuries.

The insurance does not pay compensation:

- For scars, changes to skin or hair loss with a length of less than 0.5 cm.
- For scars, changes to skin or hair loss that are not noticeable or visible to others.
- Of more than 20% of ten price base amounts for one or more scars, changes to skin or hair loss arising from the same injury.

How much compensation you will receive

We calculate compensation according to the table below. We multiply the relevant percentage in the table by ten price base amounts to calculate the compensation.

The scar must be longer than, for example, 4 cm in order to receive compensation in the interval of 4–6 cm. If the scar is shorter than 4 cm, compensation is paid in the interval of 0.5–3 cm. Compensation for a scar that is 3.7 cm long is paid in the interval of 0.5–3 cm.

If you have more than one scar in the same category that are each more than 0.5 cm long, we add together the length and breadth of each scar.

Category 1: Face and throat/neck

	Length (cm)				
Width (cm)	**0.5-3**	**4-6**	**7-10**	**11-15**	**>15**
0-1	0.50%	0.60%	0.90%	1.20%	1.70%
2-3	0.60%	0.90%	1.20%	1.70%	2.40%
4-6		1.20%	1.70%	2.40%	3.40%
7-10			2.40%	3.40%	5.00%
>10				5.00%	10.00%

Category 2: Lower leg, knee, forearm and back of the hand

	Length (cm)				
Width (cm)	**0.5-4**	**5-9**	**10-15**	**16-25**	**>25**
0-2	0.40%	0.50%	0.70%	0.90%	1.10%
3-4	0.50%	0.70%	0.90%	1.10%	1.60%
5-9		0.90%	1.10%	1.60%	2.20%
10-15			1.60%	2.20%	3.00%
>15				3.00%	6.00%

Category 3: upper arm, thigh, foot, torso, palm and crown/skull

	Length (cm)				
Width (cm)	**0,5-6**	**7-11**	**12-20**	**21-35**	**>35**
0-3	0.30%	0.40%	0.50%	0.70%	0.90%
4-6	0.40%	0.50%	0.70%	0.90%	1.30%
7-11		0.70%	0.90%	1.30%	1.80%
12-20			1.30%	1.80%	2.00%
>20				2.00%	4.00%

For several scars, changes to skin and hair loss in the same category, the maximum compensation paid is:

- Category 1: 10% of 10 price base amounts.
- Category 2: 6% of 10 price base amounts.
- Category 3: 4% of 10 price base amounts.

When you have the right to receive compensation

The right to receive compensation arises at the earliest one year after treatment of the wound has been completed.

How we assess compensation for scars

Our assessment is based on the location of the scar, skin changes or hair loss on the body, and the size.

Payment

We pay you compensation in the form of a lump sum that corresponds to the percentage indicated in the scar chart. If you are under the age of 18 and the compensation exceeds one price base amount, the compensation will be deposited in a blocked account subject to approval by a chief guardian.

Reassessment

Scars, changes to skin or hair loss that arise or become worse after you have turned 30 are not covered by this insurance.

L.4 Compensation for hospital stays

The insurance pays compensation:

- Of one amount per day when the accidental injury or illness requires you be admitted to a hospital in the Nordic region for care for at least three consecutive days.

The insurance does not pay compensation:

- For hospital stays of more than 90 days for the same accidental injury or illness. Illnesses with medical connections are regarded as a single illness event.
- For hospital visits under out-patient care.
- For the period of time when you were granted home leave from the hospital exceeding one full day.
- Cost of daily hospitalisation charges.
- If it has been more than three years since the accidental injury occurred or the illness manifested itself.

How much compensation you will receive

The insurance amount is indicated on the insurance certificate.

We calculate the insurance amount on the price base amount applicable in the year in which you were admitted for hospital care.

When you have the right to receive compensation

You are entitled to receive compensation from the date on which you were admitted to and stay at a hospital in the Nordic region for care for at least three consecutive days.

You are entitled to receive compensation from the first date of admittance.

Payment

We pay compensation to the guardian where you are registered as living. We pay compensation to you once you have turned 18 years of age. If you are a minor and not registered as living with your guardian, we pay the compensation to you. If the compensation exceeds one price base amount, the compensation will be deposited in a blocked account subject to approval by a chief guardian.

L.5 Monthly compensation for a nursing care allowance

The insurance pays compensation:

- For accidental injuries or illnesses for which your guardian has been granted a nursing care allowance from the Social Insurance Agency under the Social Insurance Code.
- Temporary parental benefit for a seriously ill child may be compared with nursing care allowance. In such a case, your care requirements must be confirmed for a minimum period of six consecutive months.

The insurance does not pay compensation:

- If the nursing care allowance or temporary parental benefit for a seriously ill child is decided for periods when the insurance was not valid.
- When the right to receive a nursing care allowance or temporary parental benefit for a seriously ill child under the Social Insurance Code ceases.
- When the right to receive a nursing care allowance or temporary parental benefit for a seriously ill child ceases.
- If compensation for full financial disability is paid.

How much compensation you will receive

We pay compensation at an insurance amount corresponding to the nursing care allowance. The insurance amount is indicated on the insurance certificate.

- For the full nursing care allowance, compensation is paid at 100% of the insurance amount.
- For three-quarters of the nursing care allowance, compensation is paid at 75% of the insurance amount.
- For half of the nursing care allowance, compensation is paid at 50% of the insurance amount.
- For one-quarter of the nursing care allowance, compensation is paid at 25% of the insurance amount.

If the nursing care allowance is shared between several children in addition to the insured, we will determine the amount of your compensation. In such a case, your nursing care allowance must amount to at least one-quarter in order for you to receive compensation. We calculate the compensation on the price base amount applicable in the year to which the nursing care allowance refers.

When do you have the right to receive compensation

Right to compensation applies at the earliest from the day on which the nursing care allowance is granted or the period for which a doctor prescribes care requirements for at least six month for a seriously ill child.

The right to compensation remains as long as the guardian is entitled to receive a nursing care allowance or temporary parental benefit for a seriously ill child under the Social Insurance Code ceases.

Payment

Compensation is paid monthly in arrears.

Payment is made to the guardian who has received a nursing care allowance or a temporary parental benefit for a seriously ill child from the Social Insurance Agency.

If you die, the monthly compensation ceases from the end of the month that immediately follows your death.

L.6 Accident-related rehabilitation and aid expenses

The insurance pays compensation:

- For care and treatment as referred by the treating doctor.
- One condition is that the accidental injury required medical or dental treatment.

For rehabilitation:

- Costs intended to help you return to work or studying after the critical treatment period for the accidental injury.

For aids:

- One-off costs for aids that could alleviate the disability condition caused by an accidental injury.
- One-off costs for glasses and lenses needed to correct a visual impairment that has occurred.

The insurance does not pay compensation:

- For costs that can be reimbursed 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.
- For expenses in addition to reimbursements if you had been part of the national insurance scheme.
- If the need for rehabilitation arose through an accident at work.
- For expenses incurred by retraining designed for skills enhancement.
- For expenses to raise standards.
- Medical treatment and pharmaceuticals.
- health and treatment travel, even if the aim of such travel is to relieve the disorder.
- After we have paid disability benefit.
- For expenses outside the Nordic region.
- If it has been more than five years since the accidental injury occurred.

For aids:

- More than 0.25% of one price base amount for glasses or lenses.
- Aids for preventive use.
- Aids for sports or leisure activities.
- Computers and associated equipment and software.
- Foods.
- Clothing.
- Expenses after we have paid disability benefit.

How much compensation you will receive

Necessary and reasonable expenses up to the maximum amount stated on the insurance certificate.

We calculate the amount of compensation based on the terms and conditions that applied when the accidental injury occurred.

We pay lump sum compensation for the least expensive and most common type of aids.

When you have the right to receive compensation

We must approve the expenses in advance.

For rehabilitation:

After the critical treatment period.

We calculate compensation for expenses abroad as if the injury had been treated in Sweden.

Payment

We pay compensation to the guardian where you are registered as living. We pay compensation to you once you have turned 18 years of age. If you are a minor and not registered as living with your guardian, we pay the compensation to you. If the compensation exceeds one price base amount, the compensation will be deposited in a blocked account subject to approval by a chief guardian.

L.7 Compensation for accident-related medical costs

The insurance pays compensation:

- For costs for medical care or treatment by a qualified and impartial doctor, nurse or physiotherapist.
- Expenses for care that is financed by the public sector up to the high-cost limit/national insurance contribution.

The insurance does not pay compensation:

- For fees or costs for hospitalisation.
- For costs that can be reimbursed 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.
- For expenses in addition to reimbursements if you had been part of the national insurance scheme.
- For expenses arising after the definitive degree of medical disability has been confirmed.
- For costs more than five years after the accident.
- For costs for private health care and treatment.
- For loss of income from work.

How much compensation you will receive

Necessary and reasonable expenses up to the high-cost limit/ national insurance contribution that applied in the year that the expense arose.

Payment

We pay for necessary and reasonable costs to the guardian where you are registered as living. We pay compensation to you once you have turned 18 years of age. If you are a minor and not registered as living with your guardian, we pay the compensation to you. If the compensation exceeds one price base amount, the compensation will be deposited in a blocked account subject to approval by a chief guardian.

L.8 Compensation for accident-related travel expenses

The insurance pays compensation:

- For costs for travel to and from medical care or treatment by a qualified and impartial doctor, nurse or physiotherapist at a maximum of the national insurance contribution used in the region in which you are registered as living.
- For additional expenses for travel between the permanent residence and regular workplace or school during the period in which the accidental injury is being treated. A requirement is that a doctor has prescribed particular transportation.

The insurance does not pay compensation:

- Travel that can be reimbursed 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.
- For expenses in addition to reimbursements if you had been part of the national insurance scheme.
- For travel arising after the definitive degree of medical disability has been confirmed.
- For costs more than five years after the accident.
- For travel to and from private health care and treatment.

Amount of compensation

We pay compensation for necessary and reasonable costs, at a maximum of the national insurance contribution applied in the region.

Compensation is paid for the means of transport that is most suitable and inexpensive with regard to your condition.

We calculate compensation for expenses abroad as if the injury had been treated in Sweden.

Payment

We pay the compensation to the guardian where you are registered as living if you have not turned 18. We pay compensation to you from the age of 18. If the compensation exceeds one price base amount, the compensation will be deposited in a blocked account subject to approval by a chief guardian.

L.9 Compensation for accident-related dental injury expenses

The insurance pays compensation:

- For expenses for treatment of dental injuries arising from an accidental injury. The treatment must be performed by a registered dentist.

The insurance does not pay compensation:

- For damage due to chewing or biting.
- For costs that can be reimbursed 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.
- For expenses outside the Nordic region.
- For expenses in addition to reimbursements if you had been part of the national insurance scheme.
- For expenses arising after the insurance policy has paid compensation for final treatment.
- For expenses if it has been more than five years since the accidental injury occurred.

Amount of compensation

Compensation is paid for necessary and reasonable costs.

How we assess compensation

You must visit a dentist without delay. We must have approved the treatment and fee in advance.

Reasonable costs are assessed based on reference prices in the national dental health insurance scheme. For necessary critical treatment, reasonable costs are reimbursed even if there was no time to obtain our approval. The treating dentist must be part of the national dental health insurance scheme in Sweden or equivalent in another Nordic country.

If in connection with the accidental injury, changes in illness arise or changes not normal for your age, compensation is only paid for the injury that can be assumed to have resulted if the change had not existed at the time of the injury. Compensation is paid for damage to a permanently attached (fixed) dental prostheses as for a natural tooth. This also applies to detachable prostheses that were being used in the mouth when the accident occurred.

When you have the right to receive compensation

We pay compensation for expenses for treatment within five years

after the accidental injury occurred. If final payment is postponed to a later date due to your age, expenses for the postponed treatment are also to be covered on the condition that we have approved the treatment and that the treatment is carried out before you turn 25. The final treatment must take place before the age of 30.

Payment

We pay necessary and reasonable costs to the guardian where you are registered as living if you have not turned 18. We pay compensation to you from the age of 18.

L.10 Compensation for clothing and glasses in the event of an accident

The insurance pays compensation:

- for expenses for personal clothes, glasses, contact lenses, helmet, hearing aid or other disability aids that you were wearing when the accident occurred and that were damaged. A condition is that you needed to visit a registered doctor or dentist and required treatment for your accidental injury.
- for the cost of repair if a damaged item can be repaired.

The insurance does not pay compensation:

- For other personal belongings than those stated above.
- For costs that can be reimbursed 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 than once per accidental injury.

How much compensation you will receive

We pay compensation at a percentage of the price when new on the date of loss, calculated for each year stated, as presented in the table below. "Price when new" means what it costs to buy the same item in the retail market. If it is possible to repair the item, we will pay for the costs of repair.

Age	0-6 months	6 months-1 year	1-2 years	2-3 years	3-4 years	4 or more years
%	100	80	70	50	30	20

We pay compensation up to the maximum amount stated on the insurance certificate.

Payment

We pay compensation to the guardian where you are registered as living. We pay compensation to you once you have turned 18 years of age. If you are a minor and not registered as living with your guardian, we pay the compensation to you. If the compensation exceeds one price base amount, the compensation will be deposited in a blocked account subject to approval by a chief guardian.

L.11 Accident-related additional expenses

The insurance pays compensation:

- For unavoidable additional expenses resulting from the accidental injury that arose during the critical treatment and healing period. One condition is that the accidental injury required medical or dental treatment.
- For additional expenses incurred by you as a private individual.

The insurance does not pay compensation:

- For costs that can be reimbursed 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.
- For additional expenses pertaining to business operations.
- After we have paid disability benefit.
- For expenses outside the Nordic region.

How much compensation you will receive

We pay compensation up to the maximum amount indicated in the insurance certificate.

When you have the right to receive compensation

We must approve the expenses in advance.

Payment

We pay necessary and reasonable costs to the guardian where you are registered as living if you have not turned 18. We pay compensation to you from the age of 18. We calculate compensation for expenses abroad as if the injury had been treated in Sweden.

L.12 Death benefits

The insurance pays one price base amount in the event of death.

Payment

We pay the insurance amount to your estate.

M Continued coverage when the group insurance policy expires

M.1 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.

Post-cover does not apply:

- if you have personally chosen to cancel the policy but belong to the group entitled to insurance.
- if you have retired or reached the final age applicable to the group policy. If you retire or reach the final age during the post-cover period, the post-cover will expire.
- if you have stopped paying for the insurance policy.
- if you have received, or obviously could receive, the same type of insurance protection through, for example, another group or continuation insurance.
- if the group policy has been wholly or partially cancelled by the company/organisation, or if we cancelled the insurance policy.

Co-insured parties are also entitled to post-cover

- if the group member leaves the group before the final age.
- if a court receives an application for divorce or dissolution of partnership. This also applies with cohabitation relationship with the group member is dissolved.

- if the related group member dies.

M.2 Continuation insurance

If you had been covered by group insurance for at least six months, you have the right to take out statutory continuation insurance without any health requirements if the group policy:

- was cancelled by the group; or
- was cancelled by us.
- for compulsory group insurance is cancelled due to outstanding payment.

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

Entitlement to continuation insurance does not apply

- if you have received, or obviously could receive, the same type of insurance protection through, for example, another group or continuation insurance.

M.3 Individual insurance

If you have been covered by group insurance for at least six months, you have the right to take out individual insurance without any health requirements:

- if you terminate your employment or your membership.
- If you no longer belong to the group entitled to the insurance that can be insured.

Co-insured parties are also entitled to individual insurance:

- if the group member leaves the group before the final age, or reaches the final age in the group policy
- if a court receives an application for divorce or dissolution of partnership. This also applies with cohabitation relationship with the group member is dissolved.
- if the related group member dies.

Entitlement to individual insurance does not apply:

- if you are not registered and permanently domiciled in Sweden when the group insurance terminates.
- if you have received, or obviously could receive, protection of the same type through, for example, another group or continuation insurance.
- if you have not paid your voluntary group insurance on time.
- if you personally chose to cancel the policy for you and/or the co-insured.
- if the insurance amount was reduced, or the content was otherwise impaired owing to your age.
- if you changed the content of the group insurance.
- if you reached the final age in the group policy.

M.4 Seniors insurance

If you had been covered by group insurance for at least six months, you have the right to take out seniors insurance without health requirements.

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

M.5 Application for continuation insurance

You should apply to us within three months of the date the group insurance expired. The content of the insurance may not exceed the amount you had in the group insurance. We calculate the price in accordance with a special tariff, and you can pay for the insurance starting from the date your group insurance expired.

Special conditions apply to continuation, individual and seniors insurance.

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 Göinge-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 40 633 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 Älvsborg** +46 521 27 30 00 | **Länsförsäkringar Östgöta** +46 13 29 00 00

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