

Collective accident insurance

Terms and conditions for group insurance



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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 AB (publ), Corp. Reg. No. 502010-9681. The registered office of the Board of Directors is located in Stockholm, Sweden.

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

General information about group insurance

"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 insurance refers to a group policy that we have signed with, for example, your employer, or a representative for group members. You belong to the group by, for example, being an employee.

Group policy

The group policy contains provisions regarding whether the group insurance is compulsory or voluntary, the people who belong to the group, 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.

Compulsory group insurance

This group insurance is compulsory, and the insurance-entitled group specified in the group policy is automatically covered by insurance with us. 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.

Insurance terms and conditions

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

You can find the terms and conditions at lansforsakringar.se, and your organisation is 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?

The insurance can be taken out for

- employees, temporary employees, trainees, students, children or parents working voluntarily in a preschool or school, or members of an organisation, etc.
- visitors, spectators, customers, participants, etc.

Casual workers in agricultural operations

The insurance policy can be taken out if your organisation employs casual workers in your Swedish agricultural operations.

The insurance policy does not cover your permanent employees, or people who are employed in the capacity of a self-employed person or employed by a self-employed person, part-owner or person who resides and is registered at the same address as your organisation.

B.2 Health requirements – Medical examination

The insurance policy can be taken out without any health requirements.

B.3 When the insurance policy becomes valid

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.

B.4 When the insurance is renewed

If the insurance policy is taken out on a current basis, it is automatically renewed for another one-year period at a time, unless it is cancelled by your organisation for the group or by us.

B.5 When the insurance can be cancelled

Your or your organisation can cancel the insurance at any time. The insurance will expire at the end of the contract period.

B.6 Who is covered by the insurance policy

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

B.7 When and for what does the policy apply

Our insurance policies apply for the period of time stipulated on the insurance certificate.

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.8 Insurance amount

When your organisation buys the insurance, your organisation

chooses an insurance amount that is 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.9 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. The 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 or changes to terms and conditions.

B.10 Information that forms the basis of the insurance contract - Disclosure obligation

The insurance contract is based on the information that your organisation submits 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. 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.

The policyholder is also to notify us of any changes in circumstances that could affect the insurance policy, for example, if the direction of your organisation is changed.

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 the insurance policy.

C.1 If you are outside the Nordic countries

The policy does not provide compensation for stays outside the Nordic region longer than 12 months:

For the policy to be valid during these 12 months, residence outside the Nordic region must be temporary.

Residence outside the Nordic region 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.

If you are outside the Nordic countries due to expatriation

The policy is 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.
 - you 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 or death that occurs in connection with war or warlike situations.
- accidental injury 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 or death caused directly or indirectly by nuclear processes.
- accidental injury 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 Limitation 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. Your organisation always has one month to pay, starting from the day on which we send payment notice.

If your organisation makes partial payments on the policy (every month, quarter, four months or six months) your company is to pay not later than the first day of the period it selected.

D.2 If the insurance is paid late

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

D.3 Reinstatement of unpaid existing insurance policy

If your organisation pays 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 your organisation has paid. This applies on the

condition that your organisation pays 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. 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.

E When you apply for compensation

E.1 Reporting the 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 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 to the insurance policy in the year that payment is to be made.

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 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.

F. 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.

F.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.

F.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.
- Financial disability when you reside and are registered outside the Nordic region on the date of the insured event.
- Financial disability if the insurance policy is taken out by a treatment centre.
- 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 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.

F.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

Width (cm)	Length (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

Width (cm)	Length (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

Width (cm)	Length (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.

F.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.

F.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.

F.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.

F.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.

F.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.

F.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 approve the expenses 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.

F.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.

F.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.

G Continued coverage when the policy expires

G.1 Post-cover not included

You are not entitled to receive post-cover. Such post-cover means that, under certain conditions, the insurance applies for a period of time after the policy has expired.

G.2 Continuation insurance not included.

You are not entitled to continuation insurance due to the nature of the insurance policy.

Contact Länsförsäkringar or your insurance broker

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