Occupational group life insurance

Terms and Conditions for TGL



Contents

A Information about your insurance policy
Insurer
General information about the insurance contract
Processing of personal data
B Rules for purchase and the period of validity
B.1 Who can be insured?3
B.2 Health requirements
B.3 When the insurance policy becomes valid3
B.4 How long the insurance is valid – contract period3
B.5 When the insurance is renewed4
B.6 When the insurance can be cancelled4
B.7 Who is covered by the insurance policy4
B.8 When and for what does the policy apply4
B.9 Insurance amount
B.10 How the price is calculated, and when the price and terms and
conditions change
B.11 Information that forms the basis of the insurance contract -
Disclosure obligation
C General limitations4
C.1 Transfer or pledging
C.1 Transfer or pledging4
C.1 Transfer or pledging 4 C.2 Exemptions in the event of war, warlike situations, nuclear
C.1 Transfer or pledging

F Occupational group life insurance
F.1 Compensation to survivors in the event of your death6
F.2 Compensation to your children if you die - Child allowance6
F.3 Coordination of compensation6
G Continued coverage when the policy expires7
G.1 Post-cover
G.2 Continuation insurance

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.

The registered office of the Board of Directors is located in Stockholm. Sweden.

General information about the insurance contract

Group insurance refers to a group policy that we have signed with, for example, your employer, who represents the group members. You belong to the group by, for example, being an employee (group member).

"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 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 has precedence over provisions in these terms and conditions.

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. Your rights include the right to receive compensation from the insurance.

Insurance certificate and insurance terms and conditions

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 terms and conditions describe the contents of the policy, our requirements for applying for, taking out or purchasing 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 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?

In order to be insured, we require the following from you:

- you must be a business owner, salaried employee or President.
- you must be over 18 years of age but have not 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
 If you are a business owner or company director, you are required
 to be an employee of the company. Salaried employees must work
 at least eight hours per week at the company.

A self-employed person is defined as follows:

- in a sole proprietorship: the owner
- in a partnership or limited partnership: a partner
- in a limited liability company: the owner of at least one-third of the shares themselves or together with their spouse/registered partner/cohabitee/child or parents.

An owner is also considered to be a spouse/registered partner/cohabitee who works at least 8 hours per week at the company.

B.2 Health requirements

With compulsory insurance, you are automatically covered by the insurance policy and you do not need to fill in an application. In order to have the right to compensation, you must be completely able to work.

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

A person who was not completely able to work when the TGL agreement became valid must be registered with the insurance policy when that person is completely able to work.

If you are employed with a wage subsidy that has been determined by the Swedish Public Employment Service, you can instead be insured without being completely able to work.

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 How long the insurance is valid - contract period

The insurance expires:

when you reach the final age, which is when you turn 65. If you continue to work for the same employer as before your 65th birthday, the insurance policy will remain valid until the month before you turn 70.

- if you work less than an average of eight hours a week during a month.
- if you go on leave and work less than an average of eight hours a week during a month.
- if you are no longer an employee/employed by the company.
- if the business operations are terminated.
- 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.

You are responsible for notifying the group representative, or us.

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.

The insurance policy will be valid, however, when you are on parental leave and are receiving a parents' allowance.

B.5 When the insurance is renewed

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

B.6 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.7 Who is covered by the insurance policy

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

B.8 When and for what does the policy apply

The insurance is valid around the clock, regardless of where you are.

B.9 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.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. 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.11 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.

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

C.1 Transfer or pledging

The insurance may not be transferred or pledged as security.

C.2 Exemptions in the event of war, warlike situations, nuclear processes and terrorism

The insurance policy does not cover:

- death that occurs in connection with war or warlike situations.
- 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.
- death caused directly or indirectly by nuclear processes.
- 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.3 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.4 Sanctions

We are not obligated to provide insurance cover, pay compensation for a claim or provide any services or benefits that could mean that we thereby become subject to a sanction or contravene a prohibition or restriction under a resolution by the UN, EU, UK, Northern Ireland or US regarding economic, trade or financial sanctions.

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

Your employer does not need to pay the premium for your insurance if your ability to work is reduced. The premium exemption means that we will pay for the insurance instead of your employer for the period that your ability to work is reduced.

A premium exemption means that payments for the insurance will be made by us when, under the Social Insurance Code, you are receiving:

- sickness allowance
- sickness benefits
- activity compensation.

You have the right to a premium exemption when your ability to work is reduced by at least 25% and your reduced ability to work has

lasted for at least 90 consecutive days, and applies for as long as your reduced ability to work continues. Your employer must notify us if your ability to work has been reduced.

You must notify us as soon as possible when you are able to work again, and if your compensation from social insurance has run out.

A premium-exempt insurance policy is also valid if your employment is terminated. You must notify us when you become completely able to work again.

The premium exemption does not apply if your ability to work had been reduced when the insurance policy went into effect.

You are exempt from premiums up to the age of 65. If you have an agreement in place regarding an age of retirement earlier than 65, the premium exemption will be valid up to and including the month in which you reach the agreed retirement age.

E. Reporting and processing of insurance cases

E.1 When you request premium exemption

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. 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 Indexation

In paying out compensation from life insurance where the amount is based on the price base amount, the compensation is based on the price base amount that applies for the year in which the date of loss occurs

E.4 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 Occupational group life insurance

The insurance covers the following in the event of death:

- 1. survivor compensation in the event of your death
- 2. compensation to your children in the event of your death Child allowance

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

The whole base amount is paid to beneficiaries according to the table below if you had at least 16 ordinary hours of work per week without public holidays, on an average per month.

Half a base amount is paid to beneficiaries according to the table

below if you had at least 8 but less than 16 ordinary hours of work per week without public holidays, on an average per month.

If you have children who are entitled to inherit but have not turned 17 at the time of the insured's death, the base amount is always six price base amounts.

If you do not have beneficiaries, we pay 0.5 of a price base amount to the estate as a funeral allowance.

The base amount is stated as the number of price base amounts

Your age on death	Whole	Half
18 but not 55 years of age	6.00	3.00
55 but not 56 years of age	5.50	2.75
56 but not 57 years of age	5.00	2.50
57 but not 58 years of age	4.50	2.25
58 but not 59 years of age	4.00	2.00
59 but not 60 years of age	3.50	1.75
60 but not 61 years of age	3.00	1.50
61 but not 62 years of age	2.50	1.25
62 but not 63 years of age	2.00	1.00
63 but not 64 years of age	1.50	0.75
64 but not 70 years of age	1.00	0.50

F.2 Compensation to your children if you die - Child allowance

If you have children who are entitled to inherit but have not turned 20 at the time of your death, a child allowance is paid to each such eligible child.

Age of child at death of the insured	Number of price base amounts
Under 17 years of age	2.0
17 but not 19 years of age	1.5
19 but not 20 years of age	1.0

Payment

The beneficiary of each child allowance is the child to which the allowance pertains. This child is a child entitled to inheritance. This beneficiary clause cannot be changed.

F.3 Coordination of compensation

If you had two or more employments, or employment and own business activities that

- each provide entitlement to occupational group life insurance under these insurance terms and conditions, then the insurance amount is paid from only one of the insurance policies.
- provide entitlement to occupational group life insurance under these insurance terms and conditions and other occupational group life insurance with essentially the same benefits, then the insurance amount is paid from the insurance policy that provides the largest amount of compensation.

If the employer has taken out several occupational group life insurance policies for the same employee under these terms and conditions or occupational group life insurance and other occupational group life assurance with essentially the same benefits, payment of the insurance amount will be coordinated in accordance with what applies when an employee has several employments.

The insurance compensation under occupational group life insurance in accordance with these insurance terms and other occupational group life assurance policies are coordinated in the manner that the insurance companies will determine between them.

We coordinate by making a request to a shared register of the insurers that underwrite occupational group life insurance. This register is managed by Collectum AB. These coordination rules also apply to expatriation.

G Continued coverage when the policy expires

G.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 your organisation has 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, or if we cancelled the insurance policy.

G.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 continuation insurance will be valid until you turn 67. Special conditions apply to continuation insurance.

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

Application for continuation insurance

You should apply to us within three months of the date the group insurance expired. But to obtain uninterrupted insurance protection, you should apply for continuation insurance before the group insurance expires.

The content or amount 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.

•

Contact Länsförsäkringar or your insurance broker

Länsförsäkringar Bergslagen $\div 46$ 21 19 01 00 | Länsförsäkringar Blekinge $\div 46$ 454 30 23 00 | Dalarnas Försäkringas Göteborg $\div 46$ 23 93 00 | Länsförsäkringar Gotland $\div 46$ 498 28 18 50 Länsförsäkringar Gövleborg $\div 46$ 26 14 75 00 | Länsförsäkringar Göinge-Kristianstad $\div 46$ 44 19 62 00 | Länsförsäkringar Göteborg och Bohuslän $\div 46$ 31 63 80 00 | Länsförsäkringar Halland $\div 46$ 35 15 10 00 | Länsförsäkringar Jämtland $\div 46$ 63 19 30 00 | Länsförsäkringar Kalmar län $\div 46$ 20 61 10 00 | Länsförsäkringar Kronoberg $\div 46$ 40 70 70 00 00 | LF Norrbotten $\div 46$ 90 90 90 | Länsförsäkringar Skaraborg $\div 46$ 90 90 90 | Länsförsäkringar Skaraborg $\bullet 46$ 90 90 90 90 Länsförsäkringar Skaraborg $\bullet 46$ 90 90 90 90 Länsförsäkringar Skaraborg $\bullet 46$ 90 90 90 Länsförsäkringar Skaraborg $\bullet 46$

