



Rehabilitation Insurance ComeBack with Counselling Support

Conditions and general underwriting guidelines
2021

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1 General conditions

1.1 Introduction

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

The insurance conditions are divided into:

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

1.1.1 Insurer

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

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

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SE-182 33 DANDERYD

1.2 The group scheme agreement

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

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

1.3 The insurance agreement

1.3.1 Parties to the agreement

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

1.3.2 Content

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

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

1.3.3 Contract period

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

1.3.4 Renewal of/amendment to the insurance agreement

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

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

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

1.4 General underwriting guidelines

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

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

1.4.1 Standalone Rehabilitation Insurance ComeBack with Counselling Support

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

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

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

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

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

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

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

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

Use of the term 'corporate group'

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

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

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

1.4.2 Fully capable of working

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

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

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

Parental leave or leave of absence

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

1.5 Conversion from previous insurer

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

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

1.6 Entry into force of the insurance

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

For a group member who joins later, the liability of Euro Accident arises on the day following the date on which the application was made to Euro Accident, subject to the precondition that Euro Accident has received complete application documents and that the insurance can be granted according to the conditions applicable to the group scheme agreement and also the underwriting and health status review rules applicable from time to time.

New employees after the agreement has been entered into

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

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

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

1.7 Premium

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

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

The premium is tax deductible for the company.

1.7.1 Payment of premium

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

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

It is required that the company or organisation that has concluded the group scheme agreement shall, without any cost to Euro Accident, make the premium payments in one lump sum for all insured, unless otherwise agreed.

1.7.2 Notice of termination

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

1.7.3 Reinstatement

If the insurance has ceased to apply owing to delay in the payment of premium, the insurance can be reinstated,

without a new health status review, by the premium being paid within three months from the date when the insurance ceased to apply.

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

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

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

1.7.4 Repayment of premium

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

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

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

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

1.8 Cessation of the insurance

The insurance applies for at most up to and including the end of the month in which the group member attains the age of 67, unless otherwise stated in the group scheme agreement.

The insurance will cease to apply before then:

- when the group scheme agreement ceases to apply
- at the end of the month in which the group member no longer belongs to the group of persons who can be insured, as defined in the group scheme agreement
- according to a written notice of termination by a group member
- according to a notice of termination given by Euro Accident

- the premium is not paid when due.

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

Duty of disclosure

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

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

1.9 Assignment

The group scheme insurance cannot be assigned or pledged.

1.10 Restrictions

1.10.1 Incorrect or incomplete information

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

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

1.10.2 Criminal act

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

1.10.3 Certain communicable diseases and/or epidemics

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

1.10.4 Force majeure

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

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

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

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

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

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

1.10.7 Terrorism and mass destruction

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

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

1.10.8 Nuclear processes

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

1.11 Validity abroad

The insurance applies without restrictions in respect of the length of the stay abroad, provided that the insured continues to be entitled to compensation from a Swedish

social insurance agency or the corresponding in a Nordic country and is employed by the policyholder. Any measures must be conducted in Sweden.

Counselling Support by telephone is available regardless of where the insured is located..

1.12 Action for payment

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

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

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

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

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

1.12.1 Time of payment and provisions concerning interest

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

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

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

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

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

1.12.2 Time limits

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

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

1.12.3 Subrogation

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

1.13 Processing of personal data

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

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

1.14 Loss notification register

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

The personal data controller for GSR is:

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

1.15 Consideration of decision in an insurance matter

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

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

Euro Accident's Review Committee

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

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

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

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

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

For advice without charge contact:

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

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

2 Explanation of terms

Defined group

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

Fully capable of working

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

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

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

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

Group

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

Group member

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

Group representative

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

Group scheme agreement

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

Health and work environment screening

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

Insurance agreement

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

Insured

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

Liability period

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

Mandatory Group Scheme Insurance

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

Policyholder

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

Work disablement

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

3 Rehabilitation Insurance ComeBack with Counselling Support

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

3.1 The insurance cover

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

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

3.1.1 Counselling Support

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

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

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

Counselling Support includes up to 5 calls, per occasion and year, with the following competencies:

- consultations by telephone with or digital visits to a registered psychologist
- consultations by telephone with concerning manager support
- consultations by telephone on issues relating to practical or strategic HR work
- consultations by telephone with an economist
- consultations by telephone with a lawyer
- consultations by telephone with a health coach on health- and lifestyle-related issues.

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

more than one insurance where Counselling Support is included.

3.1.2 Survey of needs for measures

If the assessment shows that there is a need of rehabilitation oriented towards working life, a rehabilitation coordinator will conduct a call in order to establish the current status, measures previously implemented and the need of measures. Call will be conducted with the employer and the employee. The survey will be documented and subsequently forms the basis of the plan of action.

3.1.3 Preparation of a plan of action

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

3.1.4 Coordination and follow-up

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

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

The rehabilitation coordinator will be appointed by Euro Accident.

3.1.5 Measures

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

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

- treatment performed by a registered psychologist, registered psychotherapist up to ten occasions of treatment

- one (1) consultation with a psychologist for husband/wife, cohabitee, registered partner or child
- motivational talks and advice on risky use of alcohol and / or drugs and / or unhealthy use of sex, gambling or shopping, by a licensed psychologist / licensed psychotherapist with up to ten treatment sessions per injury case
- in-depth assessment of needs of aid and assistance regarding prevailing alcohol habits, individually or in group
- reconciliation meeting (physical or digital) with the treating psychologist / psychotherapist or, where applicable, another care provider, together with employees, employers and, if necessary, a rehab coordinator.
- health promotion initiatives within lifestyle (**)
- mindfulness programme (*)
- measure performed by a registered physiotherapist, naprapath, osteopath or chiropractor up to ten occasions of treatment
- ergonomic advice and analysis in the workplace on one (1) occasion
- guidance in working life or career coaching up to five occasions, with the aim of achieving a sustainable work situation to ensure either continuation in employment with the employer or to find work with another employer subject to the precondition that a return to the ordinary employer is not considered to be appropriate
- advice from a rehabilitation coordinator to the responsible manager for sustainable health upon return to work.

**) Mindfulness programme*

If the rehabilitation coordinator considers appropriate, the insurance may compensate the substitution of occasions of treatment with a psychologist for a mindfulness programme. The treatment programme shall be documented and take place at the request of the responsible rehabilitation coordinator. The scope of the mindfulness programme will be assessed by the rehabilitation coordinator and approved by Euro Accident.

In combination with the Mindfulness program, a total of five (5) treatments with a psychologist or psychotherapist can be reimbursed.

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

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

3.1.6 Evaluation and summary at closing

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

3.2 Right to compensation

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

The insurance applies when employees:

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

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

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

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

In the event of non-compliance with the recommended plan of action by the policyholder or the insured, this may mean that the right to compensation lapses completely or partially.

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

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

Parental leave or leave of absence

Measures in the rehabilitation insurance can only become relevant when the insured is fully or partially back from parental or leave of absence, as the purpose of the rehabilitation insurance is to help the insured return to work via the policyholder.

3.3 Liability period

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

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

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

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

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

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

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

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

3.4 Deductible

The insurance applies without any deductible.

3.5 Restrictions

The insurance does not cover:

- medical rehabilitation
- taking of specimens
- costs that arose after the employee finished their employment with the policyholder
- costs that arose during leave of absence or parental leave
- travelling expenses to and from treatment
- costs that are reimbursed by other insurance or a Swedish social insurance agency
- employees in foreign service, apart from those employed in the Nordic countries
- preliminary redundancy notice, termination, dismissal, laying off or the like
- education or programmes aimed at getting the insured work with another employer than the policyholder
- pay or other compensation to the insured during the rehabilitation period
- costs for any substitutes
- debt relief expenses
- costs for adaptation of the workplace that arose as a consequence of the employer having failed to perform the obligations that normally lie within the employer's area of responsibility
- costs that relate to appointments that were cancelled too late or not attended. Cancellation must be made no later than 24 hours before the current visit. Euro Accident reserves the right to recover the cost from the insured
- costs for interpreter.

3.6 Sum insured

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

3.7 Validity abroad

See Clause 1.11 regarding validity abroad.

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