Private medical insurance
PrivatAccess silver
Group Scheme Insurance

Conditions and General Underwriting Guidelines
2021

This is a translation of the original version in Swedish. The original shall always prevail in the case of any conflict.

COMPASSION + COMMITMENT + ENTREPRENEURSHIP

EURO ACCIDENT
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1 General conditions

1.1 Introduction

These insurance conditions describe the insurance products available under the insurance scheme. The insurance conditions also contain information about the individual insurance products included in the insurance scheme, requirements for joining, entry into force, cessations and premiums. The insurance statement contains information about the insurance products purchased.

The General Conditions may apply to insurance products, and contain the information about such products, that are not included in the individual group scheme agreement.

Euro Accident provides insurance conditions and all other information in Swedish. Certain information may also be provided in English in special cases when Euro Accident considers it appropriate.

The insurance conditions are divided into:

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

1.1.1 Insurer

Insurer for all subscribed group insurances are Euro Accident Livförsäkring AB.

The insurer are the insurance companies that enter into the insurance agreement and are the carriers of the insurance risk.

Corporate Headquarters: Danderyd
Address: Svärdvägen 3 a
SE-182 33 Danderyd
Sweden

This insurance is, unless otherwise stated, classified as a capital insurance (K) according to the Income Taxes Act. This means that the premium is not tax deductible for a private citizen but amounts paid out are exempt from income tax according to Swedish tax law.

1.2 The group scheme agreement

A group scheme agreement is the basis for the group scheme insurance. The group scheme agreement is agreed upon between the insurer and a representative of the group. A requirement for the validity of the individual insurance is that the group scheme agreement is still in effect. The preconditions of the group scheme agreement supersedes the provisions of the insurance conditions.

1.3 The insurance agreement

1.3.1 Parties to the agreement

Voluntary group scheme insurance

In the case of voluntary group scheme insurance, the insurance agreement is agreed upon between the insurer and the group member based on the group scheme agreement. Such an agreement can also be agreed upon by a group member omitting to decline the insurance within a particular period, provided this is stated in the group scheme agreement. A group member who joins a voluntary group scheme insurance is both a policyholder and insured unless otherwise agreed.

Mandatory group scheme insurance

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. The group representative, that is the company/organisation, is the policyholder for a mandatory group scheme insurance.

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 the insured where appropriate.

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 insurances. 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 from the date joined to the group's main renewal 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 automatically be renewed one year at a time, based on the conditions stated by the insurer.

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

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

1.4 General underwriting guidelines

Group scheme insurance applies to a person who has attained the age of 16 up to the date when the person attains the age of 65, is living and registered as resident in any of the Nordic countries, excluding Iceland, and who is also entitled to compensation from a Swedish social insurance agency or a corresponding social insurance agency in a Nordic country, unless otherwise agreed.

If the person is living and registered as a 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 stationed abroad by 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 a maximum of 25 per cent of their employees stationed in a Nordic country other than Sweden, excluding Iceland.

Use of the term 'corporate group'

In the case of a 'corporate group' it is necessary for the group to have at least five persons fully capable of working. In order to be considered part of a 'corporate group' the parent company must own at least 50 per cent of the subsidiary/subsidiaries. Franchise companies, together with their employees, are not considered as part of a corporate group and cannot be included to qualify for being fully capable of working.

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

Sports teams or sports associations cannot as a group apply for insurance, either on a mandatory or voluntary basis.

In order for Euro Accident to grant group scheme insurance it is normally required that the applicant is fully capable of working, see Clause 1.4.1. A person who is not fully capable of working at the time of affiliation may join the insurance later.

Underwriting and health status review guidelines may vary between different group scheme agreements and are specified in the application documents or the group scheme agreement.

Following a health status review the insurance may be:

- granted with standard premiums and conditions
- granted with exemptions and/or added premium
- rejected.

The same health status review guidelines, as apply for the application for a new insurance, also normally apply in the case of:

- an increase of the sum insured
- other extension of the insurance cover.

1.4.1 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 out.

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

'Social insurance agency' and 'compensation' also means the corresponding agencies and benefits in the Nordic countries.

Parental leave/leave of absence

Persons who are on parental leave/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.

1.4.2 Co-insured

A group member may coinsure their husband/wife, registered partner, cohabitee or children unless

otherwise agreed, stated in the application documents or indicated by other provisions of these conditions.

The children who can be insured are those children of the group member/insured and of the husband/wife, registered partner, cohabitee who are entitled to inherit. The child can be added to the insurance up to the age of 20 and can stay on the insurance up to and including the end of the month in which the child attains the age of 25, unless otherwise agreed.

1.4.3 Private medical insurance PrivatAccess

Private medical insurance PrivatAccess silver without a pre-existing condition clause:

Can only be applied on a mandatory basis for a defined group of 50 people or more.

An insured who has themselves chosen to give notice terminating the insurance but remains within the group eligible for insurance may not rejoin a group scheme agreement without a pre-existing condition clause. It is only possible to rejoin a corresponding insurance with a pre-existing condition clause. The same applies to an insured who on being newly employed has chosen to decline such insurance.

Change of group agreement area within Euro Accident

An insured who has a valid voluntary or mandatory Private medical insurance PrivatAccess applied for through an intermediary, partner or directly via Euro Accident, and who changes group agreement area and applies for a new PrivatAccess with an uninterrupted term of insurance, may be credited with the preceding term of insurance with Euro Accident. This also applies if the insured had a privately taken out insurance and makes a new application within the framework of a valid voluntary or mandatory group scheme agreement via Euro Accident.

1.5 Conversion from previous insurer

General

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

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

Private medical insurance PrivatAccess

In order to convert a group scheme agreement, it is required that the number of persons amount to at least five and that everyone at the company have been offered insurance.

Conversion as referred to above is possible from voluntary insurance to voluntary insurance, and from mandatory insurance to mandatory insurance.

A policyholder who has applied for mandatory Private medical insurance PrivatAccess without a pre-existing condition clause, or corresponding Private medical insurance with another insurer, may not apply for a group scheme agreement so as to include Private medical insurance PrivatAccess with a pre-existing condition clause. However, the policyholder can apply for a new group scheme agreement including Private medical insurance PrivatAccess with a pre-existing condition clause. Such a new group scheme agreement may only include those individuals who have become group members after the time at which an application was made for the group scheme agreement in respect of Private medical insurance PrivatAccess with a pre-existing condition clause.

If a group scheme agreement that only consists of Private medical Insurance PrivatAccess, is transferred from another insurer, the group member/coinsured shall be fully capable of working at the time of joining.

A group member/coinsured who later becomes fully capable of working may join the insurance no later than within 30 days from the time the group scheme agreement is transferred from another insurer.

The above time limit of 30 days does not apply if the group scheme agreement covers 500 or more insured.

If the group scheme agreement is transferred from the immediately preceding insurer to Euro Accident the insurance will provide reimbursement for covered medical expenses related to continued care needs for a sickness/injury/complaint that has been notified, approved and settled by the immediately preceding insurer after their term of cover, liability period, has expired.

If the group scheme agreement is transferred from the immediately preceding insurer to Euro Accident, the insurance will also provide reimbursement for covered medical expenses related to continued care needs for a sickness/injury/complaint that was the subject of treatment but has not been notified to them.

One precondition for reimbursement is that the sickness/injury/complaint was covered according to the conditions of the immediately preceding insurer and also that the sickness/injury/complaint is covered by these insurance conditions.

1.6 Entry into force of the insurance

Voluntary group scheme insurance

The insurance is in effect on the date following the date the application was made to Euro Accident, or to

another party who receives documents on behalf of Euro Accident, subject to the precondition that:

- the requirements for joining the insurance are satisfied
- complete application documents have been submitted
- the insurance can be approved according to Euro Accident's health status review guidelines.

If the group scheme agreement states that a group member is covered under the insurance for a period free of charge, and the insurance agreement thereafter is entered into by the group member due to omitting to decline the insurance, the insurance agreement starts to apply when the time for declining, and similarly the time for the insurance cover without charge, ceases.

Mandatory group scheme 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 entered into on the date following the date 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 guidelines.

For a group member and coinsured who join later, the liability of the insurer arises on the date following the date 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 the underwriting and health status review guidelines applicable at the time.

New employment after agreement made

With regards to the affiliation of newly employed persons, the insurance applies from and including the start of the employment, provided that:

- the application was received at the earliest one (1) month before and at the latest three months after the start of the employment
- the insurance, in accordance with the underwriting guidelines applicable at the time, may be granted subject to 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 start of the employment, the insurance applies from and including the date after the date when the application was made to Euro Accident subject to the requirements that the insurance, in accordance with the rules applicable at the time, may be granted subject to an approved health status review and that complete application documents have been received by Euro Accident.

Voluntary and mandatory insurance

Both voluntary and mandatory insurance can be offered without restriction (with standard conditions and standard premiums) alternatively with restrictions, known as exclusions and/or added premium.

In the event that the sum insured is changed, the change applies unless otherwise agreed as of the date following the date on which notice of the change was given to Euro Accident or some other party who receives documents on behalf of Euro Accident, subject to that the requirements for the change are satisfied and complete application documents have been received and that insurance can be granted according to Euro Accident's health status review guidelines.

1.7 Premium

Unless otherwise stated in the group scheme agreement, the premium is calculated for one year at a time. In the event that the insured's age constitutes the entire or part of the information base for the calculation of premium, the premium is determined on the insured's age upon the immediately following birthday and calculated for one year at a time.

An invoicing charge is taken in the event of invoicing by post. This charge is specified in the tariff applicable at any given time, as shown on our website.

1.7.1 Premium payment

An insurance' first premium payment shall be made no later than 30 days after the date Euro Accident sent a premium bill.

If the insured under the group scheme agreement is covered by an introductory cover without charge and an insurance agreement is thereafter concluded through the group member omitting to decline the insurance, the agreed premium shall be paid no later than the end of the free period.

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

In the case of mandatory insurance, it is also 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

If the premium is not paid when due Euro Accident, is entitled to give notice terminating the insurance. Notice of termination takes effect 14 days after a message concerning termination is sent out, subject to the requirement that the premium is not paid on time.

1.7.3 Premium payment respite

If a group member has not been able to pay the premium for a voluntary group scheme insurance when due because of severe illness, impaired work capacity by at least half, deprivation of liberty, failure to receive pension or failure to receive salary from their main employment or similar impediment, the insurance shall nonetheless continue to apply. The insurance ceases two weeks after the time at which the impediment is removed, but no later than three months after the date on which the insurance would have ceased according to the notice of termination.

Premium for periods when a premium respite applied shall be paid in the manner determined by Euro Accident.

1.7.4 Reinstatement

If the insurance has been terminated due to premium payment delay, the insurance can be reinstated, without a new health status review, by the premium being paid within three months from the date the insurance was terminated.

The insurance then starts to apply as of the date following the date the premium was paid. This right does not apply to a coinsured if the group member chooses not to utilise their right to reinstatement. Nor does this right apply if the first premium for the insurance is delayed.

If the insurance is reinstated, due to the above, the insurance does not cover losses that occurred during the time the insurance was not in effect, or for losses that occurred after the time the insurance was reinstated if the loss originates from an event that occurred when the insurance was not in effect. The liability of the insurer commences as of the date following the date the premium amount is paid.

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

1.7.5 Premium waiver

There is no right to premium waiver under the insurance.

1.7.6 Repayment of premium

The policyholder and/or the insured is obligated to notify Euro Accident as soon as possible:

- if the insured group member or coinsured withdraws from the group eligible for insurance
- when the youngest child, who is covered by the Private medical insurance PrivatAccess, attains the stipulated termination age.

If the above-mentioned is not notified on time, a maximum of 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 corresponding to the period that occurs 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 repayment procedure.

1.8 Cessation of the insurance

General

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

The insurance will cease to be effective before:

- the group scheme agreement ceases to be effective
- 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 or coinsured
- according to a notice of termination given by Euro Accident
- when 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.

Co-insured

A co-insured's insurance ceases to be effective, besides as provided above, at the end of the month when:

- the group member dies
- the marriage, registered partnership or cohabitee relationship with the group member ceases.

Insured children

Other than what is stated above, the following applies for children who are coinsured children under Private medical insurance PrivatAccess Silver:

- the children of the group member/insured and of the husband/wife, registered partner, cohabitee who are entitled to inherit are covered by the insurance at most up to and including the end of the month in which the child attains age of 25, unless otherwise agreed, subject to the requirement that the premium is paid.

Duty of disclosure

It is an obligation of the policyholder and/or the insured to notify Euro Accident as soon as possible:

- if the insured group member or coinsured withdraws from the group eligible for insurance
- when the youngest child, who is covered by the Private medical insurance PrivatAccess, attains the stipulated termination age.

The right to premium repayment regarding time after the expiry of the term of the insurance is governed by Clause 1.7.5.

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 effective date of the insurance, that is to say at the earliest from the date after the date the notice was given to Euro Accident.

1.8.1 Extended cover protection

If an insured has been covered by the insurance for at least six months, an extended insurance cover ('extended cover protection') applies for three months after withdrawal from the group. If a wife, husband. registered partner or cohabitee is coinsured and the relationship is dissolved, the extended cover protection ceases for the coinsured three months after the marriage/partnership/cohabitee relationship ended.

Extended cover protection does not apply:

- if notice has been given terminating the group scheme agreement by an authorised representative of the group or by the insurer
- if the insured them self has chosen to give notice terminating the insurance but remains within the insured group
- if notice has been given terminating the insurance due to the non-payment of premium
- if the insured, during the extended cover protection period, joins another group scheme insurance or takes out continued insurance
- when the insured withdraws from the group due to having attained the termination age.

1.8.2 Continuation insurance

A group member and coinsured who have been covered by group scheme insurance with Euro Accident for at least six*) months are entitled to apply for continuation insurance if:

- the group scheme agreement ceases
- the group member leaves the group eligible for insurance.

*) A period during which the insured was insured with the same or similar cover under a group scheme insurance with the immediately preceding insurer, may be included provided that the term of such insurance links immediately and without interruption to the term of the current insurance. This applies subject to the requirement that the insured is covered by a group scheme agreement that has been converted from another insurer and not when an individual insured has changed insurer.

A co-insured is also entitled to apply for continuation insurance if:

- the group member dies
- the marriage, registered partnership or cohabitee relationship with a group member is dissolved
- the group member attains the termination age of the insurance before the co-insured.

The right to apply for continuation insurance does not apply if:

- the group member and/or coinsured has chosen to give notice terminating the group scheme insurance separately and/or for the co-insured but remains within the group eligible for insurance
- the group member and/or coinsured received, or undoubtedly can receive, cover of the same kind as before with another insurer.

The application for continuation insurance shall be made no longer than within three months from the date on which the group scheme insurance ceased to apply. Continuation insurance is applied for without health status review.

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

An insured who has been covered by Private medical insurance PrivatAccess under a group scheme or continuation insurance with Euro Accident for at least six months and attains the group scheme agreement's termination age is entitled to apply for senior insurance without health status review.

An insured who has been covered by mandatory Private medical insurance PrivatAccess without a deductible and leaves the insured group is offered to apply for Continuation Insurance PrivatAccess with a deductible.

An insured who has been covered by mandatory Private medical insurance PrivatAccess with Euro Accident for at least six months and has a notified, approved and settled the need of care for sickness/injury/complaint and who intends to apply for a voluntary group scheme insurance Private medical insurance PrivatAccess can also apply for continuation insurance.

Continuation insurance can have at most the same cover and benefits which last applied for the group scheme insurance.

The continuation insurance can have other insurance conditions. The premium for continuation insurance is determined according to the insured's age and calculated according to a special rate.

1.8.3 Continued insurance

Continued insurance PrivatAccess bronze or silver

A child who has been coinsured under Private medical insurance PrivatAccess, a group scheme insurance or senior insurance with Euro Accident for at least six*) months is entitled to apply for continued insurance PrivatAccess Bronze or Silver within three months from the end of the month in which the child attains the age of 25, unless another termination age is stated in the group scheme agreement. It is necessary to be fully capable of working at the time when the insurance is applied for.

*) A period during which the child was insured with the same or similar cover under a group scheme insurance with the immediately preceding insurer, may be included provided that the term of such insurance links immediately and without interruption to the term of the current insurance. This applies subject to the precondition that the insured is covered by a group scheme agreement which has been converted from another insurer and not when an individual insured has changed insurer.

Continued insurance PrivatAccess Bronze or Silver applies on the conditions, premiums and other rules applicable at that time.

1.8.4 Senior insurance

A group member, insured and coinsured who have been covered by Private medical insurance PrivatAccess, under group scheme or continuation insurance with Euro Accident for at least six*) months, is entitled to apply for senior insurance in conjunction with withdrawal from the group scheme agreement or attaining the termination age under the continuation insurance.

*) A period during which the insured was insured with the same or similar cover under a group scheme insurance with the immediately preceding insurer, may be included provided that the term of such insurance links immediately and without interruption to the term of the current insurance. This applies subject to the precondition that the insured is covered by a group scheme agreement which has been converted from another insurer and not when an individual insured has changed insurer.

The withdrawal shall be due to either the group member's old age or collectively agreed pension or at the latest upon attaining the termination age for the group scheme agreement. Even coinsured shall withdraw from the group when the group member attains the termination age for the group scheme agreement.

In those cases where the insured, who has been covered by Private medical insurance PrivatAccess according to the above, has had a coinsured child aged under 25, there is a possibility to also co-insure children aged under 25 under the senior insurance. The insurance for a co-insured child applies in this case at most up to and including the end of the month in which the co-insured attains the age of 25.

The application for senior insurance shall be made at the latest within three months from the date the group scheme or continuation insurance ceased to apply. Senior insurance is applied for without health status review.

Senior insurance applies to the conditions, premiums and other rules applicable at that time.

1.9 Assignment

The group scheme insurance cannot be assigned or pledged unless otherwise prescribed by the group scheme agreement.

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 have been provided concerning circumstances that are of relevance to the assessment of the insurance risk this may mean the insurance will be terminated or amended and the right to insurance compensation lapses completely or in part and the insurer is released from liability for losses which have occurred. Premium paid will not be repaid in these cases.

If such information has been provided by the insured's custodian, the same applies as if such person was the policyholder.

1.10.2 Intent and gross negligence

If the insured has by intent or gross negligence induced a bodily injury, accidental injury or sickness, or aggravated its consequences, the compensation may be reduced or lapse completely in accordance with the Insurance Contracts Act. The compensation will be reduced to the extent reasonable considering the circumstances.

The compensation will never be reduced if the insured was under the age of 18 or suffered from a serious mental disorder at the time the bodily injury, accidental injury or sickness was induced or aggravated.

If the insured has committed suicide, the insurer is liable if more than one year has elapsed from when the insurance agreement was effective or extended or, in the event of a shorter period, if it must be assumed that the insurance was applied for without any thought of suicide.

1.10.3 Criminal act and influence of intoxicants

Compensation may be reduced, cease or lapse completely in the event sickness or accidental injury occurred in conjunction with the insured:

- performed or participated in a criminal act which according to Swedish law can lead to imprisonment
- was influenced by alcohol or other intoxicants, soporifics, narcotic substances or as a consequence of the use of pharmaceuticals in an improper way.

1.10.4 Certain communicable diseases and/or epidemics

The insurance does not apply for losses which 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), and/or disease subject to the Communicable Diseases Act.

1.10.5 Force majeure

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

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

The insurance does not apply for losses which occur due to war, warlike political unrest, armed conflict or similar situations in Sweden.

1.10.7 War, warlike political unrest, armed conflict or similar in countries or areas outside Sweden

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

1.10.8 Terrorism and mass destruction

The insurance does not cover losses that are connected to an act of terrorism which have been caused by the dispersal of weapons of mass destruction in the form of biological, chemical or nuclear material in or outside Sweden.

'Act of terrorism' means an act initiated by a person or group of persons with political, religious, ideological or similar purposes, with intention to 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.

1.10.9 Nuclear processes

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

1.10.10 Sport

The insurance does not apply to losses as a consequence of the insured participating in sports activities that yield an income for the insured due to the sport of an amount that exceeds one (1) price base amount per year (sports income). 'Participate' means both training and competing.

Wages, costs allowance, winnings due to competing, appropriations for pension obligation, so-called appearance money, contribution by sponsors, income

from advertising assignments and similar remuneration are regarded to be 'sports' income. Income from capital due to the management of sports income is not counted as sports income.

Nor does the insurance apply for losses as a consequence of a sport that the insured has been enrolled to engage in at a national sports college (RIG) or on a nationally approved sports programmes (NIU) to engage in. Consequently, the insurance does not apply to participation in either a competition or training of the sport in question.

1.10.11 Hazardous activities

The insurance does not apply to losses as a consequence of the insured participating in adventure, expedition or other hazardous activities such as:

- engaging in martial arts, boxing, karate, Thai boxing, kick-boxing or similar activities
- professional diving, diving with heavy equipment and all leisure diving at depths greater than 18 metres and/or leisure diving with planned decompression stops
- stunt activities, air acrobatics or similar activities
- engagement in mountain climbing, sky-diving bungee jumping, gliding, ballooning, hang-gliding, extreme skiing (off-piste skiing), rock climbing (including on snow and ice) or participation in expeditions of a similar 'adventurous nature' engaging in motor sports
- operations on an oil platform
- activities at high heights above12 metres
- flying, other than in the capacity as passenger, of a licensed multi-engine aircraft run by a commercial airline which is subject to government control.

1.10.12 Costs which are reimbursed in other ways

Compensation will not be paid out for costs that can or shall be reimbursed in other ways according to a special law or enactment, international convention, other insurance or collective agreement.

Compensation will not be paid out for cost that can be reimbursed by patient or drug insurance or otherwise where there is a care provider or drug liability.

1.11 Validity abroad

An explanation of how the insurance applies in the event of a stay outside the Nordic countries is provided below.

'The Nordic countries' below means Sweden, Finland, Denmark (except Greenland), Norway (except the Svalbard Archipelago) and Iceland.

A stay outside the Nordic countries is not deemed to be discontinued by temporary presence in the Nordic countries to visit doctors, hospital care, for business, holiday or the like. A stay outside the Nordic countries is deemed to have been discontinued when the insured returns to the Nordic countries with the intention of staying.

In the event of acute sickness or acute injury, as a consequence of an accidental injury and in conjunction with temporary travel outside Sweden, Private medical insurance PrivatAccess will cover any deductible paid by the insured to the travel insurance company or home insurance company. One precondition for a right to compensation is that the amount of the loss exceeds the deductible under the travel or home insurance. Reimbursement is limited to SEK 5,000 per deductible requested. The respective insurance conditions of the travel or home insurance company indicate what is meant by 'temporary travel outside Sweden'.

1.12 Action for payment

Losses, which may lead to compensation, shall be reported to Euro Accident as soon as possible or, if stated on the claim 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 relevant to the assessment of the right to compensation shall be obtained and submitted without cost to Euro Accident.

If Euro Accident requests, consent shall be granted for 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.

A requirement for a right to compensation in the case of sickness or accidental injury is that the insured:

- should be able to verify that sickness or an accidental injury has occurred
- gives notice of sickness and/or accidental injury to Euro Accident
- consults a physician or other medical staff registered by the National Board of Health and Welfare as soon as possible
- is continuously under the supervision of a physician during the period of sickness
- observes the directions of the physician or other medical staff registered by the National Board of Health and Welfare

- cooperates by participating in a rehabilitation plan as directed by Euro Accident
- otherwise complies with Euro Accident's regulations.

If Euro Accident requests, the insured shall attend an examination at a specially assigned physician. Such examination shall be paid for by the insurer.

Original receipts and/or certificates of compensation paid from the care provider/region shall be submitted.

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 the delay shall be paid according to the Interest Act. Euro Accident is not liable for any amounts above this for a loss that may arise if the investigation is delayed.

Interest for delay is not paid if the delay results from circumstances referred to in Clause 1.10.5.

1.12.2 Period of limitation

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 to appeal 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 a third party, to the extent that the insurer has paid compensation due 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 authorized to register reported losses 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 (The Swedish Insurance Association)
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 its matter. Contact details for the Complaints Officer are available on Euro Accident's website: 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 Personal Insurance Board)
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)
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

Acute treatment and healing period
The period from when the insured receives care and treatments after having sustained an accidental injury, up to the time the insured has recovered or the condition is considered to be static.

BMI (Body Mass Index)
-- 18.4 Underweight
18.5 – 24.9 Normal weight
25.0 — 29.9 Overweight
30.0 — Obesity

Children in Private medical insurance PrivatAccess silver
The children who can be insured are those children of the group member/insured, and of the husband/wife, registered partner, cohabitee who are entitled to inherit up to and including the end of the month in which the child attains the age of 25, unless otherwise agreed.

Cohabitee
A person with whom the insured cohabits according to the Cohabitees Act (2003:376).

Co-insured
The group member's husband/wife/registered partner, cohabitee or child who is in that capacity insured under the group scheme agreement.

Consultant physician care
Health and medical care which covers medical investigation, treatment and care which require specialised resources and major technical or personnel resources. Such care shall be performed by a consultant physician.

Defined group
A pre-determined and clearly limited group of people. The limitation may be of a geographical and/or organisational nature.

Extended medical care services
In the event the sickness/injury/complaint is not covered by the insurance due to a restriction contained in the insurance conditions or an individual restriction (exclusion), the insurance will still cover advice and booking of private medical care. The cost of care will be the financial responsibility of the insured under such circumstances.

Fully capable of working
'Fully capable of working' means 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 out.

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

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

'Social insurance agency' and 'compensation' also means the corresponding agencies and benefits in the Nordic countries.

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

Group eligible for insurance
A specific group of people who according to a group scheme agreement are entitled to apply for or join group scheme insurance.

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
In the case of voluntary group scheme insurance, the group representative is the person with whom Euro Accident has entered into a group scheme agreement governing the pre-conditions for and scope of the insurance offered to the group members.

In the case of mandatory group scheme insurance, 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 based on the composition of the group, which insurance is offered to those entitled to insurance, the effective date of the group scheme agreement and its term and the extension and termination of the group scheme agreement.

Husband/wife
Person with whom the insured is married.

In-patient care

Means care provided to a patient who has been admitted to a hospital or another care unit for at least one night. However, in-patient care does not include time outside the institution for which temporary leave has been granted.

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 general terms and conditions of insurance, the product conditions, the insurer's underwriting guidelines, the Insurance Contracts Act (FAL 2005:104) and Swedish law in general.

Insured

The person whose life or health an insurance applies.

Liability period

The longest period for which payments can be made on a loss.

Mandatory group scheme insurance

Insurance where employees are automatically covered due to actions taken by the employer and according to the group scheme agreement's requirements for joining.

Medically justified

Which is based on science and best practice and also evidence should it be available.

Open care

Means care provided at a clinic or hospital without the patient staying overnight.

Policyholder

The policyholder is the person who entered into the insurance agreement with the insurer. Each insured, including both group members and coinsured, are considered policyholders with regards to insurance compensation and the right to specify a beneficiary. This does not apply to key man insurance or companion insurance. If ownership transfers to another person, this other person is thereafter considered to be the policyholder.

Pre-existing condition clause

Explains the period of time which must have elapsed without the insured having any symptoms of, receiving care for or being medicated for a sickness/injury/complaint, or consequences thereof, before the insurance applies to such sickness/injury/complaint, or consequences thereof, under Private medical insurance PrivatAccess.

Price base amount

The price base amount is an amount calculated on the basis of the changes to general price levels in accordance with the provisions of the Social Insurance Code (SFS 2010:110). This calculation is made on the basis of the change to the consumer price index and fixed for the entire calendar year.

Registered partner

A person with whom the insured has entered into a registered partnership according to the Registered Partnership (Family Law) Act (1994:1117).

Relative

Parents, husband, wife, cohabitee, registered partner, children and siblings are considered relatives.

Sickness

'Sickness' means a deterioration of the state of health, physical or mental, which has been observed for the first time by a physician or a registered psychologist, which is not to be regarded as an accidental injury according to these conditions. The sickness is deemed to have occurred on the date when the deterioration was observed by a physician or a registered psychologist. A bodily injury which has been caused voluntarily is not regarded as sickness. Sicknesses which are medically linked are counted as one and the same sickness claim.

Voluntary group scheme insurance

Group scheme insurance for which group members apply themselves through a personal application or by not declining insurance.

Waiting period

Waiting period is the period the insurance must have been in force before the right to compensation arises.

Work disablement

'Work disablement' means that the work capacity of the insured has been eliminated or impaired due 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 of the right to sickness or rehabilitation benefit, activity compensation, sickness compensation or other compensation due to inability to work. Periods with sick pay are also regarded as inability to work. 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 an examination at a specially assigned physician.

3 Private medical insurance PrivatAccess silver

The insurance covers:	
– healthcare advice – care planning – extended medical care services – consultant physician care – E-care service – second opinion – hospital care and surgery – post surgical aftercare and rehabilitation	– travel and accommodation – medical devices – pharmaceutical expenses and patient fees – physiotherapist, naprapath or chiropractor – acupuncture – osteopath – dietician – psychologist or psychotherapist – elimination of deductible in the case of acute injury abroad.

3.1 Right to compensation

The insurance applies to examination, treatment or other medical service covered by the insurance and which is performed during the period that the insurance is in force, that is to say during the term of the insurance.

Examination, treatment or other medical service is deemed to have been performed:

- on the day when the care planning or healthcare advice was conducted
- on the day when the examination, treatment or medical service was performed
- on the day when the pharmaceuticals or medical devices were paid for
- on the day when the travel or overnight stay for the examination, treatment or medical service took place.

The insurance does not cover:

- examination, treatment or other medical service that is otherwise covered by the insurance but which is performed before the effective date of the insurance
- examination, treatment or other medical service that is performed after the expiry of the term of the insurance, even if the sickness or accidental injury made its début or occurred during the term of the insurance.

In order to be entitled to care it is required that the insured is resident and registered as resident in a Nordic country and registered with the Swedish social insurance agency or the corresponding in a Nordic country. The care is always provided in Sweden.

3.2 The insurance cover

The insurance covers reasonable costs for medically motivated, planned private care within Euro Accident's current care provider network in Sweden and medically motivated pharmaceuticals, medical devices, travel and accommodation in conjunction with such care as referred to below. The insurance also reimburses costs for public care, including emergency care, up to the high-cost protection limit.

Covered medical services, supplies and accommodations will not automatically be considered medically motivated because they are prescribed by an eligible provider. Euro Accident reserves the right to consult with professional medical consultants, peer review committees or other appropriate sources for recommendations on whether the services, supplies or accommodations an insured receives are considered to be medically motivated.

One precondition for being covered by the insurance is that the insured always contacts Euro Accident's Medical Call Center for advice, planning and for booking of care and treatment. If the insured does not contact Euro Accident's Medical Call Center in advance, compensation under this Insurance may be reduced or denied completely. However, this does not apply if the insured seeks care directly through the e-care service, via Euro Accident's website.

'Reasonable costs' means the price that similar care providers in that district normally request for a particular medical service or treatment.

3.2.1 Healthcare advice

The insurance covers healthcare advice by registered nurses.

3.2.2 Care planning

The insurance covers care planning and booking of private medical care. Care planning and booking of care can only take place during office hours.

Emergency medical care cannot be booked by Euro Accident's Medical Call Center.

3.2.3 Extended medical care services

In the event that the sickness/injury/complaint is not covered by the insurance due to a restriction contained in the insurance conditions or an individual restriction, the insurance will still cover advice and booking of private medical care. The cost for care under such circumstances shall be the financial responsibility of the insured. Payment must be received by Euro Accident before the time for the appointment/treatment.

3.2.4 Consultant physician care

The insurance will compensate reasonable costs for necessary medical investigation, treatment and advice by a consultant physician.

3.2.5 E-care service

The insurance will reimburse necessary and reasonable costs for Euro Accident's E-care service. A digital service with the possibility of a web-based investigation where the insured may, if necessary, meet a doctor or nurse online, who can recommend appropriate care and treatment. It is a precondition that the sickness/injury/complaints are covered by the insurance.

3.2.6 Second opinion – further assessment

The insurance will compensate reasonable costs for a necessary second medical opinion when the insured has been diagnosed with a life-threatening or particularly serious sickness.

3.2.7 Hospital care and surgery

The insurance will compensate reasonable costs for necessary hospital care, pre-operation examination and surgery.

3.2.8 Post surgical aftercare – medical rehabilitation

The insurance will compensate reasonable costs for necessary medical care and rehabilitation, for example physiotherapy, prescribed by a physician in conjunction with a covered surgery.

Aftercare and rehabilitation shall, if possible, take place in the home district but may, if it is determined medically necessary by the insurer, take place at the hospital where the insured has been cared for.

The insurance does not cover costs that are paid by the region. Reimbursement will not be paid for stays at a health resort, spa or similar facility.

3.2.9 Travel and accommodation

The insurance will reimburse necessary and reasonable travel and accommodation costs within Sweden in conjunction with covered medical care and treatment.

Reimbursement for travel and accommodation is only provided when travel exceeds 100 km per one-way trip. The insurance will in that case pay reimbursement for the entire travelling expense. If the insured has not attained the age of 20, travel and accommodation for a relative who travels with the insured will also be reimbursed, provided this is medically justified.

3.2.10 Medical devices

The insurance will reimburse reasonable costs for necessary medical devices. Reimbursement is limited to one (1) diagnostic testing and one (1) medical device of up to SEK 2,500 per diagnosis.

Reimbursement is only provided for one (1) diagnostic testing and one (1) medical device for diagnoses that have a medical link. The medical device must be prescribed by the treating physician.

For medical devices in conjunction with surgery the insurance will reimburse reasonable costs for medical devices that are considered necessary to heal the sickness or injury.

Reimbursement is provided for one (1) diagnostic testing and one (1) medical device per diagnosis. Reimbursement is only provided for one (1) diagnostic testing and one (1) medical device for diagnoses that have a medical link. The medical device must be prescribed by the treating physician and shall be reimbursed by up to 0.5 price base amount. However, post-surgical diagnostic testing of medical devices for permanent use are not reimbursed.

3.2.11 Pharmaceutical expenses and patient fees

The insurance will reimburse reasonable costs for necessary publicly subsidised, prescription pharmaceuticals (own charge) covered by the insurance and for patient fees within public care. Reimbursement will be provided up to the limit for the respective high-cost protection. The deductible does not need to be paid by the insured in the case of a sickness or injury where an appointment takes place within the public medical care services or where E-care service is used.

Costs for hospital care will be reimbursed according to the daily charge approved by the region.

3.2.12 Physiotherapist/naprapath/chiropractor

The insurance will compensate reasonable costs for medically motivated treatment/consultation by a registered physiotherapist/naprapath/chiropractor. The treatment is intended to result in an improvement. However, the insurance does not compensate treatment of sickness/injury/complaint that is considered to be a permanent condition that is to say that the insured's medical condition will not be

permanently improved by the treatment. The treatment must be approved and arranged by Euro Accident's Medical Call Center.

If the physiotherapist so considers, the insurance may pay alternative treatment, such as the substitution of treatment by a physiotherapist with a gym card intended for rehabilitation. The training programme should be documented and be effected under the guidance of the treating physiotherapist. The scope of the gym card must be assessed by a physiotherapist and be approved by Euro Accident.

3.2.13 Acupuncture

The insurance will compensate reasonable costs for medically motivated treatment that shall be performed by a registered care provider who is licensed by the National Board of Health and Welfare. The treatment is intended to result in an improvement. However, the insurance does not compensate treatment of sickness/injury/complaint that is considered to be a permanent condition that is to say that the insured's medical condition will not be permanently improved by the treatment. The treatment must be approved and arranged by Euro Accident's Medical Call Center.

3.2.14 Osteopath

The insurance will compensate reasonable costs for medically motivated treatment/consultation by an osteopath. The treatment is intended to result in an improvement. However, the insurance does not compensate treatment of sickness/injury/complaint that is considered to be a permanent condition that is to say that the insured's medical condition will not be permanently improved by the treatment.

It is a precondition that the treating osteopath is a member of the Swedish Osteopathic Association. The treatment must be approved and arranged by Euro Accident's Medical Call Center.

3.2.15 Dietician

The insurance will reimburse necessary and reasonable costs for up to ten consultations per diagnosis, by a dietician following referral by a physician. Up to ten consultations will be paid for in the case of diagnoses that have a medical link. The treatment must be approved and arranged by Euro Accident's Medical Call Center.

3.2.16 Psychologist/Psychotherapist

The insurance will reimburse necessary and reasonable costs for up to ten treatments per diagnosis, by a registered psychologist or registered psychotherapist for an illness/complaint of psychological disorders, such as crisis and grief reaction, reactions to stress, exhaustion syndrome, depression and anxiety disorder. Up to ten treatments will be paid for in the case of diagnoses that have a medical link.

Other costs, for example, for doctor's appointments, other specialist care, hospital care, travel or pharmaceuticals in respect of illness/complaint of psychological disorders will not be reimbursed.

The insurance does not cover diagnostics and treatment of hyperkinetic conditions or intellectual disability. Nor does the insurance cover treatment of eating disorders, psychosis, bipolar syndrome, personality disorder, specific phobic conditions or chronic fatigue syndrome.

Problems where it is considered that it is not possible to treat the symptoms within ten treatments will not be reimbursed by the insurance. In these cases the insured will be given advise concerning alternative care options.

Nor does the insurance cover misuse-related complaints or if the insured has performed or participated in a criminal act.

The treatment must be approved and arranged by Euro Accident's Medical Call Center.

3.3 Restrictions

3.3.1 Voluntary and mandatory insurance with a pre-existing condition clause

The insurance will not compensate expenses for sickness/injury/complaint, or consequences thereof that the insured had symptoms of, received care for or had been medicated for before the insurance started to apply.

However, the insurance does apply where a medical investigation shows that at least one year has elapsed since the existing condition was last subject to treatment, check, examination or medication and the insured has been without symptoms during the same period.

3.3.2 Mandatory insurance without a pre-existing condition clause

If the insurance has been applied for subject to the condition that the restriction above relating to sickness/injury/complaint that existed before the insurance was applied for shall not be applied, the insurance will cover the renewed need for care in accordance with the condition otherwise.

3.3.3 The insurance does not cover

- emergency medical or intensive care, besides patient fees up to the high-cost protection limit in accordance with Clause 10.2.11
- congenital diseases, birth injuries or consequences thereof
- sicknesses that are included in the Communicable Diseases Act or consequences thereof

- conditions involving chronic pain, fibromyalgia or electrosensitivity
- organ transplant and organ donation or complications thereof
- dialysis treatment
- back problems, where a physician considers that the sickness/injury/complaint is not treatable
- snoring problems, unless sleep apnoea has been diagnosed
- surgical procedures including laser surgery, spectacles and contact lenses with the aim of correcting a vision or squint
- surgical procedures for insured who smokes, unless the insured has refrained from smoking six weeks before the operation and up to six weeks after, or from the time that the operation is booked if this is closer in time
- examination or treatment of varicose veins in the leg
- checks, treatment and surgery for underweight, overweight and obesity or consequential illnesses that have an established medical link with the insured's underweight, overweight and obesity, although the insured is offered one (1) life style programme, to be nominated by Euro Accident, see Explanation of terms BMI
- checks during pregnancy, treatment and complications in conjunction with pregnancy, childbirth, abortion or consequences thereof
- sterilisation including reversal thereof, examination or treatment related with involuntary childlessness
- sexual dysfunction
- dementia diseases
- see Clause 10.2.16 for exemptions relating to illnesses of a psychological nature
- diagnostics and treatment of hyperkinetic conditions or intellectual disability
- treatment of eating disorders, psychosis, bipolar syndrome, personality disorder, specific phobic conditions or chronic fatigue syndrome.

The insurance does not cover sickness/injury/complaint, or consequences of sickness/injury/complaint caused by:

- the insured using substances to enhance the performance including, but not limited to, anabolic steroids, stimulants and corticosteroids, irrespective of whether or not these have been prescribed by an accredited physician. Medication prescribed by a physician for a specific sickness or accidental injury is not covered by the restriction
- attempted suicide or self-inflicted bodily injury or when the insured was not in full possession of all of their senses
- misuse of for example pharmaceuticals, alcohol, other intoxicants, narcotic substances (unless these have been prescribed by an accredited physician for the insured), gambling abuse or sex misuse
- injury that arose in conjunction with health and medical care, for example in conjunction with investigation, treatment, advice, care or pharmaceuticals.

The insurance does not cover costs that relate to:

- in-patient care for a period longer than one (1) month
- preventive care including health checks in addition to what is stated in the respective product conditions
- non-symptomatic diagnostic tests and examinations
- cosmetic surgery or treatment or consequences thereof
- alternative forms of treatment performed by an unauthorised care provider who is not licensed by the National Board of Health and Welfare or an osteopath who is not a member of the Swedish Osteopathic Association and alternative treatment products and preparations
- vaccinations including desensitization
- hearing aid, CPAP and the diagnostic testing of such medical devices
- dental treatment, jaw and bite physiology including the making of appointments, regardless of cause
- geriatric care, that is to say care and nursing aimed at affording old people financial security, housing, medical devices and personal care such as domestic assistance, home nursing and homes for the elderly
- personal expenses during hospital care, and costs of relatives or other persons in conjunction with the hospital care
- reimbursement by some other means according to a special law or enactment, international convention, other insurance or collective agreement
- an appointment regarding medical care, treatment or surgery that has been cancelled too late, or not attended. Cancellation must be made no later than 24 hours before the appointment regarding medical care, treatment or surgery. Euro Accident reserves the right to recover costs from the insured.

3.4 Care guarantee

From the time when Euro Accident has obtained all necessary medical documentation, the insured is guaranteed within:

- seven working days to receive a first consultation, via a visit or by telephone, by a care provider with specialist competence

– 14 working days of the insurer's decision in respect of adequate medical services, have surgery or other treatment, where this is medically possible.

The guarantee does not apply if surgery or other treatment must be postponed for medical reasons, or because the insured does not accept the time for the admission.

The guarantee applies to the care that is possible to access within the private sector in Sweden.

If the care guarantee is not met, SEK 1,000 per day will be paid until the date of admission for surgery or other treatment, subject to the precondition that the insured has made contact within the guarantee period and made a claim concerning compensation for non-compliance with the care guarantee to Euro Accident. The maximum reimbursement is one (1) annual premium relating to the insured. Repayment will be made to the party paying the premium.

The insurance covers additional costs for travel and accommodation if care in another district is necessary in order to comply with the care guarantee.

3.5 Liability period

The liability period, in respect of sickness or accidental injury, is unlimited up to and including the end of the month in which the insured attains the age of 67 unless otherwise indicated by the group scheme agreement.

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.

3.6 Deductible

The insurance can be applied for with or without a deductible. One deductible is always applied for voluntary insurance and co-insured child. The deductible shall be paid on a per diagnosis basis; with a maximum of one (1) deductible applied for any diagnoses that have a medical link.

The deductible shall be paid by the insured. A reminder in accordance with law (1981: 739) on compensation for collection costs, etc, will be charged in the event of delay in payment of the deductible.

3.7 Sum insured

The sum insured is unlimited unless otherwise is stipulated in the respective reimbursement section of the product conditions.

3.8 Validity abroad

See Clause 1.11 regarding validity abroad.

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