



Group Scheme Insurance

Pre-purchase information
2025

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Group Scheme Insurance with Euro Accident

This pre-purchase information is a general and brief information that you are entitled to receive before you take out an insurance with Euro Accident. The pre-purchase information is provided by law and it is important that you read it to get a clear picture of the scope of the insurance. Also feel free to save this document.

The information cover all insurance products that may be included in Euro Accident's Group Scheme Insurance, and consequently also such insurance as may not be of any relevance to you.

The pre-purchase information does not constitute Euro Accident's insurance conditions. You can get the complete conditions from your insurance intermediary, your employer or the group representative who arranged the group scheme agreement through which you are covered. Complete insurance conditions are also available at Euro Accident's website euroaccident.se.

If it is especially important to you to have some particular insurance cover you should find out whether this is included before you apply for the insurance.

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.

'Group scheme insurance' works like this

The basis of group scheme insurance is the group agreement made between Euro Accident and your insurance intermediary, your employer or other group representative.

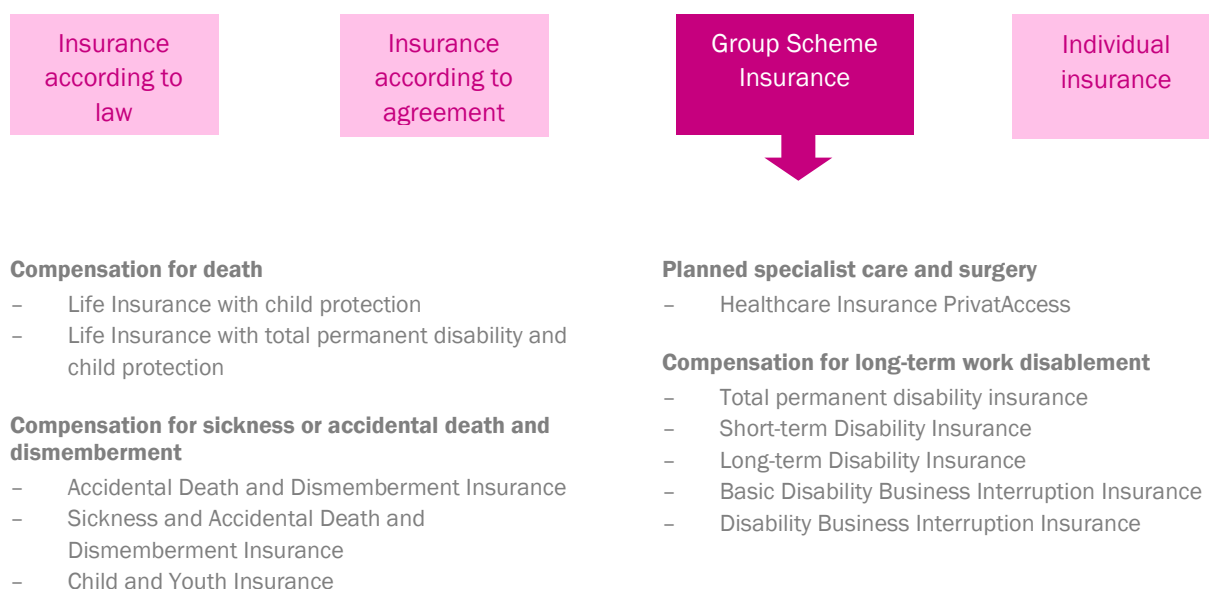
Each group scheme agreement contains specific conditions and prerequisites which, among other things, influence how you can apply for insurance, pay premiums and which insurance cover you can choose.

In some cases, members of your family may also be covered.

Euro Accident is entitled to change the insurance conditions and the insurance premium upon annual renewal. This means that Euro Accident is entitled upon an annual renewal to change the conditions, so that for instance diagnoses and forms of treatment that were previously compensated are exempted following the change.

Group Scheme Insurance – part of your total insurance cover

Euro Accident's Group Scheme Insurance may contain one or more different insurance products, which supplement the protection you are covered by through law and agreements.



Questions before you apply for insurance

If you have any questions you should before you apply for insurance contact your insurance intermediary, your employer or the group representative who arranged the group scheme agreement through which you are covered. You are also welcome to read more at euroaccident.se.

Euro Accident will in some cases pay commission to your insurance intermediary for distribution of

insurance products. Euro Accident's employees only receive a fixed remuneration.

You can visit the Swedish Consumer Agency's consumer advice service Hallå Konsument (hallakonsument.se), the municipal consumer advisors and the Swedish Consumers' Insurance Bureau (konsumenternas.se) for further advice and assistance.

Explanation of some terms

Liability period

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

Work disablement

'Work disablement' means that the work capacity of the insured has been eliminated or impaired due to sickness or accidental injury and that the insured is as a result receiving benefits from the Social Insurance Agency.

Voluntary group scheme insurance

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

Fully capable of working

'Fully capable of working' means that the normal work can be performed without restriction and that sick pay from your 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 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.

Beneficiary

The person who has been designated beneficiary contained in these insurance conditions or through a separate designation of beneficiary, receives payment of the insurance' face amount upon the death of the insured.

Insured

The person whose life or health an insurance applies.

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. In case of Basic Disability Business Interruption Insurance and Disability Business Interruption Insurance the policyholder is the business in respect of which the Disability Business Interruption Insurance has been applied for.

ICD code

ICD codes refer to the International Statistical Classifications of Diseases and Related Health Problems ICD-10, issued in Sweden 1997, approved by the World Health Organisation. ICD-10 will also be applied if the classification is changed or if diagnosis codes are amended or added. The classification is available on the Swedish National Board of Health and Welfare's website (socialstyrelsen.se).

Pre-existing condition clause

The period of time of work disablement which must have elapsed before compensation may be paid.

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 Healthcare Insurance PrivatAccess.

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.

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 changes to the consumer price index and fixed for the entire calendar year.

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.

Life Insurance with child protection

General

Life insurance

Life Insurance means that a death benefit will be paid to the beneficiaries in the event of the death of the insured.

As regards 'companion and keyman insurance', where the insurance applied for on the life of a person other than the policyholder's own life, the payment will be made to the policyholder upon the death of the insured.

The beneficiaries for the death benefit to be paid are the persons shown in the order stated below, unless the insured has given notice in writing to Euro Accident of another nomination:

- a) the insured's husband/wife, registered partner or cohabitee
- b) the insured's heirs. In the event that the heirs have been nominated, the sum insured is apportioned according to the rules of law of inheritance.

Child protection

Child protection covers those children of the insured, husband/wife, registered partner, cohabitee who are entitled to inherit and means that one (1) price base amount will be paid as a lump sum to the estate of the deceased child if the child dies before the age of 18.

Who can apply for the insurance

See General underwriting guidelines under General Information.

Maximum sum insured

The insurance is available, individually or in combination with other Life Insurance through a group scheme agreement with Euro Accident, up to a maximum of 50 price base amounts.

The insurance will pay

- one (1) lump sum in the event of the death of the insured
- one (1) price base amount in the event of the death of a child of the insured, husband/wife, registered partner or cohabitee who is entitled to inherit.

Important restrictions

Child protection

In order to be covered by child protection, the child must not have attained the age of 16 or have been granted nursing allowance at the time the insurance is applied for.

See also Restrictions under General information.

Validity of cover abroad

Life Insurance with child protection applies in the event of a stay outside the Nordic countries regardless of the length of the stay.

Life Insurance with total permanent disability and child protection

General

Life insurance

Life Insurance means that a death benefit will be paid to the beneficiaries in the event of the death of the insured.

As regards 'companion insurance and keyman insurance', where the insurance applied for is on the life of a person other than the policyholder's own life, the payment will be made to the policyholder upon the death of the insured.

The beneficiaries for the death benefit to be paid are the persons shown in the order stated below, unless

the insured has given notice in writing to Euro Accident of another nomination:

- a) the insured's husband/wife, registered partner or cohabitee
- b) the insured's heirs. In the event that the heirs have been nominated, the sum insured is apportioned according to the rules of law of inheritance.

Total permanent disability

Total permanent disability provides for a payment of a lump sum if the insured is unable to work. It is a requirement that the insured, before attaining the age of 60, becomes incapable of working to an extent of at least 50 per cent of full capability for 30 of the last 36 months. A right to partial payment of total permanent disability corresponding to 25 per cent of the sum insured, taking into account any age reduction, arises if an insured has, before attaining the age of 60, been incapable of working to a level amounting to at least 50 per cent for 18 of the last 19 months.

The amount of the compensation depends upon the insured's age at the time the right to total permanent disability arises. The amount payable reduces in steps when the insured has attained the age of 40. This gradual reduction ends at the age of 60. In the event that a death occurs and if total permanent disability has already been paid out, the death benefit will be reduced.

Child protection

Child protection covers the children of the insured, husband/wife, registered partner, cohabitee who are entitled to inherit and means that one (1) price base amount is paid out as a lump sum to the estate of the deceased child if the child dies before the age of 18.

Who can apply for the insurance

The insurance can be applied for by a person who has attained the age of 16 but not 65, is resident and registered as resident in the Nordic countries and entitled to compensation from a Swedish social insurance agency or the corresponding in a Nordic country.

In order to apply for total permanent disability insurance, it is required that you were fully capable of

working for the last three months before the insurance was applied for.

Maximum sum insured

The insurance is available, individually or in combination with other Life Insurance through a group scheme agreement with Euro Accident, up to a maximum of 50 price base amounts.

The insurance is available, individually or in combination with Total Permanent Disability Insurance through a group scheme agreement with Euro Accident, up to a maximum of 50 price base amounts.

The insurance will pay

- one (1) lump sum in the event of the death of the insured
- one (1) lump sum in the event of work disablement of at least 50%, that lasted for a certain period, before the age of 60.
- one (1) price base amount in the event of the death of a child of the insured, husband/wife, registered partner or cohabitee who is entitled to inherit

Important restrictions

Total permanent disability

Total permanent disability will not include work disablement caused by:

- misuse-related illness
- chronic fatigue syndrome
- mental illness or stress-related illness that has manifested itself within 24 months after the insurance was applied for.

Child protection

In order to be covered by child protection, the child must not have attained the age of 16 or have been granted nursing allowance at the time the insurance is applied for.

See also Restrictions under General information.

Validity of cover abroad

Life Insurance with child protection applies in the event of a stay outside the Nordic countries regardless of the length of the stay. The component 'total permanent disability' applies in the event of a stay outside the Nordic countries for up to twelve months.

Total permanent disability insurance

General

Total permanent disability insurance provides for a payment of a lump sum if the insured is unable to

work. It is a requirement that the insured, before attaining the age of 60, becomes incapable of working to an extent of at least 50 per cent of full capability for

30 of the last 36 months. A right to partial payment corresponding to 25 per cent of the sum insured, taking into account any age reduction, arises if an insured has been incapable of working as described above for 18 of the last 19 months.

The amount of the compensation depends upon the insured's age at the time the right to total permanent disability arises. The amount payable reduces in steps when the insured has attained the age of 40. The insurance applies for at most up to and including the end of the month in which the insured attains the age of 60.

Compensation is not paid if the insured has died.

Option right means that an insured who does not have a husband/wife, registered partner, cohabitee or child at the time the insurance is applied for, and whose family situation later changes, is entitled to within one year apply for Life Insurance with child protection without providing a new health declaration.

Who can apply for the insurance

The insurance can be applied for by a person who has attained the age of 16 but not 57, is permanently resident and registered as resident in Sweden and is entitled to compensation from a Swedish social insurance agency.

In order to apply for the insurance it is also required that you were fully capable of working for the last three months before the insurance was applied for.

Maximum sum insured

The insurance is available, individually or in combination with Life Insurance with total permanent disability and child protection through a group scheme agreement with Euro Accident, up to a maximum of 50 price base amounts.

The insurance will pay

One (1) lump sum in the event of work disablement of at least 50 per cent, which lasted for a certain period, before the age of 60.

Important restrictions

Total permanent disability does not include work disablement caused by:

- misuse-related illness
- chronic fatigue syndrome
- mental or stress-related illness which has manifested itself within 24 months after the insurance was applied for.

See also Restrictions under General information.

Validity of cover abroad

'Total permanent disability' applies in the event of a stay outside the Nordic countries for up to twelve months.

Accidental Death and Dismemberment Insurance

General

Accidental Death and Dismemberment Insurance applies 24/7 for accidental injury which occurs during the term of the insurance.

The insurance will pay the insured's costs in the event of an accident and provides compensation if the accidental injury results in impaired bodily function or reduced capacity to work.

'Accidental injury' means the bodily injury that the insured sustains involuntarily upon a sudden, unforeseen external occurrence. 'External occurrence' means force to the body from an external source.

Bodily injury due to frostbite, heatstroke or sunstroke, and infection as a consequence of a tick bite are equated to accidental injury, sudden knee twist injury, Achilles tendon rupture, retinal detachment, sudden deafness, heart attack and stroke.

In order for retinal detachment, sudden deafness, heart attack and stroke to be equated to accidental injury it is required that the insured has not been medicated and/or treated for a complaint which may be considered to be linked with the accidental injury.

Who can apply for the insurance

See General underwriting guideline under General information.

Maximum sum insured

Voluntary insurance

The insurance is available, individually or in combination with Sickness and Accidental Death and Dismemberment Insurance through a group scheme agreement with Euro Accident, up to a maximum of 50 price base amounts.

Mandatory insurance

The insurance is available, in combination with Accidental Death and Dismemberment Insurance

working hours and/or Sickness and Accidental Death and Dismemberment Insurance through a group scheme agreement with Euro Accident, up to a maximum of 50 price base amounts.

Voluntary insurance in combination with mandatory insurance

Voluntary Accidental Death and Dismemberment Insurance and/or Sickness and Accidental Death and Dismemberment Insurance is available, in combination with mandatory Accidental Death and Dismemberment Insurance and/or Accidental Death and Dismemberment Insurance working hours through a group scheme agreement with Euro Accident, up to a maximum of 80 price base amounts. The same applies to voluntary Accidental Death and Dismemberment Insurance in combination with mandatory Sickness and Accidental Death and Dismemberment Insurance.

Voluntary Sickness and Accidental Death and Dismemberment Insurance is available, in combination with mandatory Sickness and Accidental Death and Dismemberment Insurance through a group scheme agreement with Euro Accident, up to a maximum of 50 price base amounts.

The insurance will pay

- medical expenses, up to the high-cost protection level, for at most three years
- dental injury expenses, for at most five years
- travel expenses, up to the high-cost protection level, for at most three years
- additional costs, up to three price base amounts
- costs for rehabilitation and medical devices, up to two price base amounts
- daily compensation in the event of work disablement of at least 25 per cent, from and including day 29 and at most up to and including day 90, up to SEK 200 per day
- medical disability
- professional disability
- scars or other change in respect of appearance, maximised to 10 price base amounts
- crisis therapy, up to ten occasions of treatment by a registered psychologist or registered psychotherapist
- death benefit, one (1) price base amount.

Medical disability means that the insured has incurred a lasting permanent impairment of bodily function as a consequence of an accidental injury. The injury shall have led to some measurable disability within three years.

Professional disability means that the insured's work capacity has been lastingly impaired, by at least 50 per cent, as a result of an accidental injury.

This compensation is dependent upon first the degree of disability and second the sum insured.

The amount of the compensation reduces from the age of 56 by 5 percentage points per year in the case of medical disability and by 5 percentage points per year from the age of 46 in the case of professional disability.

Compensation is never paid for both medical and professional disability.

Important restrictions

Bodily injury is not regarded as an accidental injury if it arose through:

- complaints which may be assumed to be linked with overloading, monotonous movements, repetitive strain, pathological change or change due to age
- infection/contagion through bacteria or virus
- a deterioration of the health status caused by the use of medical preparations, intervention, treatment or examination
- complaint caused by pregnancy, childbirth and/or the consequences thereof
- such a condition which according to medical experience, can be deemed to result from sickness, change due to age, physical defect or pathological changes.

The insurance will not pay:

- private care or private treatment
- dental injury as a consequence of chewing or biting, inflammation or other dental illnesses
- additional costs in business activities
- deterioration regarding medical and financial disability that occurs 10 years or later after the accident does not entitle to additional disability compensation.

See also Restrictions under General information.

Validity of abroad

The Accidental Death and Dismemberment Insurance applies to stays outside the Nordic countries for up to twelve months.

Sickness and Accidental Death and Dismemberment Insurance

General

The Sickness and Accidental Death and Dismemberment Insurance applies 24/7 to sickness or accidental injury which occurs during the term of the insurance.

The insurance will pay the insured's costs in the event of an accident and provides compensation if the sickness or accidental injury results in impaired bodily function. Compensation may also be paid in the event of a reduced capacity to work due to accident.

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

'Accidental injury' means the bodily injury that the insured sustains involuntarily upon a sudden, unforeseen external occurrence. 'External occurrence' means force to the body from an external source.

Bodily injury due to frostbite, heatstroke or sunstroke, infection as a consequence of a tick bite, sudden knee twist injury, Achilles tendon rupture, retinal detachment, sudden deafness, heart attack and stroke are also equated to accidental injury.

In order for retinal detachment, sudden deafness, heart attack and stroke to be equated to accidental injury it is required that the insured has not been medicated and/or treated for a complaint which may be considered to be linked with the accidental injury.

Who can apply for the insurance

See General underwriting guideline under General Information.

Maximum sum insured

Voluntary insurance

The insurance is available, individually or in combination with Accidental Death and Dismemberment Insurance through a group scheme agreement with Euro Accident, up to a maximum of 50 price base amounts.

Mandatory insurance

The insurance is available, in combination with Accidental Death and Dismemberment Insurance and/or Accidental Death and Dismemberment Insurance working hours through a group scheme

agreement with Euro Accident, up to a maximum of 50 price base amounts.

Voluntary insurance in combination with mandatory insurance

Voluntary Accidental Death and Dismemberment Insurance and/or Sickness and Accidental Death and Dismemberment Insurance is available, in combination with mandatory Accidental Death and Dismemberment Insurance and/or Accidental Death and Dismemberment Insurance working hours through a group scheme agreement with Euro Accident, up to a maximum of 80 price base amounts. The same applies to voluntary Accidental Death and Dismemberment Insurance in combination with mandatory Sickness and Accidental Death and Dismemberment Insurance.

Voluntary Sickness and Accidental Death and Dismemberment Insurance is available, in combination with mandatory Sickness and Accidental Death and Dismemberment Insurance through a group scheme agreement with Euro Accident, up to a maximum of 50 price base amounts.

The insurance will pay

The following costs can be paid by the insurance in conjunction with accidental injury:

- medical expenses, up to the high-cost protection level, for at most three years
- dental injury expenses, for at most five years
- travel expenses, up to the high-cost protection level, for at most three years
- additional costs, up to three price base amounts
- costs for rehabilitation and medical, up to at most two price base amounts
- daily compensation in the event of work disablement of at least 25 per cent, from and including day 29 and at most up to and including day 90, up to SEK 200 per day
- medical disability
- professional disability
- scars or other change in respect of appearance, maximised to 10 price base amounts
- crisis therapy, up to ten occasions of treatment by a registered psychologist or registered psychotherapist
- death benefit, one (1) price base amount.

In the event of sickness the insurance compensates:

- medical disability
- scars or other change in respect of appearance, maximised to 10 price base amounts.

Medical disability means that the insured has incurred a lasting permanent impairment of bodily function as a

consequence of sickness or accidental injury. The injury shall have led to some measurable disability within three years.

Professional disability means that the insured's work capacity has been lastingly impaired, by at least 50 per cent, as a result of an accidental injury.

This compensation is dependent upon first the degree of disability and second the sum insured.

The amount of the compensation reduces from the age of 56 by 5 percentage points per year in the case of medical disability and by 5 percentage points per year from the age of 46 in the case of professional disability.

Compensation is never paid for both medical disability and professional disability.

Important restrictions

Sickness or accidental injury does not mean:

- a deterioration of the health status that is deemed to result from misuse of alcohol, narcotic substances, soporifics, other pharmaceuticals or intoxicants
- a deterioration of the health status caused by the use of medical preparations, intervention, treatment or examination
- complaint caused by pregnancy, childbirth and/or consequences thereof
- complaints which may be assumed to be linked with overloading, monotonous movements,

repetitive strain or change due to age for example arthritis, lumbago, intervertebral disc displacement or muscle rupture.

Bodily injury is not regarded as an accidental injury if it arose through:

- infection/contagion through bacteria or virus
- such a condition which, according to medical experience, can be deemed to result from change due to age, physical defect or pathological changes.

The insurance will not pay:

- private care or private treatment
- dental injury as a consequence of chewing or biting, inflammation or other dental illnesses
- additional costs in business activities
- disability or costs linked to chronic fatigue syndrome and conditions comparable thereto, e.g. myalgic encephalomyelitis
- deterioration regarding medical and financial disability that occurs 10 years or later after the accident does not entitle to additional disability compensation.

See also Restrictions under General information.

Validity abroad

The Sickness and Accidental Death and Dismemberment Insurance applies to stays outside the Nordic countries for up to twelve months.

Child and Youth Insurance

General

Child and Youth Insurance applies 24/7 for sickness or accidental injury which occurs during the term of the insurance.

The insurance will pay the insured's costs in the event of an accident and provides compensation if the sickness or accident results in impaired bodily function or reduced capacity to work, referred to as 'disability'.

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

'Accidental injury' means the bodily injury that the insured sustains involuntary upon a sudden,

unforeseen external occurrence. 'External occurrence' means force to the body from an external source.

Bodily injury due to frostbite, heatstroke or sunstroke, and infection as a consequence of a tick bite, sudden knee twist injury, and Achilles tendon rupture are equated to accidental injury.

Who can be covered by the insurance

The children who can be insured are those children of a group member/insured and of the husband/wife, registered partner, cohabitee who are entitled to inherit. The insurance can be applied for up to their 20th birthday and can provide cover at most up to and including the end of the month in which they attain the age of 25, unless otherwise agreed

Children born outside the Nordic countries

In the case of sickness

Children born outside the Nordic countries are covered by the insurance only after one (1) year has elapsed since the child have arrived in Sweden.

In the case of accident

An adoptive child from a country outside the Nordic countries will be covered by the insurance as soon as the child arrived in Sweden provided consent under Chapter 6, Section 12 of the Social Welfare Act (1980:620) is in place at that time.

Maximum sum insured

The insurance is available, individually or in combination with other Child and Youth Insurance through a group scheme agreement with Euro Accident, up to a maximum of 50 price base amounts.

The insurance will pay

The following costs can be paid by the insurance in conjunction with accidental injury:

- medical expenses, up to the high-cost protection level for at most three years
- dental injury expenses, for at most five years
- travel expenses, up to the high-cost protection level for at most three years
- additional costs, up to three price base amounts
- costs for rehabilitation and medical devices, up to two price base amounts.

The insurance compensates the following in conjunction with sickness or accidental injury:

- medical disability
- professional disability
- scars or other change in respect of appearance, maximised to 10 price base amounts
- crisis therapy, up to ten occasions of treatment by a registered psychologist or registered psychotherapist
- in case of a hospital stay, 0.75 per cent of the price base amount per day, for at most 365 days
- for care at home of a child aged under 16, 0.75 per cent of the price base amount, for at most 30 days
- death benefit, one (1) price base amount
- costs allowance, up to one (1) price base amount per year in the case of full care allowance for children aged up to 19, for at most three years
- costs allowance, for the period that the custodian of an insured child has been granted temporary parental benefit in conjunction with the care of a seriously ill child, for children aged up to 18.

Medical disability means that the insured has incurred a lasting permanent impairment of bodily function as a consequence of sickness or accidental injury. The injury shall have led to some measurable disability within three years.

Professional disability means that the insured's work capacity has been lastingly impaired, by at least 50 per cent, as a result of sickness or accidental injury.

This compensation is dependent upon first the degree of disability together with the sum insured and the level of activity compensation granted.

Compensation is never paid for both medical and professional disability.

Important restrictions

Sickness or accidental injury does not mean:

- a deterioration of the health status that is deemed to result from misuse of alcohol, narcotic substances, soporifics, other pharmaceuticals or intoxicants
- a deterioration of the health status caused by the use of medical preparations, intervention, treatment or examination
- complaint caused by pregnancy, childbirth and/or consequences thereof
- complaints in respect of bones, joints, muscles, nerves, discs, cartilage, tendons or connective tissue which may be assumed to be linked with overloading, monotonous movements, repetitive strain or change due to age.

Bodily injury is not regarded as an accidental injury if it arose through:

- infection/contagion through bacteria or virus
- such a condition which, according to medical experience, can be deemed to result from change due to age, physical defect or pathological changes.

The insurance will, among other things, not pay:

- private care or private treatment
- dental injury as a consequence of chewing or biting, inflammation and/or other dental illnesses
- refractive error and squint, unless it was caused by sickness or accidental injury
- further medical or professional disability that occurs entirely or to some extent after having attained the age of 30.

The insurance does not apply to sickness, physical defect or mental developmental disorder where the symptom had manifested itself before the insurance entered into force.

The insurance does not apply to certain kinds of congenital disease where the symptom manifested itself before the age of six.

Examples of congenital diseases are:

- haemophilia (haemophilia UNS) ICD D66
- cystic fibrosis ICD E84
- epilepsy ICD G40
- disorder of muscle ICD M62
- sensorineural hearing loss ICD H90.

Examples of sicknesses and conditions that are completely exempted from compensation:

- cerebral palsy ICD G80
- dyslexia ICD R48.0, acalculia and other learning difficulties
- delayed speech and language development (developmental disorders of speech and language, unspecified) ICD F80
- childhood autism, ICD F84 and disorders similar to autism, for example Asperger syndrome, ICD F84.5
- chronic fatigue syndrome and conditions comparable thereto, e.g. myalgic encephalomyelitis ICD G93
- congenital malformations, deformations and chromosomal abnormalities ICD Q00-99
- hyperkinetic disorders, for example ADHD ICD F90, delayed milestone (delayed attainment of

expected physiological developmental stage, late talker/walker) ICD R62, DAMP ICD F90, ADD ICD F90 and comparable illnesses/disorders

- psychomotor delay/developmental disorder, for example Rett syndrome ICD F84.2.

For insurances coming into force after the age of ten, there is no right to compensation in respect of mental and behavioural disorders in accordance with ICD F00-F69, that arise within four years from the commencement date of the insurance.

See also Restrictions under General information.

Validity abroad

The Child and Youth Insurance applies in the event of a stay outside the Nordic countries for up to twelve months.

Healthcare Insurance PrivatAccess

General

Healthcare Insurance PrivatAccess applies to examination, treatment or other medical service covered by the insurance and which is performed in Sweden during the period that the insurance is in force.

In order to be entitled to care it is required that the insured:

- is permanently resident and also registered as resident in Sweden or is permanently resident in another Nordic country and
- is entitled to compensation from a Swedish social insurance agency or the corresponding within the Nordic countries.

Care is always provided in Sweden.

There are three different levels of scope for Healthcare Insurance PrivatAccess: Bronze, Silver and Gold.

Care guarantee

Healthcare Insurance PrivatAccess guarantees: consultation by a care provider with specialist competence within seven working days and surgery or treatment within 14 working days of the insurer's decision concerning measures.

If the care guarantee is not met, SEK 1,000 per working day will be paid until the date of admission for surgery or other treatment. This is 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.

Deductible

Healthcare Insurance PrivatAccess Bronze and Silver can be applied for with or without a deductible Healthcare Insurance PrivatAccess Gold is always applied for without a deductible. It is stated in the application documents what applies for the specific insurance.

The deductible is SEK 500 for Healthcare Insurance PrivatAccess Bronze and SEK 750 for Healthcare Insurance PrivatAccess Silver, unless otherwise agreed, and shall be paid by the insured. The deductible does not need to be paid by the insured in the case of a sickness or injury where public medical care services or E-care service is used.

The Insurance products covers	Bronze	Silver	Gold
Specialist care	•	•	•
Surgery and hospital care	•	•	•
Healthcare advice	•	•	•
Psychologist, psychotherapist	•	•	•
Dietician	•	•	•
Patient fees	•	•	•
Travel exceeding 100 km per one-way trip and accommodation	•	•	•
Post surgical rehabilitation	•	•	•
Medical devices	•	•	•
Second opinion	•	•	•
Extended medical care services	•	•	•
E-care service		•	•
Physiotherapist, naprapath, chiropractor, osteopath		•	•
Acupuncture		•	•
Pharmaceuticals		•	•
Treatment of eye, ear-nose-throat and respiratory tract infections		•	•
Counselling (Employee Assistance Program (EAP))			•

Liability period

The liability period, in respect of sickness or accidental injury, is unlimited up to and including the end of the month 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.

Who can apply for the insurance

See General underwriting guideline under General Information.

The children who can be coinsured are those of the group member/insured and also of the husband/wife, registered partner, cohabitee who are entitled to

inherit. The insurance can be applied for up to their 20th birthday and can provide cover at most up to and including the end of the month in which they attain the age of 25.

Children cannot be coinsured under Healthcare Insurance PrivatAccess Gold.

Important restrictions

Insurance which has been granted with a pre-existing condition will not reimburse expenses for sickness, injury, complaint, or consequences thereof, which the insured had symptoms of, received care for or had been medicated for prior to the effective date of this insurance.

However, the insurance does apply where a medical investigation shows that more than one (1) year has elapsed since the existing condition was last subject of treatment, check, examination or medication and the insured has been without symptoms during the same period.

The insurance does not cover:

- emergency medical or intensive care except patient fees up to the high-cost protection level
- congenital diseases, birth injuries
- 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 or the Communicable Diseases Ordinance together with consequences thereof.
- conditions of chronic pain *)
- fibromyalgia *)
- chronic fatigue syndrome
- organ transplant
- dialysis treatment
- immunotherapy and precision medicine for cancer
- non-treatable back complaints*)
- snoring problems, except sleep apnoea
- correction of vision
- intravitreal injection
- examination or treatment of glaucoma *)
- surgical procedures for insured who smokes, unless the insured has refrained from smoking for 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, treatment of varicose veins in the leg *)
- rosacea and psoriasis or the consequences thereof *)
- treatment for constriction of coronary vessels (PCI)
- checks, treatment and surgery for underweight/overweight/obesity and consequential illness
- examination or treatment of Crohn disease and ulcerative colitis *)
- sterilisation including reversal thereof, examination or treatment related with involuntary childlessness
- sexual dysfunction
- dementia diseases
- diagnostics and treatment of hyperkinetic conditions or intellectual disability
- treatment of eating disorder, psychosis disease, bipolar syndrome, personality disorder or specific phobic conditions.

*) covered, however, by Healthcare Insurance PrivatAccess Gold.

The insurance does not cover sickness/injury/complaint caused by:

- performance-enhancing substances, medication prescribed by a physician for a specific sickness or accidental injury is not covered by the restriction
- various forms of misuse of for example pharmaceuticals, alcohol, other intoxicants, narcotic substances, gambling abuse or sex misuse
- injury that arose within health and medical care.

The insurance does not cover costs that relate to:

- in-patient care for more than 30 days *)
- non-symptomatic diagnostic tests and examinations
- cosmetic 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
- vaccinations
- preventive care including health checks
- hearing aid, CPAP and the diagnostic testing of such medical devices
- dental treatment, jaw and bite physiology including the making of appointments
- geriatric care
- private expenses during hospital care
- appointment that was cancelled too late or not attended in respect of medical care, treatment or surgery.

*) Ninety days apply for Healthcare Insurance PrivatAccess Gold.

See also Restrictions under General information.

Validity of abroad

Healthcare Insurance PrivatAccess will reimburse any deductible paid by the insured to the travel insurance company or home insurance company, of at most SEK 5,000. One precondition for a right to compensation is that the amount of the loss exceeds the deductible under the travel or home insurance.

Otherwise, Healthcare Insurance PrivatAccess only covers costs in conjunction with planned care in Sweden and for planned care and treatment performed by a care provider in Sweden.

Short-term Disability Insurance

General

Monthly compensation in the case of work disablement

Short-term Disability Insurance provides the insured with monthly payments during a limited period if the insured cannot work due to sickness or accident. The insurance can be applied for with a fixed annual amount. The highest level of pay carrying rights to compensation is 20 price base amounts per year, unless otherwise agreed. The first payment will normally be made after a three-month qualifying period.

Diagnosis capital

The insurance may also provide compensation with a lump sum of one (1) price base amount for diagnoses which are specified in the insurance conditions. This compensation is only paid for one (1) diagnosed illness.

Who can apply for the insurance

See General underwriting guideline under General Information.

The insurance will pay

The insurance pays the following in the case of injury:

- monthly compensation for at most 36 months in respect of work disablement of at least 25 per cent
- one (1) price base amount, referred to as 'diagnosis capital', if the insured is afflicted by a certain illness, for example cancer ICD C00-C43, C45-97, myocardial infarction ICD I21 or cerebral infarction ICD I60-63.

Important restrictions

Monthly compensation in the case of work disablement

The insurance will not pay compensation for:

- misuse-related illness
- chronic fatigue syndrome
- mental illness or stress-related illness which has manifested itself within 24 months after the insurance was applied for.

In the event that the insured in conjunction with sick leave obtains income after tax that is higher than 90 per cent of the salary for full-time work after tax, compensation is only paid up to 90 per cent.

If you are work disabled after the age of 66 the compensation may be limited in accordance with the applicable rules and assessment of the Social Insurance Agency.

Diagnosis capital

The insurance does not cover:

- misuse-related illness
- diagnosis made before the insurance was applied for.

Nor will the insurance pay compensation for a diagnosis, condition or surgery if there have been symptoms or illness linked to the diagnosis, condition or surgery during twelve months before the insurance became effective. This restriction does not apply to the diagnoses cerebral infarction and acute myocardial infarction.

See also Restrictions under General information.

Validity of cover abroad

Short-term Disability Insurance applies to stays outside the Nordic countries for up to twelve months.

Long-term Disability Insurance

General

Monthly compensation in the case of work disablement

Long-term Disability Insurance provides the insured with monthly payments if the insured cannot work due to sickness or accident. The insurance can be applied for with a fixed annual amount. The highest level of pay carrying rights to compensation is 20 price base

amounts per year, unless otherwise agreed. The first payment will normally be made after a three-month qualifying period.

Diagnosis capital

The insurance may also provide compensation with a lump sum of one (1) price base amount for diagnoses which are specified in the insurance conditions. This

compensation is only paid for one (1) diagnosed illness.

Who can apply for the insurance

See General underwriting guideline under General Information.

The insurance will pay

The insurance pays the following in the case of injury:

- ongoing monthly compensation in respect of work disablement of at least 25 per cent
- one (1) price base amount, referred to as 'diagnosis capital', if the insured is afflicted by a certain illness, for example cancer ICD C00-C43, C45-97, myocardial infarction ICD I21 or stroke ICD I60-63.

Important restrictions

Monthly compensation in the case of work disablement

The insurance will not pay compensation for:

- misuse-related illness
- chronic fatigue syndrome
- mental illness or stress-related illness that has manifested itself within 24 months after the insurance was applied for.

In the event that the insured in conjunction with sick leave obtains income after tax that is higher than 90 per cent of the salary for full-time work after tax, compensation is only paid up to 90 per cent.

If you are work disabled after the age of 66, the compensation may be limited in accordance with the applicable rules and assessment of the Social Insurance Agency.

Diagnosis capital

The insurance does not cover:

- misuse-related illness
- diagnosis made before the insurance was applied for.

Nor will the insurance pay compensation for a diagnosis, condition or surgery if there have been symptoms or illness linked to the diagnosis, condition or surgery during twelve months before the insurance became effective. This restriction does not apply to the diagnoses stroke and acute myocardial infarction.

See also Restrictions under General information.

Validity of cover abroad

Long-term Disability Insurance applies to stays outside the Nordic countries for up to twelve months.

Basic Disability Business Interruption Insurance

General

Basic Disability Business Interruption Insurance provides monthly compensation to the policyholder if the policyholder becomes work disabled due to sickness or accidental injury.

Basic Disability Business Interruption Insurance ensures the future payment of ongoing and recurring costs, even when the insured is absent due to sickness. The employees' salaries, rent for premises, fixed costs for electricity and telecom and fixed interest and leasing costs are examples of costs covered by the Basic Disability Business Interruption Insurance.

One precondition for the right to compensation is that the insurance is in force and that the premium is paid during the period of the incapacity for work.

Who can apply for the insurance

See General underwriting guideline under General Information.

The insurance will pay

The insurance pays the following in the case of injury:

- monthly compensation for one period of 12 months in the event of business interruption in the policyholder's business caused by the insured person being afflicted by at least 25 per cent work disablement that lasts for a longer time than one (1) month

Important restrictions

The insurance does not cover work disablement due to:

- pregnancy, childbirth or the consequences thereof
- a deterioration of the health status that is deemed to result from misuse of alcohol, narcotic substances, soporifics, other pharmaceuticals or intoxicants
- chronic fatigue syndrome
- mental or stress-related illness which has manifested itself within 24 months after the insurance was applied for.

The insurance only covers work disablement caused by an accidental injury during the first six months.

See also Restrictions under General information.

Validity of cover abroad

Basic Disability Business Interruption Insurance applies to stays outside the Nordic countries for up to twelve months.

Disability Business Interruption Insurance

General

Disability Business Interruption Insurance provides monthly compensation to the policyholder if the policyholder becomes work disabled due to sickness or accidental injury.

Disability Business Interruption Insurance ensures the future payment of ongoing and recurring fixed costs, even when the insured is absent due to sickness. The employees' salaries, rent for premises, fixed costs for electricity and telecom and fixed interest and leasing costs are examples of costs covered by the Disability Business Interruption Insurance.

One precondition for the right to compensation is that the insurance is in force and that the premium is paid during the period of the incapacity for work.

Who can apply for the insurance

See General underwriting guideline under General Information.

The insurance will pay

The insurance pays the following in the case of injury:

- monthly compensation for a maximum of three periods of up to 12 months each in the event of business interruption in the policyholder's business caused by the insured person being afflicted by at least 25 per cent work disablement which lasts for a longer time than one (1) month
- the remainder of the sum insured will be paid in the case of death during the ongoing

compensation period, however for a maximum of six months from the death.

Important restrictions

The insurance does not cover work disablement due to:

- pregnancy, childbirth or the consequences thereof
- a deterioration of the health status that is deemed to result from misuse of alcohol, narcotic substances, soporifics, other pharmaceuticals or intoxicants
- chronic fatigue syndrome
- mental or stress-related illness that has manifested itself within 24 months after the insurance was applied for

The insurance only covers work disablement and death caused by an accidental injury during the first six months.

The insurance will not pay compensation exceeding five price base amounts during the first operational year.

See also Restrictions under General information.

Validity of cover abroad

The Disability Business Interruption Insurance applies to stays outside the Nordic countries for up to twelve months.

General information

Insurer

The insurer, Euro Accident Livförsäkring AB, is the insurance company that enter into the insurance agreement and thereby carry the insurance risk.

Finansinspektionen is the supervisory authority.

Premium

The premium is calculated for one year at a time and is determined of, among other things, the level of

compensation selected and on the insured's age upon the immediately following birthday.

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.

The premium is not tax deductible for a private person but amounts paid out are exempt from income tax

according to Swedish tax legislation. Basic Disability Business Interruption Insurance is an exception.

General underwriting guideline

Voluntary group scheme insurance

Voluntary group scheme insurance can be applied for by a person who:

- has attained the age of 16 but not 65 and
- is permanently resident and also registered as resident in Sweden
- is entitled to compensation from a Swedish social insurance agency.

Mandatory group scheme insurance

Agreements relating to mandatory group scheme insurance may be entered into by Swedish companies, associations, federations or corresponding foreign organisations that have a permanent establishment in Sweden.

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

A person may join a mandatory group scheme insurance subject to the precondition that they:

- have attained the age of 16 but not 65 and
- are permanently resident and also registered as resident in Sweden or have their main occupation in Sweden but are permanently resident in another Nordic country and
- are entitled to compensation from a Swedish social insurance agency or the corresponding agency in a Nordic country.

Voluntary and mandatory group scheme insurance

Deviations may occur, which in that case will be indicated under the respective product information above.

Group scheme insurance cannot be applied for on a mandatory or voluntary basis by participants in sports teams or sports associations.

Term of insurance

Voluntary group scheme insurance

The insurance starts to apply on the date following the date the application was made to Euro Accident, or to some other party who receives documents on behalf of Euro Accident.

Mandatory group scheme insurance

The insurance starts to apply from the date specified in the group scheme agreement.

A precondition for the insurance to start to apply is that the requirements for joining the insurance have been satisfied, that complete application documents have

been submitted and that the insurance can be granted in accordance with Euro Accident's health statusguidelines.

Cessation of the insurance

The insurance applies at most up to and including the end of the month in which the insured attains the age of 67 unless otherwise stated in the earlier product information. If the insurance terminates for another reason, the insured may in certain cases apply for similar insurance protection on other conditions and premiums, through our continuation insurance.

Under certain circumstances the insured may also be covered by three months' extended insurance cover, referred to as 'extended cover protection', when an insurance ceases to apply.

Upon attaining the termination age, the insured may be entitled to apply for Senior Insurance in the form of Life Insurance and/or Accidental Death and Dismemberment Insurance and/or Healthcare Insurance PrivatAccess. The conditions and premiums for senior insurance differ from those for the preceding group scheme insurance.

It is possible for a child who has been covered by the Child and Youth Insurance and/or Healthcare Insurance PrivatAccess and who has attained the termination age for the insurance to apply for continued insurance, unless otherwise agreed.

Restrictions

The insurance contains various restrictions and exclusions, which means that the insurance does not apply in certain situations. All restrictions and exclusions are shown in the insurance conditions. Examples of when the insurance does not apply are given below.

Incorrect or incomplete information

If incorrect or incomplete information has been provided concerning circumstances that are of relevance to the assessment of the insurance risk, this may mean that the insurance will be terminated or amended and that the right to insurance compensation lapses completely or in part.

Inducing a loss

Compensation may be reduced or lapse completely if the insured has incurred an injury in conjunction with the insured:

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.

Criminal act

In the case of sickness or accidental injury the compensation may be reduced, cease or lapse completely in the event of in conjunction with the insured committing or participating in a criminal act that, according to Swedish law, may lead to imprisonment.

War, warlike political unrest, armed conflict or the like

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

However, if the insured is staying in countries or area 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 due to war, warlike political unrest, armed conflict or the like.

Terrorism and mass destruction

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

Nuclear processes

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

Sport

The insurance does not apply for 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. 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).

Hazardous activities

The insurance does not apply to losses as a consequence of the insured participating in adventure activity, expedition activity or other hazardous activities. Examples of exempted activities are martial arts, leisure diving at depths greater than 18 metres, mountain climbing, motor sports, off-pist skiing.

Costs which are reimbursed by some other means

The insurance does not compensate costs that are reimbursed by some other means such as other insurance or collective agreement.

In the event of a loss

Sickness, accident or death shall be notified to Euro Accident as soon as possible.

Forms for giving notice can be obtained at euroaccident.se or ordered from the insurance intermediary engaged or Euro Accident. As regards certain costs the insured may get compensation immediately through calling Euro Accident. The relevant telephone numbers are shown at euroaccident.se.

Keep original receipts and certificates as supporting documentation so that Euro Accident will be able to pay out compensation for healthcare visits, pharmaceuticals, travel and other costs.

For advice and booking of care through Healthcare Insurance PrivatAccess the insured may call Euro Accident's Medical Call Center. The telephone number is available on Euro Accident's website euroaccident.se.

Insureds who are covered by Healthcare Insurance PrivatAccess Silver or Gold may, without having first contacted Euro Accident's Medical Call Center, also seek care for milder medical conditions directly via Euro Accident's E-care service at euroaccident.se.

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

Loss notification register

Euro Accident is authorised 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 registration of claims reports means that certain personal data will be processed. The personal data controller for the register is Skadeanmälningsregister (GSR) AB.

The processing of personal data that Skadeanmälningsregister (GSR) AB performs complies with the General Data Protection Regulation. The processing is based on Article 6.1 f of this Regulation. This means in practical terms that a balance has been made between on the one hand the integrity interests of the data subject and on the other hand the insurance companies' needs to be able to identify unclear losses and avoid making payments of insurance indemnity based on incorrect data.

Skadeanmälningregister (GSR) AB
Box 24171
104 51 Stockholm
Website: gsr.se

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.

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 in 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.

If we do not agree

If you are not satisfied with the processing of your claims matter you should in the first instance turn to Euro Accident and request to have the matter reconsidered. If we do not reach agreement you can refer to the National Board for Consumer Disputes or the Board for Insurance of Persons. You can obtain advice without charge from the Swedish Consumers' Insurance Bureau. Insurance matters can also be considered by a Swedish court, in the first instance a district court

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ACCIDENT
försäkring + hälsa