



Occupational Pension Insurance

Conditions
2024

INNEHÅLL

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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, requirements for joining, effective date, cessation and premium rules. The insurance statement contains information about the insurance products purchased.

The insurance conditions are divided into:

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

1.1.1 Occupational pension insurance products available

Products offered within the framework of these Occupational Pension Insurance Conditions:

- Long-term disability – PlanSjuk
- Premium Waiver Insurance
- Survivor's Pension

In these conditions the term 'Occupational Pension Insurance' means, unless otherwise stated, all three of the occupational pension insurance products mentioned above, whether applied for separately or in combination.

1.1.2 Insurer

The insurer for all occupational pension insurance products available is Euro Accident Livförsäkring AB, referred to below as Euro Accident.

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

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

All of the occupational pension insurance products available are classified as 'pension insurance' according to the Income Taxes Act (1999:1229). In the capacity of insurer, Euro Accident provides the control information which, according to the Tax Procedure Act (2011: 1244), must be provided on pension insurance.

1.2 The insurance agreement

1.2.1 Parties to the agreement

The insurance agreement is concluded between the insurer and the policyholder in accordance with the policyholder's occupational pension policy.

1.2.2 Content

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

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

1.2.3 Amendment of conditions

Euro Accident is entitled to amend the conditions during the term of the insurance where the amendment is to the benefit of the policyholder or if the preconditions for the agreement have changed as a result of amended statute or other enactment, changed application of statute or other enactment or due to an official regulation.

The same applies if the preconditions for the insurance agreement have changed in such a way that an amendment to the conditions is needed for technical reasons, the nature of the insurance or if an amendment of the conditions is necessary due to some other special circumstance.

An amendment to the conditions applies with effect from the end of the current premium period or at such earlier date as prescribed by law. However, the amendment may start to apply at the earliest one month after Euro Accident having provided information about the new conditions to the policyholder.

1.3 General underwriting and conversion guidelines

Occupational Pension Insurance agreements may be concluded by companies with a Swedish corporate identity number and with a permanent operational establishment in Sweden.

An application for occupational pension insurance may be made for employees who have:

- attained the age of 16 and up to the date when the person attains the age of 62
- is resident and also registered as resident in Sweden and

- who is entitled to compensation from a Swedish social insurance agency, unless otherwise agreed.

For employees who are resident in another Nordic country

An employee who has their main occupation in Sweden but is permanently resident in another Nordic country and is entitled to compensation from a Swedish social insurance agency or the corresponding in a Nordic country may be covered by the insurance.

Owners in partnerships, limited partnerships or sole proprietorships can take out Disability Insurance, Premium Waiver Insurance and Survivor's Pension privately.

In order for Euro Accident to grant Occupational Pension Insurance it is normally required that the applicant is fully capable of working, see the heading 'Fully capable of working'. A person who is not fully capable of working at the time of affiliation may join the insurance later applying the health status review guidelines applicable at any given time in respect of the agreement concerned regarding applications for new insurance.

A person who is unemployed will not be granted Occupational Pension Insurance, as the main purpose of this insurance/these insurance products is to compensate the loss of income from work and loss of occupational pension premium.

Nor can a person in receipt of full parental benefit apply for Occupational Pension Insurance.

Occupational Pension Insurance cannot be applied for on a mandatory basis by participants in sports teams or sports associations.

Underwriting and health status review guidelines may vary between different agreements and are set out in the agreement.

Following a health status review the insurance may:

- be granted with normal premiums and conditions
- be granted with exemptions and/or premium loadings
- be 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.

See also the heading 'Effective date of the insurance'.

It is required that the reinsurer has approved the application if individual insurance in the case of an application for new insurance or an extension is of such size that it has to be reinsured.

1.3.1 Application for new Premium Waiver Insurance

Premium Waiver Insurance can only be applied for in combination with ongoing provisions for pension insurance.

An employer who applies for Premium Waiver Insurance must have adopted a documented pension policy. This policy shall indicate the employer's undertaking in such detail that the undertaking can serve as a basis for Premium Waiver Insurance. Euro Accident reserves the right to retrospectively check that the Premium Waiver Insurance complies with the company's pension policy and not exceeded the maximum scope for pension provisions.

1.3.2 Application for new Survivor's Pension

Survivor's Pension can only be applied for before attaining the age of 60 and in combination with Long-term disability – PlanSjuk. The maximum amount for the sum insured is the amount agreed.

1.3.3 Conversion of disability insurance

Disability insurance can be converted to Euro Accident for a person who has attained the age of 16 and up to the date when the person attains the age of 66.

In the event of conversion of disability insurance in place from another insurer to the same or lower benefits level than the level applicable with the ceding insurer, the conversion is subject to being fully capable of working. The conversion rule in respect of Long-term disability – PlanSjuk can only be utilised by companies with more than five persons insured and in conjunction with an application for mandatory Long-term disability – PlanSjuk.

Conversion subject to being fully capable of working, takes effect at the levels of income carrying rights to compensation, that is to say earned income or income from active business activities, reported most recently to the ceding insurer. It shall be possible for this to be verified by the company.

1.3.4 Conversion of Premium Waiver Insurance

Premium Waiver Insurance can be converted to Euro Accident for a person who has attained the age of 16 and up to the date when the person attains the age of 66.

In the event of conversion of a Premium Waiver Insurance in place from another insurer to the same or lower level than the level applicable with the ceding insurer, the conversion is subject to being fully capable

of working. The conversion rule in respect of Premium Waiver Insurance can only be utilised by companies with more than five persons insured and in conjunction with an application for mandatory Premium Waiver Insurance.

Conversion subject to being fully capable of working, takes effect at the sums insured reported most recently to the ceding insurer and subject to the precondition that this does not exceed the agreed premium for the pension insurance to which the premium waiver refers. It shall be possible for the company to verify the premiums.

1.3.5 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 incapacity for 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, dormant activity compensation, sickness compensation or corresponding compensation has not been granted.

The 'Social Insurance Agency' and 'compensation' also means the corresponding agencies and benefits in any of the Nordic countries.

If it should transpire in conjunction with a loss occurrence or at another date that the insured was not fully capable of working at the time the insurance entered into force, this may mean that the insurance will lapse completely or partially or that Euro Accident is entitled to limit any compensation under the insurance, see the heading "Restrictions/Incorrect or incomplete information".

1.4 Effective date of the insurance

1.4.1 Voluntary insurance

Unless a later date has been stated in the application documents, the insurance will become effective on the date following the date on which the application was made to Euro Accident subject to the precondition that:

- the insurance, according to the guidelines applicable at any given time, can be granted subject to an approved health status review
- complete application documents have been received by Euro Accident.

If the sum insured is of such amount that according to the guidelines applicable at any given time it is

necessary to have a further health status review or if the insurance is to be reinsured to some extent and if such a health status review or decision of the reinsurance company indicates that the insurance can be granted only with premium loadings and/or an exclusion clause, the insurance only applies when a decision concerning premium loadings and an exclusion clause respectively has been notified to the policyholder and accepted by them.

1.4.2 Mandatory insurance

The insurance agreement becomes effective on the date following the date on which the application was made to Euro Accident, unless a later date has been stated in the application documents, subject to the precondition that it is possible to grant cover, according to the underwriting guidelines applicable at any given time, and that complete application documents have been received.

The insurance agreement covers all employees of the policyholder in a defined group, subject to the precondition that they are entitled to join subject to an approved health status review and that they have been notified to Euro Accident upon the effective date of the insurance agreement.

An employed CEO, with or without collective agreement, may be included in the defined group.

The policyholder or the insured must certify that the employee is fully capable of working at the time the application is signed.

If the sum insured is of such amount that according to the guidelines applicable at any given time it is necessary to have a further health status review or if the insurance is to be reinsured to some extent and if such a health status review or decision of the reinsurance company indicates that the insurance can be granted only with premium loadings and/or an exclusion clause, the insurance only applies when a decision concerning premium loadings and an exclusion clause respectively has been notified to the policyholder and accepted by them.

New employment after the agreement has been entered into

For a new employee to join, the insurance applies from and including the commencement of the employment, provided that:

- the application was received at the earliest one month before and at the latest three months after the commencement of the employment
- it is possible to grant cover, in accordance with the underwriting guidelines applicable at any given time, subject to an approved health status review

- complete application documents have been received by Euro Accident.

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

1.5 Premium

1.5.1 Premium calculation

The premium is determined when the insurance becomes effective. Premiums for later premium periods are calculated for each year on the basis of the insured's age, salary, compensation level selected and/or sum insured.

1.5.2 Premium payment

The premium shall be paid on the due date stated in the invoice or indicated in some other way. Premium notification can be made by another party on behalf of Euro Accident.

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 the date on which it was sent by Euro Accident or another party engaged by Euro Accident. The insurance ceases to apply if the premium is not paid within that time limit.

If notice of termination has taken effect and if the delay does not relate to the first premium for the insurance, the policyholder is entitled to the reinstatement of the insurance to its former scope if the outstanding premium amount is paid within 90 days from the date that the notice took effect.

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

1.5.3 Premium waiver

Premium waiver is granted in respect of the time that the period of sickness lasts after the applicable qualifying period and in proportion to the level of impairment to work capacity.

If work capacity is reduced by at least 25 per cent, the insurance provides entitlement to premium waiver for as long as the incapacity for work lasts, though at most to the agreed retirement age, in respect of the premium agreed and actually paid for the Long-term

disability – PlanSjuk, the Premium Waiver Insurance and the Survivor's Pension.

Furthermore, in case of Premium Waiver Insurance, the premium waiver is granted for at most the agreed premium payment period applicable for the underlying pension insurance.

1.6 Leave of absence and parental leave

In the case of leave of absence and parental leave, the employer may continue with the payment of premiums for the insured. If the employer during the leave of absence or parental leave declines the payment of premiums, there is a right to re-enter the insurance agreement following the conclusion of the leave of absence or parental leave with the same insurance cover as applied prior to the leave of absence or parental leave.

Premium suspension will not be granted if the insured is the policyholder.

For re-entry, the leave of absence or parental leave may not have lasted for a longer period than 18 months and the employee shall be fully capable of working upon re-entry. A new health status review will be requested if notice of re-entry is made later than three months after the employee having re-entered into service with the employer.

If the leave of absence or parental leave lasted for a longer period than 18 months, the employee must apply for new insurance, subject to a health status review.

1.7 Cessation of the insurance

An individual insurance applies at most up to and including the end of the month when the insured attains the agreed retirement age stated in the insurance agreement, although at most up to the end of the month when the insured attains the age of 67.

The insurance will cease to apply before then when:

- the insured is no longer employed by the policyholder
- the insured does not receive any income from work or income from business activities
- the insured has been on leave of absence or parental leave for a longer period than 18 consecutive months, see the heading 'Premium/Leave of absence and parental leave'
- the policyholder has given notice terminating the insurance agreement
- the premium is not paid when due, see the heading 'Premium/Payment of premium'.

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.

The provisions set out under the heading 'Premium Waiver Insurance/Right to premium waiver payment' apply to Premium Waiver Insurance in addition to that stated above.

It is an obligation of the policyholder or the insured to notify the above changes to Euro Accident without delay. If the above is not reported in time, premiums will be refunded for a maximum of the last twelve months.

1.7.1 Notice of termination

The policyholder is entitled to give notice terminating an occupational pension insurance agreement with effect at the end of the month following written notice of termination being received by Euro Accident, unless otherwise agreed.

1.7.2 Extended cover protection

If the employment ceases for some reason other than retirement and subject to the precondition that the insured has been covered by the insurance for more than six months, the insurance applies for a further 90 days from the cessation of the employment, although at most up to the end of the month when the insured attains the age of 67.

The extended cover protection, in the case of Survivor's Pension, ceases before then in the event of that the insured obtains other employment with occupational pension rights.

The extended cover protection, in the case of Premium Waiver Insurance, ceases before then in the event of that the insured joins a new comparable insurance.

The extended cover protection, in the case of Long-term disability – PlanSjuk, ceases before then in the event of that the insured joins a new healthcare plan or utilises the right to Continuation Insurance, see the heading 'Continuation Insurance'.

1.7.3 Assignment, pledges and use as collateral

The policyholder is entitled to assign the Occupational Pension Insurance within three months counted from the date of the cessation of the employment.

An assignment can be made:

- from a former employer to a new employer
- from an employer to the insured, provided that the premium continues to be paid via a sole

proprietorship, partnership or limited partnership.

Occupational Pension Insurance may not be pledged or used as collateral.

1.7.4 Continuation Insurance

The insured is, subject to the precondition that the insured has been covered by Long-term disability – PlanSjuk for more than six months, entitled to apply for Continuation Insurance if the employment ceases before the retirement age stated in the insurance agreement, although at most up to the age of 65.

An application for Continuation Insurance is to be made within 90 days from the insurance having ceased. If the insured in some other way joins comparable insurance, the right to Continuation Insurance lapses.

Premiums for Continuation Insurance are determined on the basis of the insured's age and applicable sum insured.

The Continuation Insurance can partly have another structure and other conditions of insurance than the disability insurance applicable during the term of the employment.

In the case of Premium Waiver Insurance or Survivor's Pension the insured is not entitled to apply for Continuation Insurance unless otherwise agreed.

1.8 Restrictions

1.8.1 Duty of disclosure

The policyholder or the insured is liable to upon request provide information that may be of relevance to whether the insurance is to be granted, extended or renewed. The same obligation applies in conjunction with claims handling.

It is an obligation of the policyholder or the insured to without delay give notice of the following to Euro Accident:

- information about earned income or income from active business activities
- information about changed earned income/income from active business activities
- information about new employment alternatively cessation of employment
- information about incapacity for work of the insured
- information about other changes that may affect the insurance cover or its compensation
- in the case of Premium Waiver Insurance, the amount of the pension insurance premium for which premium waiver insurance is desired.

If the policyholder fails to give notice of the above-mentioned changes in time, they should start to apply from the date when notice was given to Euro Accident.

1.8.2 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 has been provided, this may mean that the insurance may be declared completely or partially invalid. The insurance agreement can be declared invalid or the insurance cover may be reduced to the level and scope that would have applied considering the payments made if correct and complete information had been provided. Premium paid for previous periods will not be repaid. The provisions under the headings 'Long-term disability – Plansjuk/Overinsurance' and 'Premium Waiver Insurance/Overinsurance' apply if the policyholder or the insured under Long-term disability–PlanSjuk or Premium Waiver Insurance provides incorrect information about the insured's earned income or income from active business activities or healthcare benefits, or concerning premium cost.

1.8.3 Inducing a loss

The insurance does not apply if the insured has intentionally induced a loss or sickness that resulted in incapacity for work.

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

- having by intent or gross negligence induced a loss or aggravated its consequences
- is assumed to have acted or failed to act in the knowledge that this entailed a significant risk of the loss occurring
- has been caused an injury through active participation in a fight, gang quarrel, riot or the like
- has incurred an injury that has been caused by them being influenced by alcohol, other intoxicants, soporifics, narcotic substances or as a consequence of the use of pharmaceuticals in an improper way.

The compensation will be reduced to the extent reasonable considering the circumstances generally.

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.

1.8.4 Criminal act

The compensation may be reduced, cease or lapse completely in the event of loss or incapacity for work

that arose in conjunction with the insured committing or participating in a criminal act that, according to Swedish law, may lead to imprisonment. The above does not apply to Survivor's Pension.

1.8.5 Force majeure

The insurance does not apply for loss that may arise if the assessment of the right to insurance, investigation of the loss or payment of compensation is delayed or made impossible 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.

1.8.6 War, warlike political unrest, armed conflict or similar in Sweden

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

1.8.7 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 similar.

1.8.8 Terrorism and mass destruction

The insurance does not apply for losses that are connected to an act of terrorism that has been caused by the dispersal of weapons of mass destruction in the form of biological, chemical or nuclear substances 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 the intention of influencing governments or to put the general public, or parts of the general public, in danger. An act of terrorism may include, but is not limited to, the actual use of power, violence or threat of such. The perpetrators may either act individually, or on the assignment of, or in collusion with another organisation or government.

1.8.9 Nuclear processes

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

1.9 General guidelines

1.9.1 Action for payment

An insurance loss shall be reported to Euro Accident as soon as possible.

Forms can be obtained via euroaccident.se or the insurance intermediary representing the policyholder and the insured group.

If Euro Accident so 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.

Long-term disability – PlanSjuk and Premium Waiver Insurance

To receive compensation under Long-term disability – PlanSjuk and Premium Waiver Insurance the application must be made as soon as possible after the qualifying period. When giving notice a medical certificate must be attached. This certificate must certify the insured's incapacity for work.

If the Social Insurance Agency has decided to grant, amend or withdraw the insured's right to activity compensation, sickness compensation or temporary sickness compensation, such decision shall be immediately forwarded to Euro Accident.

One precondition for the right to compensation is that the insured during the period of sickness is continuously under the supervision of a physician, observes the physician's directions and complies with Euro Accident's instructions issued in consultation with a physician.

In order to establish the right to compensation Euro Accident may request that the insured shall attend an examination at a specially assigned physician in Sweden.

If the payment relates to Premium Waiver Insurance it can only be made directly to such nominated insurer as grants pension insurance and subject to the precondition that the insurance agreement in question with the insurer relates to retirement or survivor's pension according to tax category P and also provided it is the same person insured as the premium waiver payment relates to.

Survivor's Pension

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

If it is not possible for Euro Accident to be aware that the death has occurred, a representative of the estate of the deceased must notify the death to Euro Accident, which will provide forms for giving notice of death.

Beneficiaries shall verify their right to benefits by a Death Certificate and Kinship Investigation from the Swedish Tax Agency. Euro Accident is entitled to request a provision of supplementary information, such as copies of estate inventories, in order to verify the right to a benefit.

1.9.2 Time of payment and provisions concerning interest

After a right to compensation has arisen, and when the insured, or for Survivor's Pension, the person who requests a payment has taken the action prescribed to receive payment and also presented the investigation that may reasonably be requested to determine Euro Accident's payment obligation, payment shall be made, or in those cases involving periodic payments shall commence, within one month thereafter.

If payment is made later, interest for delay shall be paid to the insured, or in the case of Survivor's Pension the person who requests payment, according to the Interest Act. Euro Accident is not liable beyond this for any loss that may arise if the investigation in respect of claims results in a delay in payment.

Interest for delay is not paid if the delay results from circumstances as referred to under the heading 'Restrictions/Force Majeure'.

Premium Waiver Insurance

Euro Accident is only responsible for compensation being paid under the insurance agreement. Euro Accident is never responsible for any exchange loss due to incorrect or delay in providing information of relevance to the payment of the compensation amount.

1.9.3 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 institute proceedings is always six months from when Euro Accident has declared that the company has adopted a final position on the claim.

1.10 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 Privacy Policy available at euroaccident.se or by contacting Euro Accident.

Our Privacy 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.

1.11 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.

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

1.12 Review 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 lawyer, claims specialist, senior claims adjuster and product manager. If necessary an external lawyer will participate in the considerations of the Committee.

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: Teknologgatan 8 C, Stockholm
Website: arn.se

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

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

For advice without charge contact:

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

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

2 Explanation of terms

Employee

'Employee' means a permanent (indefinite-term) employee who is not counted as a business operator, see above. Probationary employment is dealt with as permanent employment if it is intended that it should transfer to permanent employment. The employee may upon application not be on leave of absence or parental leave. The income should be fixed and Euro Accident as a rule disregards overtime compensation and similar remuneration if this is not paid regularly.

It is possible for an employee engaged by the hour to request an exemption to be able to apply for insurance depending on the nature of the employment and other circumstances.

Income from work

'Income from work' means earned income and income from active business activities as follows:

- Fixed pay including holiday supplement (monthly pay x 12.2)
- Benefits in kind in the form of completely free food or housing, valued in accordance with the tax agency's rules
- Commission, bonuses and the like, including holiday supplement
- Compensation for regular shift work, staggered working hours, on-duty time or standby work, including holiday supplement
- Car benefit, subject to the precondition that your employer certifies that the car benefit will be withdrawn in the event of long-term sick leave.

Incapacity for work

'Incapacity for work' 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 on the right to sickness or rehabilitation benefit, activity compensation, sickness compensation or other compensation due to incapacity for work. Periods with sick pay are also regarded as incapacity for 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 shall attend an examination at a specially assigned physician.

Voluntary insurance

Employers apply for insurance for individuals through a separate application.

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 incapacity for work.

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

The 'Social Insurance Agency' and 'compensation' also means the corresponding agencies and benefits in any of the Nordic countries.

Business operator

Limited company:

- Shareholders who either themselves or together with a husband/wife, registered partner, parent or children, own at least one third or more of the shares in the company.
- The husband/wife, registered partner of the business operator active in the company.
- The husband/wife or registered partner of a business operator active in the company, with or without their own shareholding, is counted as business operator.
- Children of a business operator are counted as business operators if they own at least one share.
- Siblings cannot aggregate their shares.

How the shareholdings of a business operator are aggregated:

Aggregate the shareholder's portion of the shares with shares that are owned by a husband or wife, registered partner, parent or a child active in the company. If the total amounts to at least one third, such person is regarded as a business operator.

Part-owners of limited companies that own less than one third of the shares are regarded as an employee.

Partnership:

- Partner
- Partners' husband/wife, registered partner.

Limited partnership:

- General partner
- General partners' husband/wife, registered partner.

Other forms of company:

- All owners

Beneficiary

The person who has been nominated beneficiary by virtue of these insurance conditions or through a separate nomination of beneficiary, receives payment of the sum insured from insurance upon the death of the insured.

Insured

The person on whose life or health an insurance applies.

Insurance agreement

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

Group eligible for insurance

A defined group of persons who according to agreement are entitled to apply for or join insurance.

Policyholder

Policyholder and similarly owner of all Occupational Pension Insurance is an employer or a natural person with an income from sole proprietorship, partnership or limited partnership that enters into an insurance agreement with the insurer.

Husband/wife

Person with whom the insured is married.

Mandatory insurance

Insurance where all employees in a defined group are, according to the agreed requirements for joining, affiliated by measures taken by their employer.

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). These calculations are made on the basis of the changes 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 (Act (1994:1117)).

Cohabitee

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

Savings insurance

Savings insurance is insurance for capital growth and aims to provide the policyholder or beneficiary with a capital sum or periodic income.

3 Long-term disability – PlanSjuk

3.1 Scope

The insurance will pay continuous compensation in the case of incapacity for work following the stipulated qualifying periods shown in the insurance agreement.

3.2 Right to compensation

A right to receive compensation applies if the insured due to sickness or accidental injury becomes totally incapacitated for work or has their work capacity reduced by at least 25 per cent, for the time that the period of sickness lasts beyond the qualifying period. 'Period of sickness' means the time that the incapacity for work lasts without interruption during the term of the insurance.

An impairment of work capacity by at least 25 per cent affords a right to compensation with such a proportion of the sum insured as corresponds to the impairment of work capacity.

One precondition for a right to compensation is that the insured during the period of sickness:

- is continuously under the supervision of a physician
- observes the physician's directions
- complies with the rehabilitation plan determined by their employer or by Euro Accident
- is available and participates in the work of mapping and implementing appropriate initiatives.

To be entitled to compensation the premium for Long-term disability – PlanSjuk must have been paid on the date of the loss and during the qualifying period.

3.3 Assessment of incapacity for work

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

Euro Accident will assess the scope of the incapacity for work on the basis of the reduction to work capacity that may be deemed to have been caused by objectively determinable symptoms and disability. When making this assessment Euro Accident will take into account whether the insured is capable of working.

Euro Accident does not consider that there is an incapacity for work if the insured can perform some

kind of work that may be requested of the insured considering their age, previous education and activity, retraining or other similar measure and residential situation.

3.4 Rehabilitation insurance ComeBack with Employee Assistance Program (EAP)

Rehabilitation insurance ComeBack with EAP includes:

- EAP
- Survey of needs for measures
- Preparation of a plan of action
- Coordination and follow-up
- Measures
- Evaluation and summary at closing

The complete conditions are attached at the end of these conditions.

3.5 Second opinion – further assessment

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

3.6 Restrictions

The right to compensation only applies for periods after the insured's 16th birthday and periods before the end of the month in which the insured attains the age of 67, unless otherwise agreed. The compensation may be limited in time within the said limits.

If the insured is incapacitated for work after the age of 66 the compensation may be limited in accordance with the applicable rules and assessment of the Social Insurance Agency.

The right to compensation always ceases upon attaining the agreed retirement age.

3.6.1 Misuse

The insurance does not apply for the insured's incapacity for work that results from the insured's misuse of alcohol, other intoxicants, sleeping or narcotic substances or improper use of pharmaceuticals.

3.7 Qualifying period

'Qualifying period' is the time that the period of sickness must endure before the right to compensation arises. 'Period of sickness' means the

time that the incapacity for work lasts without interruption during the term of the insurance. The insurance documents indicate the qualifying period applicable for the insurance agreement.

A fixed qualifying period applies when the insured's incapacity for work, according to the assessment of Euro Accident, has been temporarily impaired.

A variable qualifying period (R-qualifying period) applies after the period of sickness that endured until Euro Accident considers that the incapacity for work of the insured has been permanently impaired due to sickness or accidental injury. However, the qualifying period can never be shorter than 90 days counted from the first day of the period of sickness.

3.7.1 Recurrent incapacity for work

Recurrence of sickness within twelve months with the same complaints

If the insured once again becomes incapacitated for work by at least 25 per cent for longer than 14 consecutive days within twelve months counted from the end of the preceding period of sickness, and where the complaints are considered to be connected to the earlier period of incapacity for work, the new period shall be regarded as a recurrence of sickness. As the new period of incapacity for work arose within twelve months, it is regarded as being the same loss as the earlier one and no new qualifying period will apply. If the insured's compensation amount has changed between these periods of incapacity for work, the new period will be settled on the basis of the latest revised sum insured.

Recurrence of sickness within twelve months with new complaints

If the insured once again becomes incapacitated for work by at least 25 per cent for longer than 14 consecutive days within twelve months counted from the end of the preceding period of sickness, and where the complaints are not considered to be connected to the earlier period of incapacity for work, the new period shall be regarded as a new loss occurrence. As the new period of incapacity for work arose within twelve months the insured may be entitled to a reduction of qualifying period, see the heading 'Reduction of qualifying period'. If the insured's compensation amount has changed between these periods of incapacity for work, the new period will be settled on the basis of the latest revised sum insured.

New incapacity for work after twelve months

If the insured once again becomes incapacitated for work by at least 25 per cent later than twelve months counted from the end of the preceding period of sickness, the new period shall be regarded as a new loss occurrence. In that case a new qualifying period of 90 days applies for the new period.

3.7.2 Reduction of qualifying period

If a new period of incapacity for work, longer than 14 consecutive days, arises within twelve months counted from the end of the preceding period of incapacity for work the insured may be entitled to a reduction of the qualifying period.

This is calculated on the basis of the first day of the new period of incapacity for work and twelve months back. The reduction of qualifying period is all days of incapacity for work longer than 14 days within these twelve months.

3.8 Qualifying period – special diagnoses

A qualifying period according to this heading only refers to the following professional groups:

- maritime, fishing
- heavy industry (steel, metal, pulp, sawmills, slaughterhouses and mines)
- public sector activity
- healthcare
- premises care.

If the incapacity for work results from:

- back, joint or muscular complaints that cannot be shown to have been caused by an accident
- fibromyalgia
- chronic conditions of pain
- chronic fatigue syndrome, e.g. myalgic encephalomyelitis,

for payments to be made under the insurance it is required that the insurance has been in force without interruption with Euro Accident or with another insurer for at least 24 months before the sickness occurred. It is also required that the insured during this consecutive period of 24 months has not become ill with any of the above-mentioned sicknesses or complaints.

If the insured became ill with any of the above sicknesses or complaints during the first 24 months, it is required that the insured has been free of complaint for more than 36 months after the last occasion of sickness for any payment to be made.

There is thereafter no limitation to the right to compensation in the case of impaired work capacity as referred to above.

3.9 Compensation levels

The insurance statement specifies the compensation level applicable for the insured.

A reported earned income and income from active business activities constitutes the basis for the

determination of the sum insured which will be paid as a result of incapacity for work due to sickness or accidental injury.

The following tables indicate how the sums insured are calculated for the respective level of disability insurance.

Occupational pensions for salaried employees in the private sector - sickness (ITP-sjuk)			
	0-10 price base amounts	10 price base amounts - 20 income base amounts	20-30 income base amounts
3 mon	10 %	65 %	32,5 %
12 mon	0 %	65 %	32,5 %
	0-7,5 price base amounts	7.5 price base amounts - 20 income base amounts	20-30 income base amounts
Variable	15 %	65 %	32,5 %

Supplementary occupational pensions for salaried employees in the private sector (ITP-komplettering)			
	0-10 price base amounts	10 price base amounts - 20 income base amounts	20-30 income base amounts
3 mon	0 %	25 %	37,5 %
12 mon	10 %	25 %	37,5 %
	0-7,5 price base amounts	7.5 price base amounts - 20 income base amounts	20-30 income base amounts
Variable	10 %	25 %	37,5 %

Max sickness (Max-sjuk)			
	0-10 price base amounts	10 price base amounts - 20 income base amounts	20-30 income base amounts
3 mån	10 %	90 %	70 %
12 mån	10 %	90 %	70 %
	0-7,5 price base amounts	7.5 price base amounts - 20 income base amounts	20-30 income base amounts
Rörlig	25 %	90 %	70 %

Consolidation sickness (Kons-sjuk) for business operators			
	0-10 price base amounts	10 price base amounts - 20 income base amounts	20-30 income base amounts
3 mon	28 %	90 %	70 %
12 mon	28 %	90 %	70 %
	0-7,5 price base amounts	7.5 price base amounts - 20 income base amounts	20-30 income base amounts
Variable	43 %	90 %	70 %

3.10 Increase of sum insured

The right to make an increase in respect of mandatory and voluntary Long-term disability – PlanSjuk may vary during the term of the insurance agreement.

One precondition for a right to increase the sum insured is that the insured is fully capable of working at the time of the increase. The sum insured may not be increased during an ongoing qualifying period or period of sickness.

An increase of the sum insured applies as of the date stated in the application documents, subject to the precondition that:

- these documents have been received within three months, counted from the effective date of the increase

- the increase, according to the guidelines applicable at any given time, can be granted subject to an approved health status review
- complete application documents have been received by Euro Accident
- the increase is covered by the agreed right to make an increase
- the insurance has been in force for at least one year. This applies to the main part-owners and business operators.

The sum insured can be increased during a 12-month period according to the agreed right to make an increase. An unutilised increase cannot be saved for the following period.

If the sum insured following an increase of such amount that according to the guidelines applicable at any given time it is necessary to have a further health status review or if the insurance has to be reinsured to some extent and if such a health status review or the decision of the reinsurance company indicates that the insurance can be granted only with premium loadings and/or an exclusion clause, the increase only applies when a decision concerning premium loadings and an exclusion clause respectively has been notified to the policyholder and accepted by them.

3.11 Index supplement

The compensation amount is indexed as of January, with the same percentage rate as the price base amount has changed since January the preceding year, although at most by ten per cent. The price base amount for the calendar year in question compared with the price base amount for the preceding year forms the basis for such increase.

3.12 Aggregations of periods of sickness

If a new period of sickness commences within twelve months after the end of a period of sickness, which in its turn lasts for a longer period than twelve months, the rules on index supplements shall apply as if the two periods of sickness have endured for an uninterrupted period.

3.13 Overinsurance

Disability insurance aims to compensate the loss of earned income or income from active business activities in the event of incapacity for work. 'Overinsurance' means that the insured's aggregate healthcare benefits in relation to income is greater than what Euro Accident would at any given time grant when applying for new insurance considering the insured's income and healthcare benefits. Sick pay, sickness benefit, activity and sickness compensation under the National Insurance Act together with compensation from other disability insurance or other

similar compensation are counted as healthcare benefits.

If it transpires during the term of the insurance that the insured is overinsured, Euro Accident is entitled to reduce the sum insured in order to avoid overinsurance. The sum insured can also be reduced during an ongoing period of sickness.

A decision on reduction of the sum insured applies from and including the date when Euro Accident sent notice of the decision. The decision applies to retroactive and future payments.

If the sum insured is reduced, the premium will be adapted to the new sum insured at the same time that the decision to make a reduction started to apply. Premiums that have been paid during the term of the insurance will not be repaid.

The policyholder is liable to repay excess compensation received.

3.14 Validity of cover abroad

The insurance applies without restrictions in respect of the length of the stay abroad, provided that the insured continues to be entitled to compensation from a Swedish social insurance agency and is employed by the policyholder.

Nor is there any limitation on the length of the stay abroad provided the insured is:

- in foreign service with the Swedish state, a Swedish company or a Swedish NGO
- in service with a foreign company with a permanent link to Sweden
- in service with an international organisation with a permanent link to Sweden.

The heading 'Staying abroad during a period of sickness' shall apply in the event of a stay abroad during a period of sickness.

EAP by telephone is available regardless of where the insured is located.

3.14.1 Staying abroad during a period of sickness

If the insured leaves Sweden during an ongoing period of sickness, the insurance only affords a right to compensation for incapacity for work to the extent and for the period in respect of which it is possible to assess the continued incapacity for work on the basis of a medical examination by a physician assigned by Euro Accident, conducted prior to departure. Euro Accident is entitled to request that the insured shall attend a medical examination in Sweden if Euro Accident considers that this is necessary for Euro

Accident's assessment of the continuation of compensation in respect of an ongoing claim.

4 Premium Waiver Insurance

4.1 Scope

'Premium Waiver Insurance' means that if the work capacity of the insured is impaired to at least 25 per cent Euro Accident will make continuous premium payments to pension insurance or pension fund, regarding retirement and survivor's pension, following the stipulated qualifying periods shown in the insurance agreement.

If the regular payments of premium to the pension insurance ceases, the Premium Waiver Insurance also ceases.

4.2 Right to premium waiver payment

A right to receive premium waiver payment applies if the insured due to sickness or accidental injury becomes totally incapacitated for work or has their work capacity reduced by at least 25 per cent, for the time that the period of sickness lasts beyond the qualifying period. 'Period of sickness' means the time that the incapacity for work lasts without interruption during the term of the insurance.

An impairment of work capacity by at least 25 per cent affords a right to premium waiver payment with such a proportion of the sum insured as corresponds to the impairment of work capacity.

It is a precondition for the payment under Premium Waiver Insurance that there is an underlying pension insurance agreement in force with ongoing, regular payments of premium or alternatively regular provisions made for a pension fund. The premium to the pension insurance must amount at least to the sum insured or alternatively the provisions for a pension fund must amount at least to the sum insured.

It is furthermore a precondition for the payment under Premium Waiver Insurance that the agreed premium for the pension insurance or alternatively the provisions for a pension fund must have been paid.

The premium waiver payments cease when the insured no longer has reduced work capacity of at least 25 per cent.

One precondition for a right to premium waiver is that the insured during the period of sickness is continuously under the supervision of a physician, observes the physician's directions and complies with the rehabilitation plan determined by their employer or by the rehabilitation manager appointed by Euro Accident.

4.3 Assessment of incapacity for work

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

Euro Accident will assess the scope of the incapacity for work on the basis of the reduction to work capacity that may be deemed to have been caused by objectively determinable symptoms and disability. When making this assessment Euro Accident will take into account whether the insured is capable of working.

Euro Accident does not consider that there is an incapacity for work if the insured can perform some kind of work that may be requested of the insured considering their age, previous education and activity, retraining or other similar measure and residential situation.

4.4 Employee Assistance Program (EAP)

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

EAP is included free of charge for all insured.

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

Up to five consultations per matter and year are included in EAP, providing the following competencies:

- consultations by telephone with a registered psychologist
- consultations by telephone concerning manager support
- consultations by telephone on issues relating to practical or strategic HR work
- consultations by telephone with a financial advisor
- consultations by telephone with a lawyer
- consultations by telephone with a health coach on health- and lifestyle-related issues
- consultations by digital meetings with an ergonomist for at most two occasions at the insured's home working base.

It is possible to combine, for example, three consultations with a psychologist, one consultation

with a lawyer and one consultation with a financial advisor. EAP covers up to five consultations per calendar year in the same matter and at most five consultations regardless of whether the insured has more than one insurance where EAP is included.

4.5 Second opinion – further assessment

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

4.6 Restrictions

The right to compensation only applies for periods after the insured's 16th birthday and at most up to and including the month in which the insured attains the agreed termination age, although at most up to the age of 67. The compensation may be limited in time within the said limits.

If the insured is incapacitated for work after the age of 66 the compensation may be limited in accordance with the applicable rules and assessment of the Social Insurance Agency.

The right to premium waiver payments always ceases upon the agreed retirement age for the pension insurance to which the premium waiver refers, in the case of death or when the payment of retirement pension has commenced from the pension insurance insured for premium waiver.

4.6.1 Misuse

The insurance does not apply for the insured's incapacity for work that results from the insured's misuse of alcohol, other intoxicants, sleeping or narcotic substances or improper use of pharmaceuticals.

4.7 Qualifying period

'Qualifying period' is the time that the period of sickness must endure before the right to compensation arises. 'Period of sickness' means the time that the incapacity for work lasts without interruption during the term of the insurance. The insurance documents indicate the qualifying period applicable for the insurance agreement.

A fixed qualifying period applies when the insured's incapacity for work, according to the assessment of Euro Accident, has been temporarily impaired.

A variable qualifying period (R-qualifying period) applies after the period of sickness that endured until Euro Accident considers that the incapacity for work of the insured has been permanently impaired due to sickness or accidental injury. However, the qualifying

period can never be shorter than 90 days counted from the first day of the period of sickness.

4.7.1 Recurrent incapacity for work

Recurrence of sickness within twelve months with the same complaints

If the insured once again becomes incapacitated for work by at least 25 per cent for longer than 14 consecutive days within twelve months counted from the end of the preceding period of sickness, and where the complaints are considered to be connected to the earlier period of incapacity for work, the new period shall be regarded as a recurrence of sickness. As the new period of incapacity for work arose within twelve months, it is regarded as being the same loss as the earlier one and no new qualifying period will apply. If the insured's compensation amount has changed between these periods of incapacity for work, the new period will be settled on the basis of the latest revised sum insured.

Recurrence of sickness within twelve months with new complaints

If the insured once again becomes incapacitated for work by at least 25 per cent for longer than 14 consecutive days within twelve months counted from the end of the preceding period of sickness, and where the complaints are not considered to be connected to the earlier period of incapacity for work, the new period shall be regarded as a new loss occurrence. As the new period of incapacity for work arose within twelve months the insured may be entitled to a reduction of the qualifying period, see the heading 'Reduction of qualifying period'. If the insured's compensation amount has changed between these periods of incapacity for work, the new period will be settled on the basis of the latest revised sum insured.

New incapacity for work after twelve months

If the insured once again becomes incapacitated for work by at least 25 per cent later than twelve months counted from the end of the preceding period of sickness, the new period shall be regarded as a new loss occurrence. In that case a new qualifying period of 90 days applies for the new period.

4.7.2 Reduction of qualifying period

If a new period of incapacity for work, longer than 14 consecutive days, arises within twelve months counted from the end of the preceding period of incapacity for work the insured may be entitled to a reduction of the qualifying period.

This is calculated on the basis of the first day of the new period of incapacity for work and twelve months back. The reduction of qualifying period is all days of incapacity for work longer than 14 days within these twelve months.

4.8 Qualifying period – special diagnoses

A qualifying period according to this heading only refers to the following professional groups:

- maritime, fishing
- heavy industry (steel, metal, pulp, sawmills, slaughterhouses and mines)
- public sector activity
- healthcare
- premises care.

If the incapacity for work results from:

- back, joint or muscular complaints that cannot be shown to have been caused by an accident
- fibromyalgia
- chronic conditions of pain
- chronic fatigue syndrome, e.g. myalgic encephalomyelitis,

for payments to be made under the insurance it is required that the insurance has been in force without interruption with Euro Accident or with another insurer for at least 24 months before the sickness occurred. It is also required that the insured during this consecutive period of 24 months has not become ill with any of the above-mentioned sicknesses or complaints.

If the insured became ill with any of the above sicknesses or complaints during the first 24 months, it is required that the insured has been free of complaint for more than 36 months after the last occasion of sickness for any payment to be made.

There is thereafter no limitation to the right to compensation in the case of impaired work capacity as referred to above.

4.9 Sum insured

A reported pension premium constitutes the basis for the determination of the sum insured which will be paid as a result of incapacity for work due to sickness or accidental injury, subject to the precondition that this does not exceed the agreed and actual premium paid for the pension insurance to which the premium waiver refers.

The recipient of sum insured that becomes payable is the insurer that provided capital growth pension insurance of tax category P in respect of which the insured is covered.

4.10 Increase of sum insured

The right to make an increase in respect of Premium Waiver Insurance may vary during the term of the insurance agreement.

One precondition for a right to increase the sum insured is that the insured is fully capable of working at the time of the increase. The sum insured may not be increased during an ongoing qualifying period or period of sickness.

An increase of the sum insured applies as of the date stated in the application documents, subject to the precondition that:

- these documents have been received within three months, counted from the effective date of the increase
- the increase, according to the guidelines applicable at any given time, can be granted subject to an approved health status review
- complete application documents have been received by Euro Accident
- the insurance has been in force for at least one year. This applies to the main part-owners and business operators.

If the sum insured following an increase is of such scope that it is, according to the guidelines applicable at any given time, necessary to have a further health status review or if the insurance is to be reinsured to some extent and if such a health status review or the decision of the reinsurance company indicates that the insurance can be granted only with premium loadings and/or an exclusion clause, the increase only applies when a decision concerning premium loadings and an exclusion clause respectively has been notified to the policyholder and accepted by them.

If the employer wishes to change the applicable pension policy and the change results in an increase of the employer's commitment for premium waiver or if the change affects the premium waiver insurance component in some other way, an application shall be made to Euro Accident regarding the change before the insurance also covers such revised commitment. If the introduction of a new pension policy leads to an increase of the sum insured, a certification of being fully capable of working is required.

4.11 Index supplement

The compensation amount is indexed as of January, with the same percentage rate as the price base amount has changed since January the preceding year, although at most by ten per cent. The price base amount for the calendar year in question compared with the price base amount for the preceding year forms the basis for such increase.

4.12 Aggregations of periods of sickness

If a new period of sickness commences within twelve months after the end of a period of sickness, which in its turn lasts for a longer period than twelve months,

the rules on index supplements shall apply as if the two periods of sickness have endured for an uninterrupted period.

4.13 Overinsurance

Premium Waiver Insurance aims to compensate the policyholder's premium costs for pension insurance in respect of retirement and survivor's pension in the event of the insured's incapacity for work.

'Overinsurance' means that the premium waiver payment exceeds the premium that has been agreed or actually paid to the pension insurance to which the Premium Waiver Insurance refers.

If it transpires during the term of the insurance that the insured is overinsured, Euro Accident is entitled to reduce the sum insured in order to avoid overinsurance. The sum insured can also be reduced during an ongoing period of sickness.

A decision on reduction of the sum insured applies from and including the date when Euro Accident sent notice of the decision.

If the sum insured is reduced, the premium will be adapted to the new sum insured at the same time that the decision for a reduction started to apply. Premiums that have been paid during the term of the insurance will not be repaid.

The policyholder is liable to repay excess compensation received.

4.14 Validity of cover abroad

The insurance applies without restrictions in respect of the length of the stay abroad, provided that the insured continues to be entitled to compensation from a Swedish social insurance agency and is employed by the policyholder.

Nor is there any limitation on the length of the stay abroad provided the insured is:

- in foreign service with the Swedish state, a Swedish company or a Swedish NGO
- in service with a foreign company with a permanent link to Sweden
- in service with an international organisation with a permanent link to Sweden.

The heading 'Staying abroad during a period of sickness' shall apply in the event of a stay abroad during a period of sickness.

EAP by telephone is available regardless of where the insured is located.

4.14.1 Staying abroad during a period of sickness

If the insured leaves Sweden during an ongoing period of sickness, the insurance only affords a right to compensation for incapacity for work to the extent and for the period in respect of which it is possible to assess the continued incapacity for work on the basis of a medical examination by a physician assigned by Euro Accident, conducted prior to departure. Euro Accident is entitled to request that the insured attends for a medical examination in Sweden if Euro Accident considers that this is necessary for Euro Accident's assessment of the continuation of compensation in respect of an ongoing claim.

5 Survivor's Pension

5.1 Scope

Survivor's pension is paid during a period of at least five years in the case of death that occurs before the agreed retirement age or at the latest on attaining the age of 67.

At the time of payment upon the occurrence of a death, the payment term may be changed in those cases where the beneficiaries agree on such a change. The payment term may, however, never be shorter than five or longer than 20 years. The payment term cannot be changed in the event that payments have commenced.

Payment of the sum insured is to be made monthly in arrears.

Payment in the case of death cannot be postponed.

5.2 Right to compensation

If the insured dies during the term of the insurance the sum insured will be paid out during the agreed payment period. The amount of the sum is stated in the insurance agreement.

The sum insured will be paid upon death to the beneficiary nominated.

5.3 Beneficiary

A beneficiary is the person to whom the sum insured is to be paid out upon the death of the insured. Only the insured can change who is to be beneficiary.

5.3.1 General nomination of beneficiary

The beneficiaries are, unless a special nomination of beneficiary has been submitted, as shown in the order stated below:

- a) the insured's husband/wife, registered partner or cohabitee
- b) if there is no beneficiary as referred to in a), the insured's children of the first generation who are entitled to inherit. If there are several children who are beneficiaries, the sum insured is shared in equal proportions between the children.

The definitions below refer to the insured's situation upon the insured's death:

- 'Husband/wife' means the person with whom the insured was married. A nomination for the benefit of a husband/wife ceases to apply when an application for divorce has been received by a court.
- 'Registered partner' means the person with whom the insured was a registered partner. A

nomination for the benefit of a registered partner ceases to apply when an application for dissolution of partnership has been received by a court.

- Insured's 'cohabitee' means the person with whom the insured cohabited subject to the precondition that neither of them was married or a registered partner and that they cohabited in such a way as is covered by the Cohabitees Act (2003:376).
- 'Child/children' means the insured's children who according to law have a right to inherit from the insured, whether they are born within or out of marriage.

5.3.2 Special nomination of beneficiary

The insured must complete a standard form regarding special nomination of beneficiary to give notice of any other nomination of beneficiary than the generally applicable nomination.

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

Subject to the provisions of the Income Taxes Act (1999:1229), such a nomination may only cover the following persons:

- a) husband/wife, registered partner or former husband/wife, registered partner
- b) cohabitee or former cohabitee
- c) child of the first generation who is entitled to inherit, stepchild or foster child of the insured or of any of the persons under a) or b).

Any former husband/wife, registered partner, former cohabitee, stepchild or foster child shall be specified by name and personal identity number. Others do not need to be specified by name and personal identity number. The definitions have the same meaning as stated under the heading 'Beneficiary/General nomination of beneficiary'.

If several children are beneficiaries, the sum insured will be shared in equal proportions between them, unless some other share is stated in the nomination.

A nomination of beneficiary can be combined with conditions that the amount that passes to the beneficiary is to be the separate property (enskilda egendom) of the beneficiary.

A special nomination of beneficiary applies for as long as the insurance is in force or until such time as it is revoked or amended. A nomination of beneficiary may, however, be made irrevocable and cannot then be

revoked or amended without the consent of the beneficiary.

A nomination of beneficiary cannot be changed by will.

A special nomination of beneficiary lapses upon a change of insurance company.

5.3.3 Declination

If a beneficiary has died, or completely or partially declines their right, the/those person(s) who according to the nomination would be next entitled will take the place of the party who has declined.

A declination must be made before the death benefit is paid to the beneficiary.

5.4 Sum insured

The sum insured shall be stated as a fixed amount in SEK.

5.5 Index supplement

The compensation amount is indexed as of January, with the same percentage rate as the price base amount has changed since January the preceding year, although at most by ten per cent. The price base amount for the calendar year in question compared with the price base amount for the preceding year forms the basis for such increase.

5.6 Option right

For an employee who before their 60th birthday enters into marriage or registered partnership, enters into cohabitation or has a child, the employee shall within twelve months from such event be entitled to apply for the insurance, alternatively change the sum insured, subject to a certification of being fully capable of working.

The insured is personally responsible for giving notice of a new family situation to Euro Accident.

5.7 Validity of cover abroad

The insurance applies without restrictions in respect of the length of the stay abroad, provided that the insured continues to be entitled to compensation from a Swedish social insurance agency and is employed by the policyholder.

Nor is there any limitation on the length of the stay abroad provided the insured is:

- in foreign service with the Swedish state, a Swedish company or a Swedish NGO
- in service with a foreign company with a permanent link to Sweden
- in service with an international organisation with a permanent link to Sweden.

The heading 'Staying abroad during a period of sickness' shall apply in the event of a stay abroad during a period of sickness.

EAP by telephone is available regardless of where the insured is located.

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