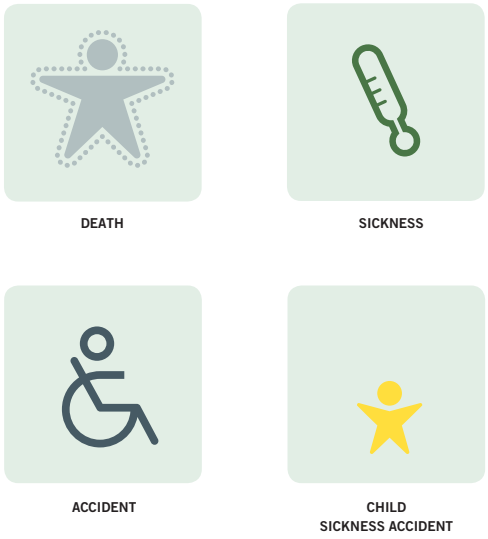
Bliwa
BLIWA LIVFÖRSÄKRING, ÖMSESIDIGT
BOX 5125, SE-102 43 STOCKHOLM
Corporate identity number 502006-6329

Pre-purchase information

GROUP INSURANCE
Valid from 1 januari 2016



This pre-purchase information contains brief and general information about voluntary group insurance with Bliwa Livförsäkring (referred to below as 'Bliwa'). The pre-purchase information contains the information that Bliwa is required to provide by law before insurance is taken out. You can order complete insurance conditions 'Försäkringsvillkor gruppförsäkring A:2' (Insurance Conditions Group Insurance A:2, not available in English) from Bliwa or get them from your group representative at your workplace or in your organisation.

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1. General information about the insurance

Voluntary group insurance with Bliwa provides flexible and affordable insurance protection that supplements the protection provided according to laws and collective union agreements. Bliwa's voluntary group insurance may contain one or more of these kinds of insurance:

- Life insurance – death benefit (Livförsäkring – dödsfallskapital)
- Lump-sum sickness benefit (Sjukkapital)
- Health insurance (Sjukförsäkring)
- Diagnosis insurance (Diagnosförsäkring)
- Personal accident insurance (Olycksfallsförsäkring)
- Accident and health insurance (Sjuk- och olycksfallsförsäkring)
- Child insurance (Barnförsäkring).

The particular insurance available to you is determined by the group agreement concluded between Bliwa and the group representative for the group to which you belong, normally the employer or a member organisation. You can see which insurance you can apply for in the application forms and appendices applicable to your group. You can also see in the application forms the sums insured that you can apply for and the cost of the insurance protection. The application forms also state the cases in which you can take out insurance for your husband/wife/cohabitee and your children. According to certain group agreements you may be automatically affiliated to insurance protection without applying, which is known as 'reservation affiliation'. If you are covered through reservation affiliation you will receive special information about this when the insurance cover commences.

In this pre-purchase information a registered partner is equated with a husband/wife and registered partnership with marriage.

2. The component parts of the insurance protection

LIFE INSURANCE - DEATH BENEFIT

This insurance provides insurance against risk and does not contain any component of saving. Your 'life insurance - death benefit' also includes cover for 'life insurance – child death benefit. You can see in the application forms how much the insurance costs.

In many cases the insurance allows you to choose between different levels of sum insured. You can see the various levels possible in the application forms. You can also see there the scope of the insurance as agreed under the group agreement.

This insurance means that the sum insured will be paid out to your beneficiaries if you die before you attain the age at expiry for the insurance. In certain cases the sum insured decreases when the Insured attains a certain age – normally 55 or 60 years. You can see in the application forms, with appendices, what applies for the group to which you belong. You can also see there which sums insured that you can choose between and how much the insurance costs.

Life insurance – child death benefit

Your 'life insurance – death benefit' includes 'life insurance – child death benefit'. The insurance means that a lump sum will be paid out in the event that a child of yours should die. The insurance applies in relation to your children under the age of 20 who are entitled to inherit from you. The insurance also applies to your husband/wife or cohabitee's children entitled to inherit provided the husband/wife or cohabitee is a co-insured under 'life insurance – death benefit'.

The insurance protection means that one price base amount will be paid out to the estate of the child if the child dies before attaining the age of 20. In this context a stillborn child who has died after the end of the 22nd week of pregnancy is equated with a child entitled to inherit.

If your life insurance ceases, the same applies to 'life insurance – child death benefit'. Benefit can only be paid out once per child and agreement.

LUMP-SUM SICKNESS BENEFIT

The insurance means that a lump sum can be paid out to those who during the term of the insurance become incapable of working as a consequence of a sickness or accident, subject to the precondition that you are granted sickness compensation that is not temporary of at least 25 per cent by the Swedish Social Insurance Agency (Försäkringskassan) or if your work capacity has been impaired for a consecutive period of three years or for a total of three years over a five-year period. If your work capacity has been impaired for three years, it is also required that you have been granted sickness benefit of at least 25 per cent by the Swedish Social Insurance Agency. The lump-sum sickness benefit is based on the lowest level of sickness benefit that has applied during 11 of the last 12 months before the right to receive benefit arose. In order to be entitled to benefit you must have been fully capable of working for the last three months before the insurance started to apply or have later been fully capable of working for at least three consecutive months.

Lump-sum sickness benefit is paid in proportion to your level of work incapacity as determined by the assessment of the Swedish Social Insurance Agency. Full lump-sum sickness benefit is paid in the case of full incapacity to work. In the case of three quarters of incapacity to work, lump-sum sickness benefit is paid at three quarters, and so on.

The sum insured decreases in pace with your age. The age from which and how much the sum insured is reduced has been agreed under the group agreement and is shown in the application forms and your insurance statement.

If you have previously had a partial lump-sum sickness benefit (or previously advance benefit payment), you can receive lump-sum sickness benefit if your work incapacity increases and if the Swedish Social Insurance Agency decides to grant you a higher level of sickness compensation during the term of the insurance or if you have had a higher level of impaired work capacity during a consecutive period of 12 months and the Swedish Social Insurance Agency has granted sickness benefit to a corresponding extent. A lump-sum sickness benefit is based on the lowest level of sickness benefit that you had during 11 of the last 12 months before the right to further benefit arose. When paying such further lump-sum sickness benefit, Bliwa takes into account previous payment of lump-sum sickness benefit/advance benefit payment. The total payment of lump-sum sickness benefit or advance benefit payment made can never exceed the full lump-sum sickness benefit. If the full payment of lump-sum sickness benefit or advance benefit payment has been made there is no further right to benefits under this insurance.

You are personally responsible for requesting that lump-sum sickness benefit is paid when you satisfy the conditions to be entitled to benefit.

HEALTH INSURANCE

Bliwa's health insurance can provide you with the right to monthly benefit in the case of sickness. Diagnosis benefit is also included in the health insurance under certain group agreements. This will in that case be shown in the application forms and the insurance statement. Health insurance can only be taken out by those who are group members, unless otherwise agreed in the group agreement and shown in the application forms.

In order to be entitled to a monthly benefit , it is required that you as the Insured have incurred an incapacity to work and lost income. Bliwa's decision to grant monthly benefit is in the first instance based on the Swedish Social Insurance Agency's assessment of your work incapacity. However, if there are special reasons, Bliwa may make its own assessment of your work incapacity and thereby make another decision than the Swedish Social Insurance Agency. In such a case the benefit will be based on the work incapacity that Bliwa has assessed you have incurred.

Only you as the Insured can claim the benefits from the insurance.

Monthly benefit

The monthly benefit can be paid to you if you have incurred long-term work incapacity as a consequence of sickness or accident. In order to receive benefit your work capacity must be reduced by at least 25 per cent according to the assessment of the Swedish Social Insurance Agency. The qualifying period for your group is indicated in the application forms.

The application forms state which sums insured you can apply for and how much the insurance costs and also for how long a time the benefit can be paid under the insurance.

Benefit under the health insurance is paid in direct proportion to the sum insured and the level of your work incapacity. Benefit under the health insurance can be paid for as long as your work incapacity endures; note, however that a maximum benefit period is stated in the group insurance plan. If you reduce your sum insured during an ongoing benefit period the ongoing benefit will also be reduced to a corresponding extent. The insurance applies for at most up to and including the month when you attain the age of 65.

Limitation to the benefit period

If you during the last two years before the health insurance started to apply have been incapable of working for more than 30 consecutive days and, after the insurance entered into force and before it has applied for two years, you become once again incapable of working owing to the same sickness or accident the benefit period is limited; see more detailed information in the insurance conditions.

Overinsurance

Bliwa will never pay benefit as a consequence of work incapacity in an amount that means that you as the Insured, viewed overall, will receive an amount exceeding your actual pay after tax. Bliwa will not pay any benefit if you already receive other insurance compensation as a consequence of work incapacity at a level of compensation that exceeds your actual pay after tax. You are obligated to, when making your claims report/request for payment, provide information to Bliwa about other insurance compensation received. If Bliwa as a consequence of this rule does not pay benefit, Bliwa will repay premiums already paid in by you. Repayment of a premium can occur for at most 12 months back in time.

Diagnosis benefit

A diagnosis benefit can be included as a component of Bliwa's health insurance, unless otherwise agreed in the group agreement. In that case this will be shown in the application forms and the insurance statement. The diagnosis benefit is paid to you as the Insured if you during the term of the insurance are diagnosed with any of the illnesses listed in the insurance conditions. You may be entitled to a diagnosis benefit in the case of:

- certain kinds of cancer
- heart attack
- stroke
- ALS
- MS
- Parkinson disease
- neuroborreliosis
- bacterial meningitis
- TBE, renal failure
- HIV/AIDS through blood transfusion
- deafness
- blindness
- loss of an arm or a leg
- lost capacity to speak and
- certain forms of permanent paralysis.

In addition the right to a diagnosis benefit applies in the case of certain surgical procedures, such as:

- cardiac surgery
- replacement of the aorta
- heart valve surgery and
- organ transplantation.

You are entitled to benefit at the earliest seven days after the diagnosis has been confirmed or the surgery performed. Refer to the insurance conditions for a comprehensive description of when the diagnosis benefit can be paid. The insurance conditions describe, among other things, important limitations to your right to benefit in the case of the said diagnoses and surgical procedures. The amount of the diagnosis benefit is fixed in the group agreement and is shown in the application forms and the latest insurance statement issued.

You are not entitled to diagnosis benefit if you, before the insurance commences, have already been diagnosed with any of the illnesses covered by the right to benefit. This applies also if you have relapsed after the insurance started to apply. Benefit under the insurance is only provided for one diagnosis during a two-year period and Bliwa will compensate at most three diagnoses during the term of the insurance.

DIAGNOSIS INSURANCE

Bliwa's diagnosis insurance provides those who are Insured with the right to benefit if you during the term of the insurance are diagnosed with any of the diagnoses listed in the insurance conditions. You may be entitled to benefit in the case of:

- certain kinds of cancer
- heart attack
- stroke
- ALS
- MS
- Parkinson disease
- neuroborreliosis
- bacterial meningitis
- TBE, renal failure
- HIV/AIDS through blood transfusion
- deafness
- blindness
- loss of an arm or a leg
- lost capacity to speak and
- certain forms of permanent paralysis.

In addition the right to a diagnosis benefit applies in the case of certain surgical procedures, such as:

- cardiac surgery
- replacement of the aorta
- heart valve surgery and
- organ transplantation.

You are entitled to benefit at the earliest seven days after the diagnosis has been confirmed or the surgery performed. Refer to the insurance conditions for a comprehensive description of when benefit can be paid under the insurance. The insurance conditions describe, among other things, important limitations to your right to benefit in the case of the said diagnoses and surgical procedures.

Benefit from the diagnosis insurance is paid out as a lump sum payment. The amount of the benefit is fixed in the group agreement and is shown in the application forms and the latest insurance statement issued.

Important restrictions

You are not entitled to benefit if you, before the insurance commences, have already been diagnosed with any of the illnesses covered by the right to benefit. This applies also if you have relapsed after the insurance started to apply. Benefit under the insurance is only provided for one diagnosis during a two-year period and Bliwa will compensate at most three diagnoses during the term of the insurance.

ACCIDENT INSURANCE

Accident insurance with Bliwa may apply during leisure time or full time, that is to say around the clock. The application forms indicate what applies for your group. It is also stated there if you can take out insurance for your husband/wife or cohabitee, which sums insured that you can choose between and how much the insurance costs.

The accident insurance can provide you with financial compensation if you sustain an accidental injury that results in costs or causes invalidity. A maximum benefit amount applies for certain injuries/costs. Read more in the application forms. A precondition for being entitled to benefit in the case of accidental injury is that the injury is so serious that treatment by a physician is required.

Definition of the term 'accident'

For an occurrence to be regarded as an accidental injury and afford a right to benefit, all of the following fundamental requirements, among other things, must be satisfied:

- Bodily injury. The occurrence must have led to bodily injury.
- External force. The injury must have resulted from an occurrence of external force.
- Sudden occurrence. The injury must have occurred suddenly. An injury that has arisen following overexertion or monotonous movements is therefore not considered to be an accidental injury.
- Involuntariness. The injury must have been sustained involuntarily. A person who intentionally injures himself or who has demonstrated manifest indifference in the face of the risk of being injured is deemed not to have incurred an accident.
- Accidental injury also includes bodily injury that you have suffered through:
- frostbite, heatstroke, sunstroke, borrelia infection or TBE as a result of tick bite.
- Achilles tendon rupture or knee twist injury.

What is not an accident?

An internal injury such as for instance a heart attack is not an accident. Nor is bodily injury regarded as an accident if it arose through, for instance:

- overexertion, monotonous movements, stretching, twisting or pathological changes
- damage to teeth that occurred through chewing or biting
- contagion through bacteria, virus or other contaminant, infection or poisoning of food or beverages or oversensitive reaction
- use of medical preparations, intervention, treatment or examination that does not result from an accidental injury that is covered by this insurance
- nuclear explosion or radiation (nuclear reaction).

Benefit under the accident insurance

In the case of accidental injury the insurance can cover medical and dental damage costs, travelling expenses, additional costs for rehabilitation and costs for aids and also costs for crisis therapy. The insurance can provide invalidity benefit (financial or medical) and compensation for pain and suffering, disfiguring scars and defect and disablement. Furthermore, the insurance includes death benefit. You can see the applicable benefit amounts, limitations to amounts and other restrictions in Bliwa's complete insurance conditions and in the application forms.

Important limitations to the accident insurance

Only direct consequences of an accidental injury are compensated. Accident insurance does not compensate loss of income from work. Compensation is not paid for deterioration of health condition after the accident resulting from a bodily defect that already existed at the time of the accident or which arose later without being linked to the accidental injury.

The insurance only compensates necessary and reasonable costs that arose as a consequence of the accidental injury. If the costs can or should be compensated through for instance other insurance or collective union agreement, Bliwa will not compensate the same costs. There are limitations to the right to benefit if an accident occurs outside our home district or abroad. Costs are only compensated if they can be verified by a receipt or similar certificate. Costs that arose after the definite medical invalidity benefit has been determined are never compensated.

Unless otherwise stated in the application forms and the insurance statement the sum insured for medical invalidity is reduced by 2.5 percentage points per year from and including the Insured having attained the age of 46. The sum insured for financial invalidity is reduced by 5 percentage points per year from the same time. Benefit is never paid for both financial and medical invalidity.

ACCIDENT AND HEALTH INSURANCE – FULL TIME

The insurance can provide compensation if you suffer a permanent bodily injury, regardless of whether it arose through an accident or sickness. The insurance is a traditional personal accident insurance, but with a supplement which also provides benefit for sicknesses that result in invalidity. However, in the case of sickness, benefit can only be paid for medical invalidity and disfiguring scars.

If you have an accident, the insurance can provide you with financial compensation if you sustain an accidental injury that results in costs or that causes medical or financial invalidity. A precondition for being entitled to benefit in the case of accidental injury is that the injury is so serious that treatment by a physician is required.

A maximum benefit amount applies for certain injuries/costs. Read more in the application forms. You can also read there which sums insured that you can choose between and how much the insurance costs.

Definition of the term 'accident'

The same definition of the term accident applies for accident and health insurance as for accident insurance; see above. However, in this insurance the following sudden occurrences are also counted as accidental injury if they arise at an identifiable time and place:

- Heart attack. In order for this occurrence to be regarded as an accidental injury it is required that the Insured has not previously been diagnosed with any of the following sicknesses and/or symptoms: high blood pressure, high lipoprotein level, cardiovascular disease or diabetes mellitus (diabetes).
- Stroke – cerebral haemorrhage or incranial thrombosis. In order for this occurrence to be regarded as an accidental injury it is required that the Insured has not previously been diagnosed with any of the following sicknesses and/or symptoms: high blood pressure, high lipoprotein level, coagulation defect, cardiovascular disease or diabetes mellitus (diabetes).
- Meningeal haemorrhage – subarachnoid haemorrhage (SAH).
- Blood clots in the lung – pulmonary embolism. In order for this occurrence to be regarded as an accidental injury it is required that the Insured has not previously been diagnosed with any of the following sicknesses and/or symptoms: coagulation defect or venous thrombosis.
- Aortic rupture – ruptured aortic aneurysm.
- Sudden, unexplainable deafness – 'Sudden deafness'.
- Sudden retinal detachment. In order for this occurrence to be regarded as an accidental injury it is required that the Insured has not previously been diagnosed with any of the following sicknesses and/or symptoms: eye disease, low vision by 8 dioptres or more.

Definition of the term 'sickness'

Sickness means such a deterioration of health status that is not to be regarded as an accidental injury according to the definition of accidental injury contained in the accident insurance; see above. Nor does sickness mean bodily injury voluntarily caused.

Sickness is deemed to have occurred when the Insured's physical or mental functional capacity has manifestly deteriorated owing to the sickness.

Benefit under the insurance

Accident and health insurance compensates the same costs as a consequence of accidental injury as the accident insurance, though with the exception for defect and disablement and also pain and suffering. The accident and health insurance also includes compensation for certain loss of income, for at most 60 days, as a consequence of the accidental injury.

Limitations to accident and health insurance

The same restrictions apply for accident and health insurance as for the accident insurance; see above.

The insurance does not apply for sickness, bodily defect or mental illness, nor for the consequences of such conditions, where the symptoms have manifested themselves before the insurance entered into force, even if the diagnosis can only be determined after the insurance has entered into force. Costs as a consequence of sickness are not compensated. Compensation for defect and disablement and also for pain and suffering are not included in the insurance, regardless of whether you have been affected by an accidental injury or a sickness.

CHILD INSURANCE

Accident and health insurance for children and youths

Child insurance provides a financial protection in the case of a child's sickness and accidents. Children and young people who have not attained the age of 22 can be insured. The insurance applies for at most up to and including the year when the child attains the age of 25. The premium is the same regardless of the number of children in the family.

If you as a group member have chosen to take out child insurance, the insurance covers all of your children entitled to inherit regardless of where they are registered as resident. The insurance also applies to children of a husband/wife or cohabitee who are entitled to inherit, if the child is registered as resident at your address.

Definition of the term 'accident'

The same definition of the term accident applies for child insurance as for accident insurance; see above.

Definition of the term 'sickness'

Sickness means such a deterioration of health status that is not to be regarded as an accidental injury. However, if the insured commits suicide this is treated under this insurance as being an accidental injury.

Benefit under the child insurance

In the case of accident and health injury, the insurance can cover medical and travelling costs, costs for rehabilitation and aids, care costs and costs for crisis therapy. In addition compensation can be provided in the event of hospital care, for disfiguring scars and permanent invalidity (financial or medical). A precondition for being entitled to benefit in the case of accidental injury is that the injury is so serious that treatment by a physician is required.

In the case of accidental injuries the insurance can also compensate dental injury and additional costs. A maximum benefit amount and/or deductible apply for certain injuries/costs; see application forms. You can also see there how much the insurance costs. You can see what benefit amounts, limitations to amounts and other restrictions applicable to the insurance in Bliwa's complete insurance conditions.

Important limitations to the child insurance

The same limitations apply to child insurance as for accident insurance; see above.

The child insurance does not provide any benefits for the following sicknesses classified as:

- mental retardation, disorder of psychological development, behavioural disorders, i.e. ICD F70-F99 (for example ADHD, autism, delay in development)

This applies regardless of when the manifestation of the symptoms took place or when the diagnosis could be determined.

Nor does the insurance provide any benefit for sickness, bodily defect, mental retardation or consequences of these, where the symptoms have manifested themselves before the insurance entered into force, even if the diagnosis can only be determined after the insurance has entered into force.

Even if symptoms have manifested themselves when the insurance has entered into force, compensation is not provided for congenital diseases, birth injuries or hereditary diseases that manifested themselves before the child attained the age of 2. This applies even if the diagnosis could only be determined after child attained the age of 2.

The following classified sicknesses, according to the ICD codes shown below, and the consequences of them are not compensated under the insurance if the symptoms manifested themselves before the child attained the age of 6 even if the diagnosis could only be determined after the child attained the age of 6:

- haemophilia ICD D66-D67
- malformations, deformities and chromosomal abnormalities ICD Q00-Q99 (for example malformation of inner organs)
- diseases of the peripheral nervous and muscular systems ICD G11, G12, G60, G71 and G80 (for example hereditary and idiopathic peripheral neuropathy, cerebral palsy, muscular atrophy)
- specific developmental disorders ICD R47, R48 (for example dyslexia, acalculia)
- congenital metabolic disorders ICD E73-E89.0 (for example cystic fibrosis).

The above limitations do not apply to death benefit under the child insurance.

3. Common provisions

The provisions shown here apply for all kinds of insurance that have been summarised above, unless otherwise specifically stated.

INSURER

Bliwa Livförsäkring, ömsesidigt, corporate identity number 502006-6329 (Bliwa) is the Insurer for the insurance. Bliwa is a mutual insurance company, which means that the company is owned by its policyholders. It means in its turn that the policyholders are entitled to bonus from the surplus that may arise from Bliwa's operations. Read more under the heading 'Sharing of surplus and covering losses'. Bliwa is subject to the supervision of the Swedish Financial Supervisory Authority (Finansinspektionen) and is based in Stockholm. Information about Bliwa's financial status can be obtained through Bliwa's latest approved annual report. The annual report is available on bliwa.se and can also be ordered following other contact with Bliwa.

THE INSURANCE CONTRACT

As a basis for the insurance there is a group agreement between your employer, organisation or group and Bliwa. The group agreement states, among other things, what is required for an employee/member to be regarded as a group member and to be able to apply for insurance with Bliwa. The application forms, health certificates, insurance statement and the complete insurance conditions also apply to the insurance. The insurance applies for at most one year at a time; in the case of new policy the first term of the insurance runs until the end of the year, that is to say to 31 December in the year that the insurance was taken out. The insurance will be renewed annually provided neither the insurance nor the group agreement have been terminated at the end of the term of the insurance. New conditions may then come to apply for the insurance. See also below under the heading 'Amendment of insurance conditions'.

WHO CAN TAKE OUT THE INSURANCE?

You can normally apply for insurance if you are an employee of the company/business, member of the organisation or belong to the group that has signed the group agreement with Bliwa. You can also usually take out insurance for your husband/wife or cohabitee. Your children can also normally be insured. The application forms state the cases in which you can apply for insurance for your husband/wife/cohabitee and your children.

Under certain group agreements group members (for instance employees or members) may be affiliated automatically through a 'reservation affiliation', with a certain insurance protection agreed in advance in the group agreement. If you are covered through reservation affiliation, special information will be issued to you at the time of your affiliation.

You must be permanently resident in Sweden to take out the insurance.

HEALTH REQUIREMENTS

For Bliwa to be able to grant insurance the applicant for the insurance must satisfy Bliwa's health requirements. These requirements are shown in Bliwa's application forms. Bliwa will make a risk assessment in order to see whether the insurance cover sought can be granted.

WHEN THE INSURANCE COMMENCES

The insurance starts to apply on the date stated in the group agreement. This is normally, when applying on a physical form, when Bliwa or the party that Bliwa has nominated has received your application. In the case of other kinds of application, for example via the Internet, the insurance only enters into force on the day after the date when Bliwa received the application. The insurance enters into force subject to the precondition that the insurance can be granted according to Bliwa's health requirements.

POLICYHOLDER/INSURED

You as the person taking out the voluntary group insurance are the policyholder. It is also you who are insured, that is to say it is on your life and/or your health that the insurance applies. However, if you take out insurance for your husband/wife, cohabitee or children, he or she is also insured, though you are the policyholder.

BENEFICIARY

The following persons are the beneficiary of amounts that are to be paid on the grounds of the death of the Insured as regards life insurance - death benefit:

- in the first instance, the Insured's husband/wife or cohabitee
- in the second instance, all of the Insured's children entitled to inherit
- in the third instance, the Insured's heirs.

The Insured's estate is the beneficiary of amounts to be paid on the grounds of the Insured's death, as regards these kinds of insurance: life insurance - child death benefit; accident insurance; accident and health insurance; and child insurance.

The Insured is entitled to write their own nomination of beneficiary, which should be sent to Bliwa or to the party nominated by Bliwa. A form for a special nomination of beneficiary can be ordered from Bliwa or printed out directly from bliwa.se. The Insured is at liberty through nominating a beneficiary to state who is/are to be beneficiary/beneficiaries. A nomination of beneficiary can be changed at any time. A nomination of beneficiary cannot be changed by will.

PREMIUM

The price for the insurance, the premium, is calculated and determined by Bliwa for one year at a time and can be adjusted at the end of a year. The development of claims and the distribution of ages among those Insured may also influence the future premium. The application forms state what premiums apply for your group.

Payment of premium

The premium should be paid by those of you who are policyholders. If you do not pay the premium, Bliwa is entitled to give notice terminating the insurance subject to a period for notice of termination of 14 days.

The group agreement may contain provisions whereby the premium is to be paid through the group representative, that is to say your employer or organisation. In such cases you will normally pay the premium through a deduction from pay/together with the membership charge. The group representative will then forward the premium to Bliwa. You can also pay premiums via direct debit/autogiro or a paying-in slip.

Premium waiver

Certain group agreements allow a premium waiver, which means that the insurance protection applies without the premium having to be paid. This normally occurs after you as an Insured have been incapable of working over a long period. The insurance conditions contain complete information about premium waiver. The application forms and the insurance statement indicate what applies for your group.

ALTERATION OF SUM INSURED

In many cases you can choose in the insurance between different levels of sum insured. You can see the various levels possible in the application forms. You can apply for an alteration of the amount if you wish to increase or reduce a sum insured.

One precondition for increasing the sum insured is normally that you satisfy the insurance's health requirements, read more under the heading Health requirements.

WHERE THE INSURANCE APPLIES

Life insurance – death benefit applies worldwide regardless of how long the stay abroad has lasted.

Lump-sum sickness benefit, health insurance, diagnosis insurance, accident insurance, accident and health insurance, child insurance and premium waiver apply for incapacity to work in incurred and accident sustained by the Insured when staying in the Nordic countries. The insurance also applies to incapacity to work incurred by the Insured when staying outside the Nordic countries, but only if the stay has not lasted longer than 12 months.

The costs for accidents that are compensated by a separate travel insurance, travel component in the home insurance or under some other insurance, are not compensated under the accident, accident and health or child insurance. Compensation for costs as a result of an accident that occurred abroad is dealt with as if the accident had occurred in Sweden. This means for instance that compensation will only be provided for health and medical care and pharmaceutical products up to the level of Swedish high-cost protection. The insurance does not compensate costs as a consequence of home transport of the Insured. Nor does it compensate treatment costs for damage to teeth or other medical costs, if the costs arose abroad after the date or time when the home journey was planned.

Costs for care and treatment (accident insurance, accident and health, and child insurance) only compensate care and treatment within the public care sector.

REPORT OF INSURANCE LOSS

When an insurance loss occurs, this should be notified to Bliwa or to the party nominated by Bliwa as soon as possible. Forms for claims reports can be ordered from Bliwa or printed out from bliwa.se.

WHEN THE INSURANCE CEASES

- The group insurance normally applies up to and including the month when you as Insured attain the age of 65, unless otherwise agreed under the group agreement. The application forms and the insurance statement state which 'age at expiry' applies to your group.
- Bliwa is entitled to give notice terminating the insurance/insurances if the premium has not been paid in the proper time (read more under the heading Payment of premium) or if you as Insured have provided incorrect or incomplete information (read more under the heading Duty of disclosure and incorrect information).
- The insurance ceases if the group agreement ceases following notice of termination by the group representative or Bliwa.
- The insurance ceases if your employment/membership/group affiliation ceases.
- Insurance that applies to your husband/wife or cohabitee ceases if your own insurance ceases. The insurance protection for a co-insured husband/wife or cohabitee ceases also if your marriage or cohabitee relationship with the co-insured ceases. However, see below under the heading Extended cover protection.

EXTENDED COVER PROTECTION

Extended cover protection only applies for those who have been insured for at least six months when the insurance ceases to apply.

If your insurance ceases to apply owing to you having attained the age at expiry that applies for your group insurance or because your employment/affiliation/membership ceases, you will have a continued insurance protection without charge for three months, known as 'extended

cover protection'. The same applies for your co-insured husband/wife or cohabitee in the event that the marriage or cohabitee relationship is dissolved. In such a case insurance protection continues for three months.

However, extended cover protection does not apply if notice has been given completely or partly terminating the group agreement or if you have yourself chosen to terminate the insurance but still remain within the group entitled to insurance. Nor does the right to extended cover protection apply if you in some other way have received or can obviously receive insurance protection of the same kind as before.

If you have not attained the age at expiry for the insurance
If you during the entire or parts of the period of extended cover protection have not attained the age at expiry for the insurance the extended cover protection applies with the sum insured that applied immediately preceding the period of extended cover protection.

If you have attained the age at expiry for the insurance
If your insurance ceases to apply owing to you having attained the age at expiry that applies for the group insurance or if you during the period of extended cover protection attains the age at expiry, the extended cover protection applies with the following insurance cover:

- Life insurance, if you were covered by life insurance under the voluntary group insurance, of at most 0.75 price base amounts as death benefit.
- Accident insurance and accident and health insurance, if you were covered by any of these kinds of insurance in the voluntary group insurance. Extended cover protection for accident and also accident and health insurance are limited to the scope and the amounts that applied for senior insurance during the period the extended cover protection applies.
- Extended cover protection for lump-sum sickness benefit, health, diagnosis and child insurance ceases.

Beneficiary
If you should die during the period of extended cover protection, the life insurance sum will be paid out to the beneficiary/beneficiaries applicable according to the previous group insurance.

CONTINUATION INSURANCE

If notice is given terminating the group agreement between Bliwa and your group, your insurance will also cease. If this occurs you will be notified of it. You are then entitled to apply for a continuation insurance within three months from the date when your voluntary group insurance ceased. Under certain group agreements, an Insured who leaves the group entitled to insurance (for a reason other than having attained the age at expiry for the insurance) is also entitled to continuation insurance. However, the right to continuation insurance does not apply if you have been insured for a shorter period than six months or if you have chosen to give notice terminating the insurance but remain within the group entitled to insurance. Nor does the right to continuation insurance apply if you in some other way have received or can obviously receive insurance protection of the same kind as before. You cannot take out the continuation insurance if you have attained the age of 65.

Your co-insured husband/wife or cohabitee is entitled to take out continuation insurance if you die or if the marriage or cohabitee relationship with you ceases. The right to continuation insurance also applies for co-insured if Bliwa, in the case of voluntary insurance, has given notice terminating the insurance agreement as a result of your delay with the payment of premium. A co-insured is also entitled to take out continuation insurance if your insurance ceases to apply owing to you having attained the age at expiry for the insurance. However, this applies subject to the precondition that the co-insured has not themselves attained the age at expiry.

The continuation insurance starts to apply from and including the date when the extended cover protection under the voluntary group insurance runs out and applies at most up to and including the end of the calendar year in which you attain the age of 65. Thereafter you are entitled to within a certain period apply for senior insurance; see below.

SENIOR INSURANCE

Senior insurance provides continued insurance protection for those who have been insured under a group insurance with life and/or accident insurance, if the insurance ceased owing to you having attained the age at expiry that applies for the insurance. If you have been covered by the group insurance for at least six months you can, without having a health status review, apply for senior insurance.

You must then send an application to Bliwa or to the party nominated by Bliwa within three months from the date on which your voluntary group insurance ceased. The senior insurance starts to apply from and including the date when the extended cover protection under the group insurance expired. Senior insurance applies for your whole life subject to the precondition that the premium is paid. Senior insurance has other insurance conditions, sum insured and premiums than group insurance.

4. Limitations to Bliwa's liability

DUTY OF DISCLOSURE AND INCORRECT INFORMATION

As a policyholder and Insured you have a duty of disclosure and are obligated to provide correct and complete answers to Bliwa's questions. If you have been registered as incapable of work with Bliwa and subsequently returned to work, you must immediately notify this to Bliwa or to the party nominated by Bliwa. The same applies if compensation from the Swedish Social Insurance Agency starts to be paid, is changed or ceases. You should also provide information to Bliwa or to the party nominated by Bliwa about other circumstances that may affect the right to benefit under the insurance. If you have provided incorrect or incomplete information this may mean that the insurance does not apply; for further details see the insurance conditions.

OTHER LIMITATIONS TO COVER

- The benefit may be reduced if you by grave carelessness, with intent or owing to the influence of alcohol have induced or aggravated the consequence of an insurance loss. Read more about this in the insurance conditions.
- Bliwa's liability is limited in the case of a state of war, nuclear reaction, act of terrorism and other situations in the nature of force majeure, as explained in more detail in the insurance conditions.

- Certain limitations apply to the insurance in the event of stays outside the Nordic countries; see insurance conditions for complete information.

TAX RULES

All the kinds of insurance that are included in the group insurance are capital insurance according to the Income Taxes Act. This means, among other things, that the sums insured paid from Bliwa as a result of insurance loss are exempted from income tax and that the premium for the insurance is not tax deductible.

SHARING OF SURPLUS AND COVERING LOSSES

If a surplus should arise in Bliwa's insurance operations, the annual profit will be appropriated to a 'consolidation reserve'. However, it is not necessary for all surpluses to be appropriated for consolidation but may they instead be distributed to the policyholders through a bonus, in the first instance in the form of reduction of future premiums. If a deficit should arise in the operation, a withdrawal may be made from Bliwa's consolidation reserve to cover the loss.

Decisions on withdrawals from consolidation reserve for coverage of loss or for a bonus of the surplus will be made by Bliwa's general meeting in accordance with Bliwa's articles of association and also Bliwa's technical guidelines and technical data for calculation applicable at any given time. Bliwa's articles of association and the technical guidelines and the data for calculation may be amended in the future as regards the right to any surplus.

According to Bliwa's articles of association, the company's consolidation reserve may be used to cover losses, for the allocation of bonuses to the policyholders or to make gifts for the public benefit or purposes comparable therewith. The articles of association may be amended in the future as regards how the consolidation reserve is to be used.

AMENDMENT OF THE INSURANCE CONDITIONS

Bliwa is entitled to apply new or amended insurance conditions and also increase or reduce the premium in conjunction with renewal of the insurance. Information about a new premium and new conditions will be provided no later than in conjunction with the insurance being renewed. Bliwa can also amend the insurance conditions during the term of the insurance; however, this only applies if the change is needed owing to the nature of the insurance or owing to some other special circumstance, such as for instance amended law, application of the law or public authority regulation.

TIME LIMIT

A party who wishes to receive insurance compensation or other insurance cover must institute proceedings against Bliwa within ten years from the date when the circumstance on which the insurance agreement affords a right to such cover occurred.

If a party who wishes to have insurance cover has presented a claim to Bliwa within the period prescribed by the first paragraph, the time limit to institute proceedings is always six months from when Bliwa has given notice of the final position it has adopted to the claim.

If proceedings are not instituted in accordance with this clause the right to insurance cover will lapse.

HANDLING OF PERSONAL INFORMATION

Your privacy is important to Bliwa. Your personal information will be processed according to applicable data protection legislation, recommendations of the insurance industry and corporate policies. You can read more about how we at Bliwa process your personal information on www.bliwa.se/personuppgifter. If you prefer to have the informationen sent to your home address, please contact Bliwa.

Applicable law, etc.

The insurance is subject to the Insurance Business Act (2010:043), the Insurance Contracts Act (2005:104) and Swedish law generally. Bliwa provides insurance conditions and all other information in Swedish. Judicial consideration of these conditions or of the insurance otherwise shall take place in Sweden, applying Swedish law.

COOLING-OFF PERIOD

If you have taken out voluntary insurance you are entitled to withdraw from the insurance agreement (cooling-off period) within 30 days from the date on which you received the insurance documents and information that the insurance agreement started to apply. If you wish to exercise your cooling-off right you must give notice of this to Bliwa. You are also entitled at any time whatsoever to give notice terminating a voluntary insurance. You are always liable to pay premium for the time that the insurance applied.

IF WE DO NOT AGREE

Bliwa reconsiders

If you are dissatisfied with Bliwa's decision, you should in the first instance contact Bliwa for the matter to be reconsidered. A complaint or a request for reconsideration must be presented to Bliwa within six months from Bliwa's final notice in the matter. If new circumstances occur Bliwa will, however, reconsider a matter even after this period has expired. Reconsideration is conducted in accordance with Bliwa's guidelines for dealing with complaints applicable from time to time. In the first instance we would like you to contact the person who dealt with your matter for reconsideration. If after doing that you are still not satisfied with the case officer's decision, you should contact the person who is the complaints officer at Bliwa. Please write to Bliwa, Klagomålsansvarig (complaints officer), PO Box 5125, SE-102 43 Stockholm, Sweden or klagomalsansvarig@bliwa.se.

Swedish Consumers' Insurance Bureau

The Swedish Consumers' Insurance Bureau can provide you with general information and guidance on insurance issues. Address: Konsumenternas försäkringsbyrå, PO Box 24215, SE-104 51 Stockholm, Sweden.

Telephone: +46 (0)200-22 58 00.

Municipal consumer advice officer

The consumer advice officer in your municipality can help consumers with general advice and information.

Personal Insurance Board

The Personal Insurance Board only considers matters that involve insurance-medical issues and where the Board therefore needs to have support by a consultant physician. Address: Personförsäkringsnämnden, PO Box 24067, SE-104 50 Stockholm, Sweden.
Telephone: +46 (0)8-522 787 20.

The Swedish National Board for Consumer Complaints (ARN)
ARN is a government authority that considers without charge disputes between private individuals and business operators. The Board does not consider disputes that relate to amounts of less than SEK 2 000 and does not conduct any medical assessments. Address: Allmänna reklamationsnämnden, Box 174, SE-101 23 Stockholm, Sweden. Telephone: +46 (0)8-508 860 00.

Judicial consideration
An insurance dispute can also be considered by a general court. A Swedish district court (tingsrätt) is the first instance.

Bliwa

Bliwa Livförsäkring, ömsesidigt, Box 5125, SE-102 43 Stockholm, Sweden. Telephone: +46 (0)8-696 22 80, Fax: +46 (0)8-696 22 92, kund@bliwa.se, bliwa.se

Bliwa Livförsäkring – 136. Januari 2016.