

PRE-SALE INFORMATION:

Group life insurance, personal accident, LO:1

This pre-sale information contains overall and general information about voluntary group life insurance - personal accident with Bliwa Livförsäkring (referred to below as 'Bliwa'). This pre-sale information shows the information that Bliwa is to provide by law before insurance is taken out. You can order full insurance conditions (*Försäkringsvillkor grupplivförsäkring - olycksfall LO:1*) (Insurance Conditions, Group Life Insurance - personal accident, LO:1) from Bliwa or get it from the group representative at your workplace, in your organisation or for another specific group.

CONTENTS:

- 1. General information about the insurance**
- 2. About the insurance protection**
- 3. General provisions**
- 4. Limitations to Bliwa's liability**
- 5. Other information**

1. General information about the insurance

Voluntary group life insurance - personal accident with Bliwa provides financial protection in the event of death as explained in more detail below.

The sums insured you can apply for and the cost of the insurance are shown in the application documents applicable for your group. The application documents also indicate in which cases you can insure your husband/wife or cohabitee. Under some group agreements, you may be automatically affiliated to insurance protection without application ('automatic enrolment'). If you are covered through automatic enrolment you will receive separate information about this in conjunction with the insurance starting to apply.

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

2. About the insurance protection

► LIFE INSURANCE - ACCIDENT

This insurance provides insurance against risk and does not include any saving component. This insurance means that a sum insured will be paid out to your beneficiaries if you die as a consequence of an accident during the term of the insurance. In certain agreements the sum insured decreases when the insured attains a certain age – for example 55 or 60 years. The application documents, with appendices, indicate what applies for the group to which you belong. Which sums insured you can choose from and how much the insurance costs are also shown there.

Definition of the term 'accident'

All of the following fundamental requirements, among other things, must be satisfied for an event to be regarded as an 'accidental injury' and afford a right to benefits:

- *Bodily injury.* The event must have resulted in a bodily injury that results in you dying.
- *External event.* The injury must have been caused by an external event.
- *Sudden event.* The injury must have occurred suddenly. Therefore an injury that has arisen following overexertion is not considered to be an accidental injury.
- *Involuntariness.* The injury must have been sustained involuntarily. If you have intentionally injured yourself, or have demonstrated manifest indifference to the risk of being injured, you are not deemed to have suffered an accident.

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 or pathological changes
- ▶ infection through bacteria, viruses or other contagion, infection or poisoning through food or drink or hypersensitivity reaction
- ▶ use of medicinal preparations, operations, treatment or examinations that have not resulted from an accidental injury covered by this insurance
- ▶ nuclear explosion or radiation (nuclear reaction).

Precondition for benefits

The person making a claim for benefits must prove that the insured has died as a consequence of an accident. The death must have occurred within one month from the date of the accident and must be a direct consequence of the accident. If you, as a consequence of the accident, are in a permanent unconscious condition or if life-preserving treatment is ongoing using, for example, a respirator, the time period is extended by the same period of time as the unconsciousness lasts or the treatment is ongoing.

Benefits are not paid from the insurance if you die following an accident owing to a bodily defect that was either pre-existing at the time of the accident or subsequently arose and is unconnected to the accident. 'Bodily defect' means sickness, pathological change and also defect and disablement.

An insurance event must be reported and payment of compensation requested as soon as possible. A form is provided by Bliwa. The documents and other information that Bliwa considers are of importance to assess the right to insurance compensation must be submitted to Bliwa without charge. The same applies to any translation into Swedish of documents that are of importance to the processing of the matter. If Bliwa so requests, consent should also be granted so that Bliwa can obtain information from the beneficiary, policyholder, employer, physician, hospital, other care establishment, the Swedish Social Insurance Agency or another insurance establishment. Further information about this is available in the insurance conditions.

3. General provisions

▶ 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. This means in its turn that the policyholders are entitled to a bonus from the surplus that may arise from Bliwa's operations. Find out more under the heading 'Allocating

surpluses and covering losses'. Bliwa is based in Stockholm. Bliwa's insurance activities are subject to the supervision of the Swedish Financial Supervisory Authority (Finansinspektionen), postal address Box 7821, SE-103 97 Stockholm, Sweden. Visiting address: Brunnsgatan 3, Stockholm, Sweden. Email address: finansinspektionen@fi.se. Telephone number +46 (0)8-408 980 00. Website: www.fi.se. Bliwa's marketing is subject to the supervision of the Swedish Consumer Agency (Konsumentverket), postal address Box 48, SE-651 02 Karlstad, Sweden. Visiting address: Tage Erlandergratan 8A. Email address: konsumentverket@konsumentverket.se. Telephone number +46 (0)771-42 33 00. Website: www.ko.se. You can obtain information about Bliwa's financial status from Bliwa's latest adopted annual report. The annual report is available at bliwa.se and can also be ordered by contacting Bliwa.

▶ THE INSURANCE AGREEMENT

There is a group agreement between your employer, organisation or group and Bliwa that forms the basis of the insurance. 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. Application documents, health certificates, insurance statement and the full insurance conditions also apply for the insurance. The insurance applies for no more than one year at a time; for new policies, the first term of the insurance runs until the end of the year, i.e. to 31 December of the year in which the insurance was taken out. The insurance will be renewed annually provided neither the insurance nor the group agreement has been terminated at the end of the term of the insurance. New conditions for the insurance may then start to apply. See below under the heading 'Amendment of the insurance conditions'.

▶ WHO CAN TAKE OUT THE INSURANCE?

You can normally apply for insurance if you are an employee of the company, member of the organisation or belong to the group that has concluded the group agreement with Bliwa. You can also usually take out insurance for your husband/wife or cohabitee. Those cases in which you can apply for insurance for your husband/wife or cohabitee are shown in the application documents.

Under some group agreements, the group members (for example, employees or members) may be automatically affiliated, via 'automatic enrolment', to certain insurance protection agreed in advance through the group agreement. If you are covered through automatic enrolment, separate information will be issued to you at the time of affiliation.

A precondition for affiliation to the voluntary group insurance is that the policyholder and the insured are permanently resident in Sweden.

► HEALTH REQUIREMENTS

You are normally required to be fully capable of working and to certify this for Bliwa to grant insurance.

Bliwa will conduct a check to see whether you and any co-insured can be affiliated for the sums insured you want.

The meaning of 'fully capable of working' can be found in the application documents and also the full insurance conditions.

► WHEN THE INSURANCE STARTS TO APPLY

The insurance starts to apply on the date stated in the group agreement. This is normally the date on which Bliwa, or the party nominated by Bliwa, received your application when you apply using a physical form. In the case of other forms of application, for example via the Internet, the insurance only enters into force on the day after the date on which 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 life group insurance, are 'the policyholder'. It is also you who are 'the insured', i.e. the insurance applies in respect of your life. However, if you take out insurance for your husband/wife or cohabitee, they are also 'the insured', though you are 'the policyholder'.

► BENEFICIARY

Beneficiaries of amounts paid out owing to the death of the insured are:

- 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 is entitled to write their own nomination of beneficiary, which should be sent to Bliwa or to the party nominated by Bliwa. A standard form for a separate nomination of beneficiary can be ordered from Bliwa or printed out directly from *bliwa.se*. The insured is at liberty to choose who should be a beneficiary/beneficiaries by the nomination of beneficiaries. A nomination of beneficiary can be changed at any time. A nomination of beneficiary cannot be amended through a will.

► PREMIUM

The price for the insurance ('the premium') is calculated and determined by Bliwa for one year at a time and may be adjusted at the end of a year. The development of claims and distribution of ages among those insured may also influence the future premium. The application documents show what premiums apply for your group.

► PREMIUM PAYMENT

The premium must be paid by you as the policyholder. If you do not pay the premium, Bliwa is entitled to give notice terminating the insurance, subject to a period of notice of termination of 14 days.

The group agreement may contain provisions whereby the premium is to be paid through the group representative, i.e. your employer or organisation. You will then generally pay the premium via a deduction from pay or together with the membership charge. The group representative then acts as intermediary for the premium payments to Bliwa. You can also pay premiums by direct debit/autogiro or a paying-in slip.

► PREMIUM WAIVER

Some group agreements include premium waiver, which means that the insurance protection applies without the premium having to be paid. This normally occurs after you, as the insured, have been incapable of working over a long period. The insurance conditions contain full information about premium waiver. The application documents and insurance statement show what applies for your group.

► ALTERATION OF SUM INSURED

You can often choose from different levels of sum insured for the insurance. You can see the various levels possible in the application documents. You can apply for an alteration of the amount if you would like to increase or reduce a sum insured.

A precondition for increasing the sum insured is normally that you satisfy the insurance's health requirements; further information is available under the heading 'Health requirements'. The application documents indicate what applies for your group.

► WHERE THE INSURANCE APPLIES

Life insurance - personal accident applies worldwide regardless of how long the stay abroad lasted.

If premium waiver is included, it applies to incapacity to work and an accident suffered by the insured when staying in the Nordic countries. Premium waiver also applies for incapacity to work and an accident that you suffered when staying outside the Nordic countries, but only if the stay was for no more than 12 months.

► REPORTING AN INSURANCE EVENT

Bliwa should be notified of the occurrence of an insurance event as soon as possible. Reports should be made online via Bliwa's website or on the form provided by Bliwa.

► WHEN THE INSURANCE CEASES

- Group life insurance - personal accident normally applies up to and including the month in which you, as the insured, attain the age of 65 (age at expiry), unless otherwise agreed in the group agreement. The application documents and the insurance statement show which 'age at expiry' applies for your group.
- Bliwa is entitled to give notice terminating the insurance if the premium is not paid on time (further information is available under the heading 'Payment of premium') or if you, as the insured, have provided incorrect or incomplete information (further information 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 also ceases 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 applicable age at expiry for your group insurance or because your employment/group affiliation/membership ceases, you will have continued insurance protection without charge for three months, known as 'extended cover protection'. The same applies for your co-insured husband/wife or cohabitee if your marriage or cohabitee relationship has been dissolved. In such a case insurance protection continues for three months.

However, extended cover protection does not apply if notice has been given terminating the group agreement completely or partly or you personally have opted to terminate the insurance but are still within the group entitled to insurance. Nor does your right to extended cover protection apply if you have been granted or can obviously be granted insurance protection of the same kind as before in some other way.

If you have not attained the age at expiry for the insurance

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

If you have attained the age at expiry for the insurance

The extended cover protection for the life insurance is limited to the amount applicable for the senior insurance if your insurance ceases to apply owing to you having attained the applicable age at expiry for the group life insurance or if you attain the age at expiry for the insurance during the period of extended cover protection.

► CONTINUATION INSURANCE

Your insurance will also cease if notice is given terminating the group agreement between Bliwa and your group. You will be notified if this occurs. You are then entitled to apply for continuation insurance within three months from the date on which your voluntary group life insurance ceased. For some group agreements, an insured who leaves the group entitled to insurance for some 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 less than six months, or if you have chosen to give notice terminating the insurance but remain within the group entitled to insurance. Nor are you entitled to continuation insurance if you have in some other way received or can obviously receive insurance protection of the same kind as before. The continuation insurance is not available after you have attained the age at expiry for the insurance.

Your co-insured husband/wife or cohabitee is entitled to take out continuation insurance if you die or if their marriage or cohabitee relationship with you ceases. The right to continuation insurance also applies for a co-insured if Bliwa, in the case of voluntary insurance, has given notice terminating the insurance agreement as a result of a delay in paying your 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 life insurance - personal accident runs out.

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 obliged to provide correct and complete answers to Bliwa's questions. If you have been registered with Bliwa as incapable of working and subsequently return to work, you must immediately notify Bliwa or the party nominated by Bliwa of this. The same applies if benefits from the Swedish Social Insurance Agency start to be paid, are changed or cease. You must also provide information to Bliwa, or to the party nominated by Bliwa, about other circumstances that may affect the right to benefits under the insurance. If you have provided incorrect or incomplete information, this may mean that the insurance does not apply; see the insurance conditions for further details.

▶ OTHER LIMITATIONS TO COVER

- ▶ The benefit may be reduced if you have induced or aggravated the consequences of an insurance event through gross negligence, with intent or owing to the influence of alcohol. Further information about this is available 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 for premium waiver for stays outside the Nordic countries if this is included according to the group agreement; see the insurance conditions for full information.

5. Other information

▶ TAX RULES

The insurance constitutes 'capital insurance' according to the Income Taxes Act. This means, among other things, that a sum insured paid by Bliwa as a result of an insurance event is exempted from income tax and that the premium for the insurance is not tax deductible.

▶ ALLOCATING SURPLUSES AND COVERING LOSSES

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

Any decisions on appropriations from the consolidation reserve to cover losses or for a bonus from 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 Calculations applicable at any given time. Both Bliwa's Articles of Association and the Technical Guidelines and Data for Calculations 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, to allocate bonuses to the policyholders or to make donations for the public benefit or comparable purposes. 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 renewal of the insurance. Bliwa can also amend the insurance conditions during the term of the insurance. However, this only applies if the amendment is needed owing to the nature of the insurance or owing to some other special circumstance, such as, for instance, amended law, application of law or official 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 in respect of 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 at least six months from when Bliwa has given notice of the final position it has adopted on the claim.

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

▶ PROCESSING OF PERSONAL DATA

Bliwa protects your personal privacy. All processing of personal data is performed on the basis of applicable legislation, recommendations issued for the industry and Bliwa's internal rules. You can find out more about how Bliwa processes your personal data at www.bliwa.se/personuppgifter. Here you can also find out what rights you have in relation to us. Please contact Bliwa if you would prefer to have this information sent to your home.

▶ APPLICABLE LAW, ETC.

The insurance is subject to the Insurance Business Act (2010:2043), the Insurance Contracts Act (2005:104) and Swedish law generally. Bliwa provides insurance conditions and all other information in Swedish. Any legal proceedings concerning these conditions or the insurance in some other respect 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. You must notify Bliwa if you wish to exercise your cooling-off right. You are also entitled to give notice terminating voluntary insurance at any time. You are always obliged to pay the premium for the period during which the insurance was in force.

► BLIWA'S INSURANCE DISTRIBUTION

Bliwa's insurance may be distributed by Bliwa or another distributor engaged by Bliwa to deal with the distribution. The party distributing the insurance must provide the customer with information about the distribution. For this reason, the following information applies in the event that Bliwa is the insurance distributor.

Name of employee who participated in the distribution

Insurance is normally distributed to natural persons digitally or via a standard form, i.e. without the direct assistance of an employee. Insurance may be distributed to legal persons digitally, via a standard form or by communication with an employee at Bliwa. The name of such employee will be indicated, when applicable, by the insurance agreement or notified separately in conjunction with the conclusion of the agreement.

Advice

Bliwa does not provide insurance advice to private individuals.

Information about remuneration

Remuneration is not payable to Bliwa's employees as a consequence of the distribution of individual insurance agreements.

► IF WE DO NOT AGREE

Reconsideration by Bliwa

You should in the first instance contact Bliwa if you are dissatisfied with Bliwa's decision in order to have the matter reconsidered. A complaint or request for reconsideration must be presented to Bliwa within six months from Bliwa's final notice in the matter. However, if new circumstances occur, Bliwa will reconsider a matter even after this period has expired. Reconsideration is conducted in accordance with Bliwa's guidelines for dealing with complaints applicable at the time. In the first instance we would like you to contact the person who dealt with your matter to have it reconsidered. If you are still dissatisfied with the case officer's decision, you can contact the Complaints Officer who will reconsider your matter free of charge. You can also contact the Complaints Officer or some other instance for dispute resolution (see below) if you are not satisfied with Bliwa's distribution.

Complaints Officer

Bliwa, Klagomålsansvarig (Complaints Officer), Box 13076, SE-103 02 Stockholm, Sweden or klagomalsansvarig@bliwa.se.

The Swedish Consumers' Insurance Bureau

The Swedish Consumers' Insurance Bureau can provide general information and guidance on insurance issues:
Konsumenternas försäkringsbyrå, 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.

The Board for Insurance of Persons

The Board for Insurance of Persons only considers matters that involve insurance-medical issues and where the Board therefore needs to have support by a consultant physician:

Personförsäkringsnämnden, Box 24067, SE-104 50 Stockholm, Sweden. Telephone: +46 (0)8-522 787 20.

The National Board for Consumer Complaints (ARN)

ARN is a government authority that considers without charge disputes between private individuals and business operators. The Board applies limits in respect of values that may mean that disputes involving low values are not considered. Nor does the Board conduct any medical assessments: Allmänna reklamationsnämnden, Box 174, SE-101 23 Stockholm, Sweden. Telephone: +46 (0)8-508 860 00.

Judicial review

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

► DO YOU NEED FURTHER INFORMATION?

Please contact the Customer Services Department at Bliwa if you have any further questions.

TELEPHONE

+46 (0)8-696 22 80

Opening hours: Ordinary weekdays, 08.00-17.00.

EMAIL

kund@bliwa.se

WEBSITE:

bliwa.se

MY ACCOUNT

bliwa.se/minasidor