

PRE-SALE INFORMATION:

Unionen's Care Insurance with Bliwa

This pre-sale information contains brief and general information about Unionen's voluntary Care Insurance with Bliwa Livförsäkring (referred to below as 'Bliwa'). This pre-sale information contains the information that Bliwa is required to provide by law prior to concluding a voluntary group insurance agreement. You can get the full insurance conditions '*Sjukvårdsförsäkring Unionen*' (Unionen's Care Insurance) from www.bliwa.se/unionen or order them from Bliwa.

CONTENTS:

- 1. General information about the insurance**
- 2. Special information about Care Insurance**
- 3. General provisions**

1. General information about the insurance

If you become ill or have an accident covered by Bliwa's Care Insurance, you will get rapid access to healthcare advice and care with the care provider considered most appropriate in view of your complaint, either from Bliwa's medical network or as otherwise nominated by Bliwa.

Bliwa's Care Insurance can be selected at two different levels: *Basic and Premium*. The cost of the different levels is shown in the application documents.

You can insure your husband/wife/cohabitee. In this pre-sale information, a registered partner is equated with a husband/wife and a registered partnership with marriage.

► REQUIREMENT FOR A REFERRAL AND DEDUCTIBLE

The insurance may apply with or without a requirement for a referral or a deductible.

- Care Insurance – Premium Level applies with a requirement for a deductible or a referral.
- Care Insurance – Basic Level applies with a requirement for a referral.

A deductible means that you will pay a deductible in conjunction with each new insurance event. The amount of the deductible is stated in the insurance statement and the application documents. You do not have to pay a deductible if you can produce a referral issued by a physician in conjunction with each new insurance event. If you are given a referral later during the period of treatment, this does not mean that any deductible previously paid will be repaid.

A referral requirement means that the insurance does not cover care or costs before a physician or optician gave you a referral. However, you can get advice from Bliwa's Healthcare Centre without a referral. A referral is valid for six months from the date of issue.

The 'patient public healthcare fees' component together with pharmaceutical costs apply without a requirement for a deductible or a referral.

If you have not been given a referral by a physician and you do not pay the deductible to Bliwa, Bliwa may decline to continue the provision of care under the insurance until the deductible is paid.

► WHERE THE INSURANCE APPLIES

The insurance applies for planned care and expenses within Sweden. Care will be provided by care providers in Bliwa's medical network or by care providers otherwise nominated by Bliwa. The insurance does not cover care and costs outside Sweden or within the national healthcare service in Sweden, with the exception of the component *Patient public healthcare fees*.

► REPORTING AN INSURANCE EVENT

'Insurance event' means an occurrence that arises during the term of the insurance and which is covered by the insurance. You should contact Bliwa's Healthcare Centre if you need advice and/or care as a consequence of an insurance event. Contact details are shown on the reverse of the pre-sale information. If the insurance applies subject to a requirement for a referral, you must have been given a referral by a physician or by an optician to an ophthalmologist in the case of an eye complaint before Bliwa's Healthcare Centre can book you a care appointment.

► BLIWA'S LIABILITY PERIOD

Bliwa's liability period (i.e. the period during which Bliwa is responsible for an insurance event) does not extend beyond when you attain the age at expiry for the insurance. The liability period ceases if the insurance ceases. However, you may be entitled to extended cover protection and continuation insurance.

2. Special information about the different levels of Care Insurance

Care Insurance can be selected at two different levels: Basic and Premium.

► BASIC LEVEL

Care Insurance – Basic Level includes the following components:

- Healthcare advice/care planning
- Specialist care
- Investigations, treatment, operations
- Treatment by a physiotherapist, naprapath and chiropractor
- Medical aids
- Treatment by a psychologist
- Enhanced healthcare planning
- Guarantee period
- Second opinion
- Patient public healthcare fees

► PREMIUM LEVEL

The following components are also included at the Premium Level in addition to the components described above for the Basic Level.

- Speech therapist
- Dietician
- Travel and accommodation
- Pharmaceutical costs
- Aftercare/medical rehabilitation

► BRIEF DESCRIPTION OF THE VARIOUS COMPONENTS

CARE INSURANCE – BASIC LEVEL

Healthcare advice/care planning

Bliwa's Healthcare Centre is manned by registered nurses who provide you, as the insured, with advice on medical issues and tips for self-care measures by telephone. They will also help you to make appointments with an appropriate care provider in Bliwa's medical network. You can contact Bliwa's Healthcare Centre by telephone for advice every day between 07.00 and 22.00. Care planning (booking of appointments with care providers in Bliwa's medical network) is provided by Bliwa's Healthcare Centre between 08.00 and 17.00 on ordinary weekdays. The contact details for Bliwa's Healthcare Centre are shown on the reverse of the pre-sale information.

Specialist care

The insurance covers specialist care by care providers in Bliwa's medical network. This care shall be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre.

Investigations, treatment and operations

You will have access to further investigations, treatment and operations with one of the care providers in Bliwa's medical network when this is medically justified. The investigation, treatment or operation must have resulted from an insurance event and be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre. The care must comply with the national guidelines issued by the National Board of Health and Welfare and be performed in accordance with medical science.

Treatment by a physiotherapist, naprapath and chiropractor

The insurance provides you with a right to up to ten treatments per insurance event with a physiotherapist, naprapath and chiropractor. The treatment should be approved in advance by Bliwa, arranged by Bliwa's Healthcare Centre and performed by a care provider in Bliwa's medical network.

Medical aids

The insurance compensates necessary and reasonable costs for personal medical aids during the period for treatment and healing of the injury. The aids must be medically justified, prescribed by a treating physician, preceded by care within the framework of the insurance and approved in advance by Bliwa. You can only obtain compensation for costs for one aid of the same kind per insurance event. Bliwa compensates costs of up to SEK

1,500 for heel cushions and up to SEK 2,500 for other aids.

Treatment by a psychologist

The insurance provides you with a right to up to ten treatment sessions with a psychologist or psychotherapist per insurance event. The treatment should be approved in advance by Bliwa and arranged by Bliwa's Healthcare Centre.

Enhanced healthcare planning

You can still get assistance in the form of advice and help with booking a care appointment for an injury, sickness or other complaint that is not covered by the insurance. You will have to pay for this care yourself and the care is not otherwise covered by the insurance.

Guarantee period

The insurance includes a guarantee period. This means that you are guaranteed to get to see a specialist within seven ordinary weekdays from when you contacted Bliwa's Healthcare Centre and Bliwa has received the medical documentation required, if Bliwa considers this necessary.

You are guaranteed an appointment for further investigations, treatment or an operation within 14 ordinary weekdays from when the person performing the measure has decided on which measure is to be performed and Bliwa has had access to the medical documentation required.

If you are not offered care within the guarantee period, you will receive a benefit of SEK 500 per ordinary weekday until such time as you have been offered care, though at most SEK 25,000 for an appointment with a specialist and similarly SEK 25,000 for an appointment for an investigation, treatment or an operation. The guarantee period only applies for the first consultation with a specialist and the first investigation, treatment or operation. The guarantee period does not apply if you do not accept the appointment offered or if an investigation, treatment or operation cannot be performed for medical reasons.

Second opinion

The insurance may entitle you to a second opinion. This means that you have the right to a further medical assessment by a specialist physician if you need to undergo a major operation or have suffered a serious sickness as a consequence of an insurance event. Bliwa must give its prior approval for a second opinion. You are only entitled to a second opinion once per insurance event.

Patient public healthcare fees

The insurance compensates costs for patient fees in publicly financed health and medical care in Sweden up to the level for high-cost protection. The insurance will only compensate costs that can be verified by an original receipt.

CARE INSURANCE – PREMIUM LEVEL

Speech therapist

The insurance provides you with a right to up to five treatment sessions with a speech therapist following a referral by the treating physician. The treatment shall be approved in advance by Bliwa, arranged by Bliwa's Healthcare Centre and performed by a care provider in Bliwa's medical network.

Dietician

The insurance provides you with a right to up to five treatment sessions with a dietician following a referral by the treating physician. The treatment shall be approved in advance by Bliwa, arranged by Bliwa's Healthcare Centre and performed by a care provider in Bliwa's medical network.

Travel and accommodation

The insurance compensates necessary and reasonable costs for travel and accommodation in conjunction with care covered by the insurance and planned and arranged by Bliwa's Healthcare Centre. Compensation can only be paid for costs of travel and accommodation within Sweden. The insurance compensates costs for the least expensive means of transport appropriate considering your health status. Compensation is only paid subject to the precondition that the trip is made between the permanent home and care establishment and that the distance is at least 100 km for a one-way trip. The insurance compensates the cost of accommodation (maximum SEK 1,500 per day). The need must be approved by Bliwa in advance.

Pharmaceutical costs

The insurance compensates the cost of prescription pharmaceuticals prescribed by a physician. The insurance compensates pharmaceuticals costs up to the level for the high cost protection and only if they can be verified by an original receipt.

Aftercare/medical rehabilitation

The insurance compensates reasonable aftercare and medical rehabilitation costs. The aftercare or medical rehabilitation must have been preceded by a medical investigation and be prescribed by a physician following care having been provided within the framework of the insurance. The aftercare/rehabilitation shall in the first instance be performed by a care provider included in Bliwa's medical network. Aftercare/rehabilitation can be provided by another care provider if the kind of care provider required is not available in Bliwa's medical network. Such care and the cost of this must always be approved in advance by Bliwa. The insurance compensates the cost for at most one aftercare/rehabilitation period per insurance event. Bliwa compensates costs for aftercare and medical rehabilitation by at most SEK 100,000 per event that affords the right to care.

► IMPORTANT LIMITATIONS TO THE INSURANCE PROTECTION

Sickness, etc. prior to the insurance coming into force

The insurance does not apply for sickness, diagnosis, accident or its consequences for which you have had symptoms, received care or medication or in some other way knew about prior to the insurance coming into force. The same applies if it is possible to confirm medically that the sickness or complaint manifested itself prior to the insurance coming into force. However, the insurance applies for such diagnosis, sickness, accident or its consequences, provided you have been symptom-free and have not received care or medication for a consecutive period of at least 24 months before such new need for care or medication arose during the term of the insurance.

Missed appointments

You may lose the right to continued care and compensation for costs if you miss a care appointment without having cancelled the appointment in good time, according to the terms of the insurance conditions. Further information about this is available in the full insurance conditions.

Nor does the insurance apply for:

- Emergency medical care.
- Care that has not been approved in advance by Bliwa.
- Medical service (x-ray, laboratory sampling, etc.) for which you have been referred by a care provider that is not included in Bliwa's medical network.
- Costs that cannot be verified by an original receipt.
- Investigation and treatment of neuropsychiatric diagnoses.
- If you are not covered by the social welfare insurance and are not registered with the Swedish Social Insurance Agency, compensation will only be paid for those costs that would have been compensated if you had been registered and had made full use of the benefits that the social welfare insurance provides.
- An injury that has been aggravated owing to your failure to comply with Bliwa's or the care provider's instructions.
- Care that is not aimed at improving your medical condition. Treatments of a cosmetic nature are not covered by the insurance.
- Weight reducing operation and its consequences.
- Deteriorations of your health status that, according to medical experience, result from various forms of substance misuse.
- Fertility investigation or treatment of infertility. Nor does the insurance cover gynaecological examinations or check-ups, unless the need has arisen as a consequence of an insurance event.

- Coronary angiography (coronary vessel X-ray) and its consequential treatment.
- Congenital illnesses, birth injuries, disability or their consequences.
- Eating disorders and their consequences.
- Dental care regardless of cause.
- Investigation or treatment of snoring or sleep apnoea.
- Correction of visual defect, unless the visual defect arose as a consequence of an insurance event.
- Organ transplants and their consequences.
- Dialysis treatment.
- Dementia disease.
- Sicknesses subject to the Communicable Diseases Act.
- Somatoform disorders, for example syndromes involving chronic pain together with unspecified pain or aches such as, but not limited to, fibromyalgia.
- Electrosensitivity.
- Sickness, condition or other complaint that a physician has assessed requires lifelong treatment, though the insurance covers treatment until such time as a physician has assessed that the sickness, condition or complaint is of a chronic nature.
- Fatigue syndrome, fatigue depression or burnout ICD F43.8 or Z73.0.
- Costs for spectacles and hearing aids.
- Costs for medical certificates.
- Costs that are compensated from somewhere else, for example pharmaceutical or patient insurance scheme or the like where there is a pharmaceutical or care provider liability. Costs that are compensated from somewhere else as a consequence of, for example, statute, enactment, convention or collective agreement.
- Lost income from work.
- Compensation for personal injury, violation or property damage that arose in conjunction with health and medical care performed by a care provider nominated by Bliwa, for example damages for personal injury. However, the insurance does afford a right to care as a result of personal injury or violation that has been caused by a care provider nominated by Bliwa.
- Injury or loss that arose in conjunction with care that has not been directed by Bliwa.

► 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. You must also provide information to Bliwa about 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.

The insurance does not apply to national healthcare services, with the exception of the component *Patient public healthcare fees*, or care outside Sweden.

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. Information about Bliwa's financial status is provided in its annual report. The annual report is available at bliwa.se and can also be ordered from Bliwa.

► THE INSURANCE AGREEMENT

As a basis for the insurance, there is a group agreement between Unionen and Bliwa. The group agreement states, among other things, what is required for a member to be regarded as a group member and to be able to apply for and be covered by insurance with Bliwa. The application documents, insurance statement and full insurance conditions also apply to 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, as a member of Unionen who are self-employed, may apply for insurance.
You can also take out insurance for your husband/wife or cohabitee.

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

► HEALTH REQUIREMENTS

As the person applying for the insurance, you must satisfy Bliwa's health requirements for Bliwa to be able to grant insurance. The application documents show what health requirements apply for your group.

► WHEN THE INSURANCE STARTS TO APPLY

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

► PREMIUM

The price for the insurance products ('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 influence the future premium. The application documents state 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.

You can also pay premiums by direct debit/autogiro or a paying-in slip.

► WHEN THE INSURANCE CEASES

The insurance applies for at most up to and including the month in which you, as the insured group member, attain the age of 67. If, after attaining the age of 67, you are still an occupationally active member of Unionen, the insurance may apply for at most up to and including the month in which you attain the age of 70 subject to the precondition that you are still an occupationally active member of Unionen.

► Bliwa is entitled to give notice terminating the insurance if the premium has not been paid in good 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 is available under the heading 'Duty of disclosure and incorrect information').

- ▶ The insurance ceases if the group agreement ceases following notice of termination by Unionen or Bliwa.
- ▶ The insurance ceases if you are no longer a member of Unionen.
- ▶ 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 insured for at least six months when the insurance ceases to apply.

You will have continued insurance protection without charge for three months ('extended cover protection') if your insurance ceases to apply for some reason other than you having attained the age at expiry for the insurance. The same applies for your co-insured husband/wife or cohabitee if your marriage or cohabitee relationship has been dissolved.

You are not entitled to extended cover protection if notice has been given terminating the group agreement completely or partly or if you personally have opted to terminate the insurance but still remain 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. Extended cover protection applies on the same insurance conditions as immediately preceding the extended cover protection period.

▶ CONTINUATION INSURANCE

Your insurance will also cease if notice is given terminating the group agreement between Bliwa and Unionen. 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 insurance ceased. You are also entitled to continuation insurance if you leave the group entitled to insurance (for some reason other than having attained the age at expiry for the insurance). You are not entitled to continuation insurance 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 received or can obviously receive insurance protection of the same kind as before in some other way. You cannot take out continuation insurance if you have attained the age of 67.

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.

Continuation insurance starts to apply from and including the date on which extended cover protection under the insurance expires and applies at most up to and including the end of the calendar year in which you attain the age of 67.

▶ TAX RULES

This insurance product constitutes 'capital insurance' according to the Income Taxes Act.

If the employer pays the cost of the premium, the employee will be taxed for a benefit in kind. The benefit of the Care Insurance is valued as the employer's cost of the benefit, i.e. the premium. Bliwa's Care Insurance also includes tax-exempt benefits, such as preventive treatment and rehabilitation. Bliwa has therefore calculated the value of the benefit for the employee as being 60% of the premium. If the employer pays the premium for the Care Insurance for the employee, the employer may deduct the entire premium as a payroll expense and shall pay employer's contributions on the premium.

▶ ALLOCATING SURPLUSES AND COVERING LOSSES

According to the Insurance Business Act (2010:2043), a mutual life insurance company should credit a bonus to the policyholders and other parties entitled to compensation under insurance with an allocation based on the contribution to the surplus by the insurance, unless otherwise provided for by provisions in the insurance agreement or articles of association.

These insurance conditions constitute part of the insurance agreement. The following applies in respect of how surpluses are dealt with and losses covered in respect of the insurance taken out under these insurance conditions.

A surplus or deficit that arises within the insurance business as a result of Unionen's member insurance shall be dealt with separately from the surplus or deficit generated by the rest of Bliwa's policyholder collective. This means that any surplus or deficit respectively that is generated within Unionen's member insurance shall be borne by and allocated between the policyholders and those entitled to benefits under Unionen's member insurance. The point of departure is that a surplus for a product should be used for measures within that product as far as this is possible.

Bliwa decides on how to allocate a surplus after having consulted Unionen. A surplus comprises the combined surplus over the years and may be used to reduce premiums, improve insurance benefits and insurance conditions or, provided it is permissible under the applicable rules and regulations, for other measures that according to the Parties may benefit the policyholders and that are clearly linked to the Insurance encompassed by the surplus model.

One precondition for a bonus being allocated is that Bliwa's total solvency requirement for the insurance business has been met.

The above may be revised on the basis of amendments to external rules and regulations such as laws, ordinances and official regulations, changes to the application of the law or official decisions. Such an amendment shall not be regarded as a breach of the insurance agreement.

► 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 by Bliwa no later than in conjunction with the renewal of the insurance. Bliwa can also amend the insurance conditions during the term of the insurance, but only if the amendment is needed owing to the nature of the insurance or 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 products 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

Responsibility for treatment, care and advice, etc.

Bliwa is not responsible in relation to you for the care or medical advice that has been arranged through the insurance and provided by a care provider within the framework of the insurance. This means that any claims as a result of care, medical advice, determination of diagnoses or other measures that have been taken by a care provider are to be made against the care provider. This also applies to any measures taken by a cooperating partner that provides healthcare advice on behalf of Bliwa.

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 does not consider disputes relating to amounts of less than SEK 2,000 and does not 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)8-670 11 00

Opening hours: Ordinary weekdays, 08.00-17.00.

EMAIL

unionen@bliwa.se

WEBSITE

bliwa.se/unionen

MY ACCOUNT

bliwa.se/minasidor

BLIWA'S HEALTHCARE CENTRE

+46 (0)771-108 108

POSTAL ADDRESS FOR DOCUMENTS RELATING TO CLAIM MATTERS:

GHP Vård och Hälsa AB
Att: Bliwa Livförsäkring
Sundbybergsvägen 1
171 73 Solna