PRE-SALE INFORMATION:

A2 Group Insurance with Bliwa

This pre-sale information contains brief and general information about voluntary group insurance 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 gruppförsäkring A:2'* (Insurance Conditions Group Insurance A:2) from Bliwa or get them from your group representative at your workplace or from your organisation.

CONTENTS:

1. General information about the insurance

Voluntary group insurance with Bliwa provides flexible and affordable insurance protection that supplements the protection that applies according to laws and agreements. Bliwa's voluntary group insurance may include one or more of these insurance products:

► Life insurance – death benefit
► Lump-sum benefit
► Health insurance
► Critical illness insurance
► Personal accident insurance
► Accident and health insurance
► Child and pregnancy insurance

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 your employer or a member organisation. The application documents and appendices applicable to your group indicate which insurance products you can apply for. The sums insured that you can apply for and the cost of the insurance protection are shown in the application documents. The application documents also indicate in which cases you can insure your husband/wife/cohabitee and your children. 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 when the insurance starts to apply.

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

2. The various parts of the insurance protection

► LIFE INSURANCE – DEATH BENEFIT

This insurance provides insurance against risk and does not include any saving component. 'Death benefit – children' is also included in your 'life insurance – death benefit'. The cost of the insurance products is shown in the application documents.

You can often choose from different levels for the sum insured in the insurance. The different levels are shown in the application documents. The scope of the insurance according to what has been agreed in the group agreement is also indicated there.

This insurance means that a sum insured will be paid out to your beneficiaries if you die before attaining the age at expiry 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.

Option entitlement
The application documents will show if an option entitlement is included. The following applies for an option entitlement, unless otherwise agreed in the group agreement and, if so, shown in the application documents:

If you are fully capable of working, you are entitled to increase the sum insured by one (1) level in the event of a particular family event and once (1) a year. Under some group agreements a maximum amount for the option entitlement applies, in which case this is shown in the special application document.

The possibility of exercising an option entitlement applies one year from the particular family event having occurred and before the person, to whom the increase relates, attains the age of 60.

The particular family events that afford a right to exercise an option entitlement are if the insured enters into a cohabitation relationship, gets married, has a child entitled to inherit or receives a child with the intention of adopting the child. To exercise your right to an option entitlement, 12 months also must have passed since you last exercised this entitlement. The policyholder (group member) is the person who applies to increase the sum insured.

Life insurance - death benefit - children
Insurance protection that covers the death of a child is included in 'life insurance - death benefit'. This insurance applies for children under the age of 20 who are entitled to inherit from a person insured with 'life insurance - death benefit'.
The insurance protection means that one price base amount will be paid to the child's estate if the child dies before attaining the age of 20. In this context, stillborn children who died after the end of the 22nd week of pregnancy are equated to 'children entitled to inherit'.
If your life insurance ceases, the same applies to 'life insurance - death benefit - children'. Benefit can only be paid once per child and agreement.

► LUMP-SUM BENEFIT (FORMERLY ADVANCE BENEFIT PAYMENT)

This insurance provides for the payment of a lump sum if you become incapable of working as a consequence of a sickness or accident during the term of the insurance, subject to the precondition that you have been granted sickness compensation, or similar compensation for permanently reduced capacity to work as a consequence of sickness or accident, of at least 25 per cent by the Swedish Social Insurance Agency 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, or similar compensation for reduced capacity to work as a consequence of sickness or accident, of at least 25 per cent by the Swedish Social Insurance Agency. The lump-sum 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 benefits arose. Entitlement to benefits requires you to have been fully capable of working for the last three months before the insurance started to apply or subsequently fully capable of working for at least three consecutive months. There are transitional provisions, which are shown in the insurance conditions, concerning the right to benefits as a consequence of a reduced capacity to work for a consecutive period of three years or a total of three years over a five-year period.

Lump-sum benefit is paid in proportion to the level of work incapacity that the Swedish Social Insurance Agency has assessed you to have. Full lump-sum benefit is paid in the case of full incapacity to work. Three-quarters lump-sum benefit is paid in the case of three quarters incapacity to work, 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 documents and your insurance statement.

If you have previously received a partial lump-sum benefit (or previously 'advance benefit payment'), you may receive an additional lump-sum 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 for a consecutive period of 12 months and the Swedish Social Insurance Agency has granted a corresponding level of sickness benefit. The lump-sum benefit is then based on the lowest level of sickness benefit that you had for 11 of the last 12 months before the right to additional benefits arose. Bliwa takes into account previous payments of lump-sum benefit/advance benefit payment when paying such additional lump-sum benefit. The total lump-sum benefit or advance benefit payment paid can never exceed the full lump-sum benefit. If the full lump-sum benefit or advance benefit payment has been paid, there is subsequently no right to benefits under this insurance.

You are personally responsible for requesting the payment of lump-sum benefit when you satisfy the conditions to be entitled to benefits.

► HEALTH INSURANCE

Bliwa's health insurance may entitle you to a monthly benefit in the case of sickness. Health insurance also includes critical illness benefit under some group agreements. If this is the case, this is shown in the application documents and insurance statement. Health insurance can only be taken out by you as a group member unless otherwise agreed in the group agreement and indicated in the application documents.

You, as the insured, must have suffered an incapacity to work and lost income in order to be entitled to a monthly benefit. Bliwa's decision to grant a monthly benefit is

based primarily on the assessment of your incapacity to work made by the Swedish Social Insurance Agency. However, Bliwa may make its own assessment of your incapacity to work and consequently make a different decision to the Swedish Social Insurance Agency if there are special reasons to do so. In such a case, the benefit will be based on the incapacity to work that Bliwa has assessed that you have suffered. Benefits from the health insurance are paid upon a request from you as the insured.

Monthly benefit
The monthly benefit may be paid to you if you have suffered long-term incapacity to work as a consequence of sickness or an accident during the term of the insurance. Your capacity to work must have reduced by at least 25 per cent, in the assessment of the Swedish Social Insurance Agency, in order to receive benefits. The qualifying period for your group is indicated in the application documents.

The sums insured for which you can apply and how much the insurance costs as well as the period during which the benefit can be paid under the insurance are shown in the application documents.

Benefits from the health insurance will be paid out in the same proportion of the sum insured as the level of your incapacity to work. Benefits from the health insurance will be paid out for as long as your incapacity to work endures; note, however that a maximum benefit period is shown in the group insurance plan. The insurance applies for at most up to and including the month in which you attain the age of 65. If you become incapable of working again and satisfy the requirements for entitlement to benefits, you may be entitled to further compensation under the insurance if benefits have been paid for the entire benefit period and you are subsequently fully capable of working for more than 12 months.

Limitation of benefit period
The benefit period is limited if you have been incapable of working for more than 30 consecutive days during the last two years prior to the health insurance starting to apply and, after the insurance entered into force and before it had applied for two years, become incapable of working again owing to the same sickness or accident. Further details are available in the insurance conditions.

Overinsurance
Bliwa will never pay benefits as a consequence of incapacity to work at an amount whereby you, as the insured, receive overall an amount exceeding your actual pay after tax. Bliwa will not pay any benefits if you already receive other insurance compensation as a consequence of incapacity to work at a level of benefit that exceeds your actual pay after tax. You are obliged to inform Bliwa about any other insurance benefits or compensation received in conjunction with the claims report/request for payment. If Bliwa does not pay out benefits as a consequence of this rule, Bliwa will repay to you premiums already paid. Premiums can only be repaid for the past 12 months at most.

Option entitlement
The application documents will show if an option entitlement is included. The following applies for an option entitlement, unless otherwise agreed in the group agreement and, if so, shown in the application documents: If you are fully capable of working, you are entitled to increase the sum insured by one level in the event of a pay rise and once a year. An option entitlement applies if you apply for an increase within three months from the latest of the following two points in time:
a) when you become aware of your change in income,
b) when the new income started to apply.
To exercise your right to an option entitlement, 12 months must have passed since you last exercised the entitlement. The policyholder (group member) is the person who applies to increase the sum insured.

Critical illness benefit
Critical illness benefit may be included as a component of Bliwa's health insurance, if this has been agreed in the group agreement. If this is the case, this is shown in the application documents and insurance statement. Critical illness benefit is paid to you, as the insured, if you are diagnosed during the term of the insurance with any of the diagnoses listed in the insurance conditions. You may be entitled to a critical illness benefit in the case of certain kinds of cancer, heart attack, stroke, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), Parkinson's disease, neuroborreliosis, bacterial meningitis, tick-borne encephalitis (TBE), kidney failure, deafness, blindness, loss of arm or leg, loss of speech and some forms of permanent paralysis.

Furthermore, a right to critical illness benefit applies for certain operations such as coronary bypass operation, replacement of an aorta, heart valve surgery and organ transplant. You are entitled to benefits no earlier than seven days after the diagnosis was made or the operation performed. Refer to the insurance conditions for a comprehensive description of when critical illness benefit can be paid. The insurance conditions describe, among other things, important limitations to your right to benefits for the above-mentioned diagnoses and operations.

Critical illness benefit will be paid as a lump-sum. The amount of the critical illness benefit is determined in the group agreement and shown in the application documents and the latest insurance statement issued.

You are not entitled to critical illness benefit if any of the diagnoses covered by your entitlement to benefits had already been made before the insurance started to apply. The same applies for consequential sicknesses to a diagnosis made prior to the insurance entering into force. This also applies if you have become sick with the same diagnosis after the insurance started to apply. If you are undergoing examination for a certain diagnosis at the time the insurance is taken out, you are not entitled to benefits for such a diagnosis even if it is made after the insurance has entered into force. Bliwa will pay benefits for no more than three different diagnoses during the term of the insurance.

► CRITICAL ILLNESS INSURANCE

Bliwa's critical illness insurance provides you, as the insured, with entitlement to benefits if you are diagnosed during the term of the insurance with any of the diagnoses listed in the insurance conditions. You may be entitled to benefits in the case of certain kinds of

cancer, heart attack, stroke, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), Parkinson's disease, neuroborreliosis, bacterial meningitis, tick-borne encephalitis (TBE), kidney failure, deafness, blindness, loss of arm or leg, loss of speech and some forms of permanent paralysis. Furthermore, benefits may be paid to you for certain operations such as coronary bypass operation, replacement of an aorta, heart valve surgery and organ transplant. You are entitled to benefits no earlier than seven days after the diagnosis was made or the operation performed.

Refer to the insurance conditions for a comprehensive description of when the benefit can be paid. The insurance conditions describe, among other things, important limitations to your right to benefits for the above-mentioned diagnoses and operations.

Benefits from critical illness insurance will be paid as a lump sum. The amount of the benefit is determined in the group agreement and shown in the application documents and the latest insurance statement issued.

Important limitations
You are not entitled to benefits if any of the diagnoses covered by your entitlement to benefits had already been made before the insurance started to apply. The same applies for consequential sicknesses to a diagnosis made prior to the insurance entering into force. This also applies if you have become sick with the same diagnosis after the insurance started to apply. If you are undergoing examination for a certain diagnosis at the time the insurance is taken out, you are not entitled to benefits for such a diagnosis even if it is made after the insurance has entered into force. Bliwa will pay benefits for no more than three different diagnoses during the term of the insurance.

► PERSONAL ACCIDENT INSURANCE

Personal accident insurance with Bliwa may apply during leisure time or full time, that is to say around the clock. The application documents indicate what applies for your group. The documents also state whether you can take out insurance for your husband/wife or cohabitee, the sums insured from which you can choose and how much the insurance costs.
Personal accident insurance can provide you with financial benefits if you sustain an accidental injury that results in costs or invalidity. A maximum benefit amount applies for some injuries/costs. Further information about this is available in the application documents. A precondition for entitlement to benefits in the case of an accidental injury is that the injury is so serious that it required treatment within the health services.

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.
- ► *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 or repetitive movements is not considered to be an accidental injury.
- ► *Involuntariness.* The injury must have been sustained involuntarily. Persons who intentionally injure themselves, or who have demonstrated manifest indifference to the risk of getting injured, are not deemed to have suffered an accident.

Accidental injury also includes bodily injury that you have suffered through:
- ► frostbite, heatstroke, sunstroke, borrelia infection or TBE owing to a tick bite
- ► rupture of an Achilles tendon 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, repetitive movements, stretching, twisting or pathological changes
- ► dental injury that has arisen as a consequence of chewing or biting
- ► 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).

Benefits under personal accident insurance
In the case of accidental injury, the insurance can cover medical costs and costs for dental injuries, travelling costs, additional costs, costs for rehabilitation and aids and also costs for crisis therapy. The insurance may pay invalidity benefits (financial or medical) and compensation for pain and suffering, scars and other appearance-related consequences of the injury as well as defect and disablement. Furthermore, the insurance includes death benefit.

The applicable benefit amounts, limitations to amounts and other limitations are shown in Bliwa's full insurance conditions and also in the application documents.

Important limitations to the personal accident insurance
Benefits are only paid for direct consequences of an accidental injury. Personal accident insurance does not provide benefits for lost income from work. Benefits are not provided for deterioration in health status after the 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 accidental injury.

The insurance only compensates necessary and reasonable costs that arose as a consequence of the accidental injury. If the costs should be compensated through some other party according to, for instance, law or collective agreement, Bliwa will not compensate the same costs. The same applies for costs that have been compensated through other insurance. This applies regardless of whether compensation has been paid according to a standardised model or against original receipts. There are limitations to your right to benefits if an accident occurred outside your place of residence or abroad. Costs are only compensated if they can be verified by a receipt or similar certificate. Compensation is never paid for costs that arise after the final medical

invalidity benefit has been determined.

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 unless otherwise stated in the application documents and the insurance statement. The sum insured for financial invalidity is reduced by 5 percentage points per year from the same date.

Benefits are never paid for both medical and financial invalidity. When financial invalidity benefits are paid, the amount is reduced corresponding to the amount previously paid for the same claim matter for medical invalidity.

► ACCIDENT AND HEALTH INSURANCE – FULL TIME

The insurance can provide benefits if you have a permanent bodily injury, irrespective of whether it arose through an accident or sickness. The insurance product is a traditional accident insurance, but with a supplement that also provides benefits for sicknesses that result in invalidity. However, in the case of sickness, benefits may only be provided for medical invalidity together with scars and other appearance-related consequences of the injury.

In the case of an accident, the insurance can provide you with financial benefits if you sustain an accident that results in costs or that causes medical or financial invalidity. A precondition for entitlement to benefits in the case of an accidental injury is that the injury is so serious that it requires treatment within the health services.

A maximum benefit amount applies for certain injuries/costs. Further information about this is available in the application documents. The documents also show the sums insured from which you can choose and how much the insurance costs.

Definition of the term 'accident'
For accident and health insurance, the same definition applies for the term 'accident' as for personal accident insurance; see above. In this insurance, however, accidental injury also includes the following sudden events if these arose at an identifiable time and place:

- ► Heart attack. For the event to be regarded as an accidental injury it is required that the insured has not previously been diagnosed for any of the following sicknesses and/or symptoms: high blood pressure, high blood lipid levels, cardiovascular disease or diabetes mellitus.
- ► Stroke – Cerebral haemorrhage or blood clot in the brain. For the event to be regarded as an accidental injury it is required that the insured has not previously been diagnosed for any of the following sicknesses and/or symptoms: high blood pressure, high blood lipid levels, coagulation disorder, cardiovascular disease or diabetes mellitus.
- ► Meningeal haemorrhage – Subarachnoid haemorrhage.
- ► Blood clot in the lung – Pulmonary embolism. For the event to be regarded as an accidental injury it is required that the insured has not previously been diagnosed for any of the following sicknesses and/or symptoms: coagulation disorder or deep vein thrombosis.
- ► Rupture of aorta – Rupture of aortic aneurysm.
- ► Sudden, unexplainable 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 for any of the following sicknesses and/or symptoms: disease of the eye, loss of vision by eight dioptres or more.

Definition of the term 'sickness'
'Sickness' means a deviation from normal health status that requires health and medical care and is not to be regarded as an accidental injury in accordance with the definition of 'accidental injury' in the personal accident insurance; see above. Nor does 'sickness' mean bodily injury caused voluntarily.

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

Benefits under the insurance
Accident and health insurance compensates the same costs as a consequence of accidental injury as personal accident insurance, though with the exception of defect and disablement. Accident and health insurance also includes compensation for some loss of income, for no more than 60 days, as a consequence of the accidental injury. In the case of sickness, the insurance may provide benefits for medical invalidity together with scars and other appearance-related consequences of the injury.

Limitations to accident and health insurance
The same limitations apply for accident and health insurance as for personal accident insurance; see above.

The insurance does not cover sickness, bodily defect or mental illness or the consequences of such conditions, where the symptoms manifested themselves before the insurance entered into force, even if the diagnosis can only be made after the insurance has entered into force. Compensation is not paid for costs as a consequence of sickness. Compensation for defect and disablement is not included in the insurance, irrespective whether you have suffered an accidental injury or a sickness.

Reservation clauses
The insurance may sometimes be granted subject to a reservation clause if Bliwa receives information about your health whereby the risk of future ill health is so high that Bliwa considers that the insurance could not otherwise be granted. Granting the insurance subject to a reservation clause means that an exemption applies for consequences resulting from the excluded injury, symptom or sickness. In such cases, the reservation clause is notified by a separate letter that comprises part of your insurance statement.

► CHILD AND PREGNANCY INSURANCE

Pregnancy insurance together with accident and health insurance for children and young people
The insurance provides financial protection during pregnancy and also in the event of a child's sickness and accident. The insurance is split into two parts: pregnancy insurance and child insurance.

The insurance applies with a single-child premium. This means that new insurance should be taken out in the event of a new pregnancy even if a group member already has a child insured under child insurance with Bliwa.
Child insurance may be taken out at three different levels: Basic, Premium and Premium Extra. The difference between the different levels is shown below under 'Important limitations to child insurance'. Regardless of the level of the child insurance taken out, pregnancy insurance applies of the same scope as described below. However, the sum insured for critical illness benefit in pregnancy insurance is dependent on the scope of child insurance taken out. The same levels apply for both pregnancy insurance and child insurance. The sum insured is one price base amount if the Basic Level has been taken out, two price base amounts for Premium Level and three price base amounts for Premium Extra Level. This applies unless otherwise agreed in the group agreement and indicated in the application documents.

For pregnancy insurance in child insurance to apply, the insurance must be taken out before the 36th week of pregnancy. Children and young people who have not attained the age of 25 may be insured under child insurance. Pregnancy insurance can start to apply no earlier than from and including the 10th week of pregnancy for the mother, father and siblings of the unborn child and no earlier than from and including the 23rd week for the unborn child. Pregnancy insurance applies for at most up to and including the date on which the child attained the age of six months. Child insurance enters into force when the child has been born and applies for at most up to and including the end of the month in which the insured attains the age of 25 or the end of the month in which the group member attains the age at expiry for the group insurance. If the child insurance applies with a single-child premium, you, as the group member, must submit the personal identity (ID) number of the child or children to be covered by the child insurance no later than six months from the child's birth.

Compensation is paid from either the pregnancy insurance or the child insurance during the period when the pregnancy insurance and child insurance apply in parallel. Compensation can never be paid from both insurance products for the same injury.

Definition of the term 'accident'
In this insurance, the same definition applies for the term 'accident' as for personal accident insurance; see above.

However, if the insured commits suicide this is treated under this insurance as being an accidental injury.

Definition of the term 'sickness'
'Sickness' means a deviation from normal health status that requires health and medical care and is not to be regarded as an accidental injury as referred to above. Sickness is deemed to have occurred when the insured's physical or mental functional capacity has manifestly deteriorated owing to the sickness. 'Sickness' does not mean a bodily injury caused voluntarily.

Benefits under the pregnancy insurance
In the case of sickness and accidental injury, the insurance may cover medical and travelling costs for the child, costs for crisis therapy, hospital stay for mother and child, and care expenses benefit. In addition, benefits may be provided for critical illness benefit for the child, medical invalidity as a consequence of the child having an accident and also benefit in the event of death. The applicable benefit amounts, limitations to amounts and other limitations for the insurance are shown in Bliwa's full insurance conditions.

Benefits under the child insurance
In the case of sickness and accidental injury, the insurance may cover medical and travelling costs, costs for rehabilitation and aids, care expenses benefit and costs for crisis therapy. In addition, benefits may be provided in connection with hospital care, benefit in connection with care at home, for certain diagnoses, for scars and other appearance-related consequences of the injury, permanent invalidity (financial and medical) and also in the event of death.

In the case of accidental injuries, the insurance may also compensate costs for dental injuries and additional costs.

The application documents show how much the insurance costs. The applicable benefit amounts, limitations to amounts and other limitations for the insurance are shown in Bliwa's full insurance conditions. A precondition for entitlement to benefits in the case of an accidental injury is that the injury is so serious that it required treatment within the health services.

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

Child insurance – Basic Level does not apply to the following sicknesses, impairment or intellectual disabilities – and nor to the consequences of such conditions, regardless of when the symptoms presented themselves or a diagnosis could be made:

► ICD F00-F99 (for example ADHD, autism, developmental delay, depression, phobias, eating disorders, etc.).

Child insurance – Premium Level applies to a limited extent for the following sicknesses, impairment or intellectual disabilities – and for the consequences of such conditions:

► ICD F00-F99 (for example ADHD, autism, developmental delay, depression, phobias, eating disorders, etc.).

This limitation means that medical and financial

invalidity benefits are calculated on the basis of an amount corresponding to 10 per cent of the sum insured.

Child insurance – Premium Extra Level applies without limitations for the diagnoses described above.

Neither *Child insurance – Basic Level, Premium Level* nor *Premium Extra* Level can provide benefits for sickness or bodily defect, or its consequences, where the symptoms manifested themselves before the insurance entered into force, even if the diagnosis can only be made after the insurance has entered into force.

Limitations for the first six months of life
If the child is affected by a sickness, the child must have attained the age of six months before the sickness manifested itself for the first time for benefits to be paid from the following components from the child insurance:

► Care expenses benefit
► Medical invalidity
► Financial invalidity.

The need for hospital care is required to have arisen for the first time after the child has attained the age of six months in order to be able to pay compensation under the 'hospital stay' and 'care at home' components. This limitation in respect of hospital care does not apply if the child was previously covered by pregnancy insurance.

3. Common provisions

The provisions shown here apply for all insurance products 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 products. 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 Erlandergatan 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. Your children can also normally be insured. Those cases in which you can apply for insurance for your husband/wife/cohabitee and your children 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 voluntary group insurance is that the policyholder and the insured are permanently resident in Sweden.

► HEALTH REQUIREMENTS

Those applying for the insurance must satisfy Bliwa's health requirements for Bliwa to be able to grant insurance. These requirements are shown in Bliwa's application documents. Bliwa will conduct a risk assessment to ensure that the insurance protection for which you have applied can be granted. In certain cases, 'reservation clauses' may be applied to accident and health insurance if the insurance could not otherwise be granted.

► WHEN THE INSURANCE STARTS TO APPLY

The insurance under the various products 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 group insurance, are 'the policyholder'. It is also you who are 'the insured', i.e. the insurance applies in respect of your life and/or your health. However, if you take out insurance for your husband/wife, cohabitee or children, they are also 'an insured', though you are 'the policyholder'.

► BENEFICIARY

The following persons are the beneficiaries 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 that are to be paid on the grounds of the death of the insured as regards these kinds of insurance: life insurance - death benefit - children, personal 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 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 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 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 the premium 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 products. The different levels available are shown 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'.

► WHERE THE INSURANCE APPLIES

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

Lump-sum benefit, health insurance, critical illness insurance, personal accident insurance, accident and health insurance, child insurance and premium waiver apply for incapacity to work, sickness and accident incurred by the insured when staying in the Nordic countries. These insurance products also cover work incapacity, sickness and accident that the insured incurs outside the Nordic countries, but only if the stay was for no more than 12 months.

Costs for accident, or sickness under child insurance, that are to be compensated by separate travel insurance, the travel component in home insurance or under some other insurance, are not compensated under personal accident, accident and health or child insurance. Compensation for costs as a result of an accident, or sickness under child insurance, that occurred abroad is dealt with as if the accident or sickness had occurred in Sweden. This means, for instance, that compensation is only paid for health and medical care and pharmaceuticals up to the level of the Swedish high cost protection. The insurance does not compensate costs as a consequence of the homeward transport (repatriation) of the insured. Nor does it compensate treatment costs for dental injuries or other medical costs if the costs arose abroad after the date or time when the homeward journey was originally planned.

Compensation is only paid for costs of care and treatment (personal accident insurance, accident and health insurance and child insurance) up to the level of the Swedish high cost protection.

► 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

The insurance under the group products normally applies up to and including the month in which you, as the insured, attain the age of 65, unless otherwise agreed under 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 'Premium payment') 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 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 under the respective insurance 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 the group insurance or because your employment/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 sum 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 applies with the following insurance cover if your insurance ceases to apply owing to you having attained the applicable age at expiry for the group insurance or if you attain the age at expiry during the period of extended cover protection:

- ► Life insurance, personal accident insurance and also accident and health insurance, if you were covered by any of these insurance products in the voluntary group insurance. Extended cover protection is limited to the scope and amounts that apply for senior insurance for the period that the extended cover protection applies.

- ► Extended cover protection for lump-sum benefit, health, critical illness and child insurance ceases.

Beneficiary

If you should die during the period of extended cover protection, the sum insured for life insurance will be paid out to the beneficiary/beneficiaries who applied 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. You will be notified if this occurs. You are then entitled to apply for 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 under the respective policy 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 been granted, or can obviously be granted, insurance protection of the same kind as before in some other way. You may not take out continuation insurance if 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 insurance runs out.

► SENIOR INSURANCE
Senior insurance (insurance for senior citizens) provides continued insurance protection for those insured under group insurance with life and/or personal accident insurance, if the insurance ceased owing to you having attained the applicable age at expiry for the insurance. If you have been covered by the group insurance for at least six months, you can apply for senior insurance without a health check. You must submit an application to Bliwa within three months from the date on which your voluntary group insurance ceased. The insurance conditions, sum insured and premiums for senior insurance differ to those for 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 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 products. 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 consequence 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 to the insurance for stays outside the Nordic countries; see the insurance conditions for full information.

► TAX RULES
All of the insurance products included in the group insurance constitute capital insurance according to the Income Tax Act. This means, among other things, that any 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 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 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.

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

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

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 Disputes (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, 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