

GROUP LIFE INSURANCE – ACCIDENT LO:1

2026

INSURANCE CONDITIONS LO1-26:1
EFFECTIVE AS OF 1 januari 2026

Bliwa

PURPOSE OF THE INSURANCE

Bliwa's Group Life Insurance – Accident – Swedish Trade Union Confederation (LO):1, provide financial protection for the insured in the event of death as a consequence of an accidental injury. The insurance is pure risk insurance which has no value if it ceases before an insurance event has occurred. The insurance may be taken out by a person belonging to a group through their employer, an organisation or another group that has concluded a group contract with Bliwa for insurance protection for its employees, members or other group members.

INSURER

Bliwa Livförsäkring, ömsesidigt, corporate identity number 502006-6329 (referred to below as 'Bliwa'), is the insurer for this insurance. Bliwa is a mutual insurance company, which means that the company is owned by the policyholders. This means in its turn that policyholders are entitled to a bonus from any surplus that may arise from Bliwa's operations; see Sub-clause 1.17. 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: Sveavägem 44, 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 our latest adopted annual report. The annual report is available at www.bliwa.se and can also be ordered by contacting Bliwa. Bliwa's contact details are shown at the end of these conditions.

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.

INFORMATION ABOUT THE CONDITIONS, ETC., APPLICABLE TO THE INSURANCE

These insurance conditions apply from 1 January 2026. This means that the conditions apply to insurance taken out or renewed on 1 January 2026 onwards. The conditions also apply to an insurance event that occurs on 1 January 2026 onwards. The insurance is also governed by the group agreement concluded for each group and the insurance statement issued for the insurance.

Furthermore, the Insurance Business Act (2010:2043), the Insurance Contracts Act (2005:104) and Swedish law in general also apply. A provision specially agreed in a group agreement takes precedence over these conditions.

TAX RULES

The insurance constitutes capital insurance according to the Income Tax Act (1999:1229). As the insurance is capital insurance for tax purposes, this means, among other things, that compensation paid through the insurance is exempted from tax.

COOLING OFF PERIOD

If the policyholder is a consumer, they are entitled to withdraw from the insurance agreement ('cooling-off period') within 30 days from the date on which they received the insurance documents and information that the insurance agreement has started to apply. The policyholder must notify Bliwa if they wish to exercise their cooling off right. A policyholder is also entitled to give notice terminating the insurance at any time; see Sub-clause 1.9. The policyholder is always obligated to pay the premium for the period during which the insurance was in force.

Table of contents

1.	GENERAL PROVISIONS	5
1.1	INFORMATION ABOUT THE GROUP AGREEMENT AND VOLUNTARY AND COMPULSORY INSURANCE	5
1.2	THE INSURANCE CONDITIONS AND THE INDIVIDUAL INSURANCE AGREEMENT	5
1.3	TERM OF VALIDITY OF THE INSURANCE	5
1.4	WHO CAN APPLY FOR GROUP INSURANCE	5
1.5	WHEN THE INSURANCE ENTERS INTO FORCE	6
1.6	HEALTH REQUIREMENTS	6
1.7	PREMIUM	7
1.8	PREMIUM WAIVER	8
1.9	WHEN THE INSURANCE CEASES TO APPLY	8
1.10	EXTENDED COVER PROTECTION	9
1.11	CONTINUATION INSURANCE	9
1.12	MEASURES REQUIRED FOR PAYMENT	9
1.13	DATE OF PAYMENT	9
1.14	INTEREST ON LATE PAYOUT OF COMPENSATION	10
1.15	TIME LIMIT	10
1.16	DEALINGS WITH THE INSURANCE	10
1.17	RULES FOR ALLOCATING SURPLUSES AND COVERING LOSSES	10
1.18	AMENDMENT OF THE INSURANCE CONDITIONS	10
1.19	REPRESENTATION SYSTEM	10
2.	SPECIAL INFORMATION ABOUT LIFE INSURANCE – ACCIDENT	11
2.1	DEFINITION OF THE TERM ‘ACCIDENT’	11
2.2	IMPORTANT LIMITATIONS TO THE SCOPE OF THE BENEFIT	11
2.3	INDEXATION OF LIFE INSURANCE – ACCIDENT SUBJECT TO A PREMIUM WAIVER	11
2.4	NOMINATION OF BENEFICIARIES	11
3.	LIMITATIONS TO BLIWA’S LIABILITY	12
3.1	DUTY OF DISCLOSURE	12
3.2	CONSEQUENCE OF INCORRECT INFORMATION	12
3.3	VALIDITY OF INSURANCE IN THE EVENT OF STAYS ABROAD	12
3.4	VALIDITY OF INSURANCE IN THE EVENT OF STATE OF WAR AND POLITICAL UNREST	13
3.5	DAMAGE CAUSED BY A NUCLEAR REACTION AND ALSO BIOLOGICAL, CHEMICAL AND NUCLEAR SUBSTANCES	13
3.6	VALIDITY OF INSURANCE IN THE EVENT OF CRIMINAL ACTS, INFLUENCE OF ALCOHOL, ETC.	13
3.7	FORCE MAJEURE	13
3.8	LEGAL REPRESENTATIVE	13
3.9	JOINT CLAIMS REPORT REGISTER	14
4.	PROCESSING OF PERSONAL DATA	14
5.	BLIWA’S INSURANCE DISTRIBUTION	14
6.	IF WE DO NOT AGREE	14

Definitions

APPLICATION DOCUMENTS

In these insurance conditions, 'application documents' means both the application document itself and its appendices in the form of good-health declaration and group insurance plan.

FULLY CAPABLE OF WORKING

The person in question should be able to perform their normal work without limitation in order to be considered 'fully capable of working'. A person who to some extent is on sick leave, has been granted sick pay, sickness or rehabilitation benefit, activity compensation, sickness compensation or similar compensation or at least half occupational injury annuity is not 'fully capable of working'.

A person receiving dormant activity compensation, dormant sickness compensation or at least half of dormant occupational injury annuity is not considered to be 'fully capable of working' for the period during which the compensation or occupational injury annuity is dormant.

BENEFICIARY

The person entitled to benefit under an insurance product upon the death of the insured through a nomination of beneficiary in these insurance conditions or through a separate nomination of beneficiary.

INSURED

The person in respect of whose life or health the insurance applies. However, each insured is deemed to be a policyholder as regards: the right to make a nomination of beneficiaries; their relationship with creditors; and the right to insurance compensation in general if the insurance applies to the insured's life or health for the benefit of the insured personally or their rightholders.

INSURED GROUP MEMBER

The person belonging to the group specified in the group agreement and who is insured.

PERSON ENTITLED TO BE INSURED

A person belonging to the group of persons specified in the group agreement and who is thereby entitled to apply for or, when applicable, be affiliated to the insurance.

INSURANCE STATEMENT

An insurance statement will be issued when insurance is taken out, including details about the fundamental rights and obligations resulting from the insurance together with important limitations to the insurance protection. An insurance statement will also be issued when the insurance is amended or re-

newed, provided the change is significant or if the new insurance conditions include a limitation to the insurance protection.

INSURANCE EVENT

An event that may afford entitlement to insurance compensation under the insurance conditions. A description is provided below in conjunction with the insurance, specifying the times at which an insurance event is deemed to have occurred.

POLICYHOLDER

A policyholder is the person who has entered into an insurance agreement with Bliwa.

TERM OF INSURANCE

The period during which the insured is covered by the insurance.

GROUP AGREEMENT

The agreement concluded between Bliwa and the group representative that specifies, among other things, the person entitled to the insurance, the insurance products included in the agreement, what is required in order to be covered by or to take out insurance, what it costs and how the premium should be paid. It is a precondition that a group agreement has been concluded and continues to apply in order for it to be possible to grant a particular insurance and for it to be valid.

GROUP REPRESENTATIVE

The natural or legal person representing the group entitled to insurance in relation to Bliwa.

GROUP MEMBER

A person belonging to the group specified in the group agreement and who is thereby entitled to apply for or, when applicable, be covered by the insurance.

HUSBAND/WIFE

'Husband/wife' also means registered partner in these insurance conditions.

CO-INSURED

The husband, wife or cohabitee of an insured group member who is insured in that capacity.

PRICE BASE AMOUNT

The price base amount determined each year under Chapter 2, Section 7 of the Social Insurance Code (2010:110).

MARRIAGE

'Marriage' also means registered partnership in these insurance conditions.

1 General provisions

1.1 INFORMATION ABOUT THE GROUP AGREEMENT AND VOLUNTARY AND COMPULSORY INSURANCE

GROUP AGREEMENT

Under the Insurance Contracts Act, a valid group agreement is a precondition for an individual group insurance agreement. The group agreement is concluded between Bliwa and a group representative. The group agreement determines whether the insurance is compulsory or voluntary and also the general scope of the insurance. The agreement also governs who belongs to the group entitled to insurance, the earliest date on which the insurance can start to apply, how the insurance is to be administered, the term of validity of the group agreement, the right to give notice terminating the agreement, etc. The group agreement also specifies the premium if the agreement relates to compulsory insurance. The group representative or Bliwa may give notice terminating the group agreement. If notice is given terminating the group agreement, this means that all insurance issued on the basis of the agreement ceases to apply, except for insurance subject to a premium waiver prior to notice of termination; see Sub-clause 1.8.

VOLUNTARY GROUP INSURANCE

If the insurance is voluntary, those covered by the group agreement are entitled to make their own decisions about whether or not they want to have insurance protection. The insurance agreement is then concluded between the group member, the as policyholder, and Bliwa. This is done by the group member applying for and being granted insurance or, if 'automatic enrolment' applies under the group agreement, through the group member not actively declining the insurance protection within the period set.

COMPULSORY GROUP INSURANCE

If the group insurance is compulsory, those specified in the group agreement as being entitled to the insurance are automatically covered by the insurance with Bliwa. The insurance agreement is concluded between the group representative, as the policyholder, and Bliwa. However, each insured is deemed to be a policyholder in terms of the right to insurance compensation, their relationship with creditors and also the right to control the insurance, for example by making a nomination of beneficiaries.

1.2 THE INSURANCE CONDITIONS AND THE INDIVIDUAL INSURANCE AGREEMENT

Unless otherwise indicated by the group agreement, these insurance conditions apply to each individual group insurance concluded on the basis of a group agreement with Bliwa. Any deviations from these insurance conditions are agreed in the group agreement and have precedence over these conditions. If a deviation has been made in the group agreement, this will also be indicated by Bliwa's application documents, pre-sale information or insurance statement issued. The applicable application documents and health certificates, Bliwa's pre-sale information and insurance statement issued apply for each individual insurance where applicable.

1.3 TERM OF VALIDITY OF THE INSURANCE

The insurance applies for no more than one year at a time unless otherwise specified in the group agreement. The first term of insurance for new policies runs until the end of the year, i.e. up to and including 31 December of the year in which the insurance was taken out. The term of insurance subsequently runs for one year at a time, from 1 January to 31 December each year. 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. Bliwa is then entitled to amend the insurance conditions; see Sub-clause 1.18. The insurance will be renewed for no longer than up to and including the date on which the insured attains the age at expiry for the insurance. The age at expiry is specified below under Sub-clause 1.9.

1.4 WHO CAN APPLY FOR GROUP INSURANCE

The group agreement defines who comprise group members and who can thus apply for or be covered by the insurance. For compulsory insurance, the group members are automatically covered by the insurance; no application is required. For voluntary insurance, those entitled to apply for insurance are specified in Bliwa's application documents, and those affiliated to the insurance through 'automatic enrolment' are specified in Bliwa's pre-sale information. Group members are often all of the employer's permanent employees or all members of the organisation or association that concluded the group agreement. The application documents for the group indicate those persons entitled to apply for insurance, the insurance products for which an application can be made and in which cases an insured group member can co-insure their husband, wife or cohabitee. In the case of automatic enrolment, the group member will receive special information, among other things about the possibility to decline the insurance. The application documents also indicate whether Bliwa has imposed health re-

quirements as a precondition for granting the insurance.

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

1.5 WHEN THE INSURANCE ENTERS INTO FORCE

VOLUNTARY GROUP INSURANCE

Upon application

Voluntary group insurance can enter into force no earlier than the date specified in the group agreement. For applications on physical forms, the insurance enters into force on the date on which Bliwa received the application. 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 the provisions of these insurance conditions and Bliwa's health requirements; see Sub-clause 1.6. Bliwa's health requirements are specified in the application documents. The same provisions apply when the insurance protection is extended.

If the insurance is to be completely or partly reinsured, the insurance does not enter into force before the reinsurance has been granted, provided this has been stipulated in the group agreement.

Automatic enrolment

If agreed in the group agreement, affiliation to the insurance may be effected through 'automatic enrolment'. In the case of automatic enrolment, the insurance enters into force upon expiry of the period for declining ('enrolment period'). During the enrolment period, the insured is covered by the insurance protection agreed in advance through the group agreement. During the enrolment period, the insured may apply to supplement the insurance protection, both for their own part and for co-insured, provided this is allowed under the group agreement. Bliwa may impose health requirements for such supplement, which in that case will be indicated by the application documents. Persons covered by automatic enrolment will receive separate information about this at the time of affiliation.

Initial premium-free coverage period

Some agreements afford entitlement to an 'initial premium-free coverage period'. This means that each group member is entitled upon application or by automatic enrolment to be covered by a particular insurance protection, without having to pay a premium, for the period set in the group agreement. The insurance protection provided by the initial coverage period is indicated by the application docu-

ments or by Bliwa's pre-sale information. During the initial premium-free coverage period, the group member may also apply to supplement the insurance protection both for their own part and for co-insured. Bliwa may impose health requirements for such supplement, which in that case will be indicated by the application documents. The supplementary insurance protection will also be premium-free during the initial coverage period.

COMPULSORY GROUP INSURANCE

Compulsory group insurance enters into force on the date stipulated in the group agreement and applies to those who are group members at that point in time. The insurance for those who subsequently become group members enters into force on the day after they joined the group, unless otherwise specified in the group agreement.

1.6 HEALTH REQUIREMENTS

VOLUNTARY INSURANCE

A group member or co-insured is normally required to be fully capable of working on the date on which the insurance enters into force in order to be covered by the voluntary group insurance. A higher health requirement applies for some insurance products. This means that those entitled to insurance should answer Bliwa's questions about health and that Bliwa will grant or reject the insurance application following a risk assessment. Health requirements may vary between group agreements and are indicated by Bliwa's application documents.

Health requirements are usually also imposed when the sum insured is increased or the insurance protection is otherwise extended. Health requirements may vary between group agreements and are shown in Bliwa's application documents for the increase or extension.

Bliwa is entitled to request the information and documents required to enable Bliwa to assess the group member's entitlement to insurance, extension of insurance or increase of sum insured. Such a document often comprises an authorisation entitling Bliwa to request information from a third party, for example from the health services. The insurance or extension/increase may not be granted if Bliwa does not receive the documents requested.

A person who is not fully capable of working and who has as a consequence been denied an increase of their sum insured or other extension or improvement of the insurance protection may be granted the increase, extension or improvement requested when they are once again fully capable of working and have certified this and also satisfy any other health requirements.

COMPULSORY INSURANCE

Group members for compulsory insurance are covered without any health requirements. They are automatically and immediately affiliated to the insurance on the basis of the group agreement. However, in order for a group member to be entitled to insurance compensation in connection with an insurance event, requirements may be imposed in certain agreements in respect of a group member's health at the time of affiliation to the insurance. In such cases this will be indicated by Bliwa's pre-sale information and the insurance statement issued.

1.7 PREMIUM

The price for the insurance (the premium) is calculated and determined by Bliwa for one year at a time. The amount of the premium may, for example, depend on the distribution of ages among those insured and the development of claims within the group. The premium for voluntary insurance is indicated by the application documents. The premium for compulsory insurance is specified in or in conjunction with the group agreement.

1.7.1 PREMIUM PAYMENT

The insurance premium should normally be paid by the policyholder. This means that the insured group member is responsible for paying for voluntary insurance. The group representative may have assumed responsibility for acting as intermediary for the premium payments to Bliwa. If this is the case, the group member will pay the premium through deductions from pay or together with a membership charge to the group representative. If the group representative does not act as intermediary for the premium, the insured group member should pay the premium by direct debit/autogiro or a paying-in slip. In some group agreements, the group representative will assume responsibility for paying the premium. The applicable provisions for each group are always indicated by the group agreement or by Bliwa's application documents.

For compulsory insurance, the group representative is always responsible for paying the premium.

1.7.2 NOTICE OF TERMINATION OWING TO UNPAID PREMIUM

The first premium must be paid within 14 days from the date on which Bliwa, or the party engaged by Bliwa, sent a premium payment demand. The premium for subsequent premium periods must be paid by no later than the first day of the period. The same applies for the first premium for an insurance product renewed under Sub-clause 1.3. If the premium relates to a period of more than one month, the premium must be paid no later than one month from the date on which Bliwa, or the party engaged by Bliwa, sent a premium payment demand. Bliwa is entitled to give notice terminating the insurance or

limiting its liability in accordance with the provisions of these conditions if the premium is not paid on time and the delay is not insignificant.

Notice of termination takes effect 14 days after Bliwa issued the notice, unless the premium is paid within this time limit.

If it has not been possible to pay the voluntary group insurance premium within the time limit of fourteen days because the insured group member was seriously ill, has been deprived of their liberty, has not received their pension or wages from their main employment or because of another similar unexpected impediment, the notice of termination takes effect one week after the impediment has ceased, though no later than three months after expiry of the time limit of fourteen days.

If delay in payment of a premium for voluntary group insurance is due to the omission of a party acting as intermediary for the premium under the group agreement, the notice of termination only takes effect for the insured group member and any co-insured one week after the insured group member has become aware of this delay.

In the case of compulsory insurance, each insured is entitled to continuation insurance (see Sub-clause 1.11) if Bliwa's liability ceases because the policyholder has not paid the premium. The same applies for a co-insured for voluntary group insurance..

1.7.3 REVIVAL OF INSURANCE

If notice of termination has been given and has taken effect in accordance with Sub-clause 1.7.2 and the delay in premium payment does not relate to the first premium for the insurance product, the voluntary group insurance will be revived if the outstanding premium amount is paid within three months from notice of termination taking effect. This applies subject to the precondition that the applicable group agreement is still in force. In the event of revival, the insurance will start to apply again from and including the day following the date on which the premium was paid. Revival cannot be effected solely for a co-insured.

The above-mentioned also applies to compulsory insurance, although this can only be revived for the entire group.

Bliwa is not liable for claims that occurred or that are due to an event that occurred during the period when the insurance did not apply.

1.7.4 REPAYMENT OF PREMIUM

If a premium has been paid for a period after the term of the insurance has expired, Bliwa will repay the premium paid in error, though no more than the premiums for the past twelve months. This period is counted from the day on which Bliwa received a re-

quest to repay the premiums. If a premium has been paid in error owing to an oversight (for example, for a co-insured despite the insured group member and the co-insured no longer being lawful spouses or co-habitees), a corresponding right to repayment of premiums applies, namely that no more than the premiums for twelve months will be repaid.

Premiums will only be repaid if the aggregate amount exceeds 0.3 per cent of the price base amount applicable on the date of repayment.

1.8 PREMIUM WAIVER

The group agreement and application documents show whether or not premium waiver is included. The following applies if premium waiver is included, unless otherwise agreed in the group agreement:

Premium waiver for the insured group member

- An insured group member who owing to sickness or accidental injury draws full sickness compensation or has drawn full activity compensation for 36 months without interruption is entitled to a premium waiver for all insurance that the member has taken out or is covered by with Bliwa pursuant to one and the same group agreement. The insurance becomes subject to a premium waiver from the date on which the sickness compensation was granted. An insured group member who received full activity compensation for 36 months without interruption becomes entitled to a premium waiver from and including the month after which they have received full activity compensation for 36 months.
- The premium waiver applies for as long as the insured group member is incapable of working. An insured group member must immediately notify Bliwa when they once again become fully capable of working. The premium waiver applies at most up to and including the month in which the insured group member attains the age of 65. The same applies to a premium waiver for the co-insured.

Co-insured are not entitled to a premium waiver as a consequence of their sickness or accident.

If the agreement includes a premium waiver, the insurance event is deemed to have occurred on the date on which the above-mentioned premium waiver conditions for the group member have been fulfilled.

Insurance protection during the period when the premium waiver applies

- If an insurance event occurs while the insured is entitled to a premium waiver, benefits will be paid out according to the insurance conditions and sum insured that applied for the month before the insured became entitled to a premium waiver. However, the sum insured for life insurance is in-

dex-linked in accordance with the provisions of Sub-clause 2.3.

- If it has been agreed in the group agreement that the sum insured should be reduced owing to the insured's age, the insurance compensation is determined considering the insured's age when the insurance event occurred.
- The insurance protection cannot be extended during a period when the insured group member is entitled to a premium waiver. Co-insured cannot be affiliated or the insurance protection extended during the period when the insured group member is entitled to a premium waiver. A co-insured cannot extend their insurance protection during the period when they are entitled to a premium waiver.

If the agreement includes a premium waiver, the insurance event is deemed to have occurred on the date on which the above-mentioned premium waiver conditions for the insured group member have been fulfilled.

1.9 WHEN THE INSURANCE CEASES TO APPLY

The insurance applies for at most up to and including the month in which the insured attains the age of 65, unless otherwise shown in Bliwa's application documents and insurance statement. The insurance may cease to apply prior to that if the group agreement ceases owing to notice of termination by Bliwa or the group representative. If Bliwa gives notice terminating the group agreement, the insurance cannot cease to apply any earlier than upon the end of the current calendar year. If a group representative gives notice terminating the group agreement, the insurance cannot cease to apply any earlier than one month after Bliwa has received the notice of termination. The insurance also ceases to apply if the policyholder, the insured or Bliwa gives notice terminating the agreement owing to an unpaid premium or incorrect information. The insurance shall also cease to apply when the insured is no longer a member of the group entitled to be covered by the insurance under the group agreement.

The co-insured's insurance also ceases to apply when the insured group member's insurance ceases to apply, if the marriage or cohabitee relationship with the group member ceases or when the co-insured attains the age at expiry for the insurance.

The insurance cannot be extended by paying the premium for the period after the insurance has ceased to apply for any of the above-mentioned grounds.

A person covered by compulsory insurance can waive the insurance at any time by notifying Bliwa or the group representative.

1.10 EXTENDED COVER PROTECTION

An insured is entitled to extended insurance protection ('extended cover protection') for three months if they have been covered by Bliwa's group insurance for a period of at least six months and the insurance ceases to apply because the insured is no longer a member of the group. A co-insured is also entitled to extended cover protection on the same conditions if the marriage or cohabitee relationship with the group member ceases or if the group member dies.

However, the insured is not entitled to extended cover protection if notice has been given terminating the group agreement completely or partly or if they have opted to terminate the insurance but remain within the group. Nor is the insured entitled to extended cover protection if they have been granted, or can obviously be granted, insurance protection of the same kind as before in some other way.

Extended cover protection means that an insurance event that occurred during the extended cover period and before the insured attains the age at expiry for the insurance is regulated in accordance with the insurance conditions and at the sum insured applicable immediately preceding the extended cover period.

If the person covered by the insurance during the extended cover protection period attains, or has already attained prior to this, the age at expiry for the insurance, the extended cover protection is limited to life insurance at a maximum of 0.75 price base amounts.

1.11 CONTINUATION INSURANCE

If the group agreement ceases owing to notice of termination by the group representative or Bliwa, each insured is entitled to be granted equivalent protection, without a health check, through Bliwa's continuation insurance. For some group agreements, an insured group member who leaves the group for some other reason than having attained the age at expiry for the insurance is also entitled to continuation insurance. Bliwa will provide information about continuation insurance in conjunction with notice terminating the group agreement. An application for continuation insurance must be made within three months from when the insurance ceased.

A co-insured is entitled to take out continuation insurance if the group member dies or if the marriage or cohabitee relationship with the group member 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 the group member's delay in paying the premium. A co-insured is also entitled to take out continuation insurance if the

group member's insurance ceases to apply owing to the group member 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.

In the case of compulsory insurance, each insured is entitled to continuation insurance if Bliwa's liability ceases because the policyholder has not paid the premium.

A person who has been insured for less than six months, or who has chosen to give notice terminating the insurance but remains within the group, is not entitled to continuation insurance. This is also the case for a person who has been granted, or can obviously be granted, insurance protection of the same kind as before in some other way. A person who has attained the age of 65 cannot take out continuation insurance.

Continuation insurance applies for at most up to and including the end of the year in which the insured has attained the age of 65.

The insurance conditions, sum insured and premiums for continuation insurance differ to those for group insurance.

1.12 MEASURES REQUIRED FOR PAYMENT

An insurance event must be reported and payment of compensation requested as soon as possible. Reports should be made online via Bliwa's website or on the form provided by Bliwa.

The documents and other information that Bliwa considers are necessary to assess the right to insurance compensation must be submitted to Bliwa. Bliwa does not compensate any costs for arranging this. Clause 4 describes how Bliwa processes the information obtained.

In the event of sickness or an accident, the insured shall appoint an unbiased physician as soon as possible and comply with the instructions provided by this physician, the Swedish Social Insurance Agency and Bliwa. If Bliwa so requests, the insured shall agree to be examined by a physician appointed by Bliwa at the expense of Bliwa.

If the insured does not assist in the manner described above, the benefit that would otherwise have been paid will be reduced according to what is reasonable considering the circumstances.

1.13 DATE OF PAYMENT

When Bliwa has established that an insurance event has occurred and the person requesting compensation has presented or assisted with the investigation in the manner that may reasonably be requested to enable Bliwa to determine its payment obligation

and the person to whom payment should be made, the insurance event is to be settled speedily through Bliwa paying compensation.

1.14 INTEREST ON LATE PAYOUT OF COMPENSATION

Bliwa will pay interest under Section 6 of the Interest Act (1975:635) on a sum insured that has not been paid on time according to these insurance conditions. The right to interest applies if the delay in payout was more than 30 days. Bliwa is not responsible for other losses that may arise if investigation of the insurance event or payment of the insurance compensation is delayed. Interest for delay is not paid if the delay is due to an event in the nature of *force majeure*; see Sub-clause 3.7.

Irrespective of whether or not payment was delayed, Bliwa may pay interest on compensation that has fallen due for payment but remains under Bliwa's administration. The right to interest then applies from and including one month from when the sum insured should have been paid. The rate of interest that is then applied is the reference interest rate less two percentage points and, when applicable, reduced by the notional yield tax that Bliwa must pay in respect of such amount. This interest is deducted from the interest for delay.

1.15 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 on which 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.

1.16 DEALINGS WITH THE INSURANCE

The insured may not transfer or pledge the insurance. Dealings in violation of this provision are ineffective.

1.17 RULES FOR 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'; see Sub-clause 1.17.1. 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.

1.17.1 USE OF THE CONSOLIDATION RESERVE

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.

1.18 AMENDMENT OF THE INSURANCE CONDITIONS

Bliwa is entitled to amend these insurance conditions during an ongoing insurance period if an amendment is needed owing to the nature of the insurance or owing to some other special circumstance such as, for instance, amended law, application of law or official regulation. An amendment that may need to be made owing to the nature of the insurance may, for example, be due to an amendment to a collective agreement forming the basis of the insurance. An amendment that is due to an amended law, application of law or official regulation, and trivial amendments, may start to apply immediately. Other amendments start to apply one month after Bliwa notified the amendment. Bliwa is also entitled to apply new insurance conditions in connection with renewal of the insurance; see Sub-clause 1.3.

1.19 REPRESENTATION SYSTEM

Bliwa Livförsäkring is a mutual insurance company. This means that the company is owned by its policyholders and that it is normally the policyholders that decide on the company's affairs. Bliwa has a representation system whereby the powers to make decisions are exercised by special delegate members appointed at Bliwa's general meeting. According to Bliwa's Articles of Association, half of the delegate members are appointed through direct election by the policyholders of Bliwa together with a small number of named organisations entitled to each appoint one delegate member. The other half of the delegate members are appointed by those custom-

ers of Bliwa who have paid the highest premiums during the immediately preceding financial year.

More information about the representation system, election of delegates and the general meeting of the company is available at www.bliwa.se.

2 Special information about life insurance – accident

This insurance provides for an amount to be paid to the insured's beneficiary if the insured dies as a consequence of an accidental injury during the term of the insurance. The exact scope of the insurance is shown in the application documents and the insurance statement issued. The sum insured for the insurance specified in the group agreement and notified to the insured through the insurance statement applies for each insured at any time. If agreed in the group agreement, the benefit amount is reduced in pace with the age of the insured. However, this does not apply if the insured has children entitled to inherit who are under the age of 20 on the date of death. The application documents and the insurance statement issued include information about when and by how much the sum insured is reduced.

The date of the insurance event is the date on which the insured died.

2.1 DEFINITION OF THE TERM 'ACCIDENT'

An accident that affords entitlement to compensation under this insurance product must have comprised an occurrence of external force to the body. The accident must also have been caused by a sudden and unexpected event that resulted in the insured involuntarily suffering a bodily injury that resulted in the death of the insured. The person making the claim for compensation must prove that an accidental injury has occurred. The death should be a direct consequence of the accidental injury and must have occurred within one month from the date of the accident in order to afford entitlement to compensation from the insurance. If life-preserving treatment, for example, a respirator, is ongoing as a consequence of the injury or if the insured is in a permanent unconscious condition as a consequence of the injury, the time period is extended by the same period of time as the treatment is ongoing or the unconsciousness lasts.

2.2 IMPORTANT LIMITATIONS TO THE SCOPE OF THE BENEFIT

The insurance only provides compensation if the death is a direct consequence of the accidental injury. If the insured died 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, no compensation is paid from the insurance. 'Bodily defect' means sick-

ness, pathological change and also defect and disablement.

2.2.1 INJURIES THAT ARE NEVER DEEMED TO BE AN ACCIDENTAL INJURY

Only injuries that satisfy the preconditions of Sub-clause 2.1 are 'accidental injuries'. Accidental injuries therefore do not include, for example, a bodily injury that has arisen through the insured intentionally having injured themselves or having demonstrated manifest indifference to the risk of getting injured. Nor do they include injuries that have arisen through, for example:

- overexertion
- infection through bacteria, viruses or other contagion, infection or poisoning through ingesting 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).

2.3 INDEXATION OF LIFE INSURANCE – ACCIDENT SUBJECT TO A PREMIUM WAIVER

During the period of entitlement to a premium waiver, the sum insured is adjusted annually in relation to changes in the price base amount under the Social Insurance Code. Reductions of the price base amount are taken into full account. However, the sum insured may not be increased by any more than ten per cent in any one year. Indexation ceases when the insured attains the age of 65.

2.4 NOMINATION OF BENEFICIARIES

Beneficiaries of the life insurance are, unless a written nomination has been reported to Bliwa:

- 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.

Beneficiaries can waive their rights completely or in part. The person(s) next in priority in the nomination of beneficiaries then become(s) a beneficiary instead. Waivers should be made before a beneficiary may be deemed to have taken possession of the benefit they acquired and before an estate inventory has been submitted to the Swedish Tax Agency.

A nomination for the benefit of a husband or wife ceases to apply when an application for divorce has been received by a court, unless it is indicated by the circumstances that the insured had a different intention.

In the event that heirs are nominated, the sum insured will be allocated in accordance with the rules of the Inheritance Code.

However, the insured can notify Bliwa of a different nomination of beneficiary through a personally signed written communication (separate nomination of beneficiaries). The insured is at liberty to choose who should be a beneficiary by such a nomination. A standard form for a separate nomination of beneficiaries can be printed out from Bliwa's website www.bliwa.se or ordered from Bliwa or the group representative.

The nomination of beneficiaries cannot be amended through a will.

No payout will be made under the insurance if there are no beneficiaries.

3 Limitations to Bliwa's liability

3.1 DUTY OF DISCLOSURE

The policyholder and the insured are obliged to provide, at the request of Bliwa, information that may be relevant to the issue if insurance is to be concluded, amended or otherwise processed. The policyholder and the insured shall provide correct and complete answers to Bliwa's questions. Bliwa must be notified immediately if the insured was reported to Bliwa as incapable of working and subsequently returns to work.

The insured is also obliged to immediately notify Bliwa if they receive benefits from the Swedish Social Insurance Agency and if these benefits are changed or cease. The insured should also provide Bliwa with information about other circumstances that may affect entitlement to compensation under the insurance.

Bliwa may demand and be entitled to repayment of insurance compensation paid incorrectly as a consequence of incorrect information. If the policyholder, insured or anyone else to their knowledge has provided incorrect or incomplete information that is relevant to the assessment of the insured's entitlement to compensation under the insurance, this may result in the insurance agreement being invalid or the benefit amounts reduced in accordance with the provisions of the Insurance Contracts Act.

3.2 CONSEQUENCE OF INCORRECT INFORMATION

If the policyholder has acted fraudulently or in bad faith when performing their duty of disclosure under Sub-clause 3.1, the insurance agreement may be invalid and Bliwa released from its liability for an insurance event that subsequently occurs. Bliwa may in such case retain the premium paid in respect of the preceding periods.

If the policyholder or the insured – intentionally or through carelessness that is not insignificant – provided incorrect or incomplete information that was relevant to Bliwa's risk assessment, Bliwa's liability may be limited to the liability that would have applied if correct and complete information had been provided. This may mean that Bliwa is released from liability for an insurance event that has occurred.

Bliwa may give notice of termination or amend the insurance if Bliwa becomes aware that the duty of disclosure has been disregarded in such a way as mentioned above. Notice of termination is given in writing with a three-month term of notice. If Bliwa would have issued insurance on different conditions if it had been aware of the correct information, the policyholder is entitled to continued insurance at the sum insured corresponding to the premium and conditions otherwise agreed. In such a case, the policyholder must request continued insurance before the period of notice of termination expires.

3.3 VALIDITY OF INSURANCE IN THE EVENT OF STAYS ABROAD

IN THE EVENT OF STAYS ABROAD THAT ARE NOT AFFECTED BY LIMITATIONS IN THE EVENT OF A STATE OF WAR OR POLITICAL UNREST

Life insurance – accident also applies if the insured dies abroad, irrespective of the length of the foreign stay.

A premium waiver (if this is included according to the group agreement) also covers work incapacity that the insured incurs when staying abroad if the stay is for no longer than one year. A premium waiver also covers stays abroad for a period of more than one year, although this is then limited to stays within the Nordic countries. Furthermore, a premium waiver also cover stays outside the Nordic countries for a period of more than one year, although in this case only if the stay is due to the fact that the insured or the insured's husband, wife or cohabitee has:

- a post abroad with the Swedish central government, a Swedish company or a Swedish non-profit association,
- a post with a non-Swedish undertaking that is a parent company, subsidiary or fellow subsidiary of a Swedish company, or
- a post with an association of states of which Sweden is a member.

If the insured is staying abroad as a consequence of a posting abroad, the insurance also applies to a co-insured husband, wife or cohabitee.

A stay outside the Nordic countries is not deemed to have been interrupted owing to a temporary break in

the Nordic countries for a doctor's appointment, hospital care, business, a vacation or the like.

3.4 VALIDITY OF INSURANCE IN THE EVENT OF STATE OF WAR AND POLITICAL UNREST

IN THE EVENT OF A STATE OF WAR IN SWEDEN

A 'state of war in Sweden' means a war or situation for which special legislation applies to matters relating to Bliwa's liability and right to charge war premiums (Act (1999:890) on insurance activities during war or risk of war, etc.).

IN THE EVENT OF PARTICIPATION IN A FOREIGN WAR OR POLITICAL UNREST OUTSIDE SWEDEN

This insurance does not cover death or incapacity to work that occurs when the insured participates in a war or political unrest outside Sweden. Nor does the insurance cover death or an incapacity to work that occurs within one year after such participation and that may be deemed to be due to the war or unrest.

IN THE EVENT OF STAYS OUTSIDE SWEDEN IN THE EVENT OF WAR OR WARLIKE POLITICAL UNREST

The following applies if the insured is staying outside Sweden in an area where war or warlike political unrest prevails – but is not personally participating:

If the insurance was taken out in conjunction with the outward journey to, or during the stay in, the area and the war or unrest was already underway or there was a manifest risk of war, this insurance does not apply for a death that occurs during the stay in the area. Nor does the insurance cover death or an incapacity to work that occurs within one year after such participation and that may be deemed to be due to the war or unrest.

3.5 DAMAGE CAUSED BY A NUCLEAR REACTION AND ALSO BIOLOGICAL, CHEMICAL AND NUCLEAR SUBSTANCES

The insurance does not cover an insurance event whose occurrence or scope is directly or indirectly linked to a nuclear reaction.

Nor does the insurance cover an insurance event that has arisen through the spread of biological, chemical or nuclear substances in conjunction with an act of terrorism. 'Act of terrorism' means a harmful act that is penalised where it is committed or where the insurance event occurs and that appears to have been performed with a view to:

- seriously frightening the population

- inappropriately compelling a public body or international organisation to implement or refrain from implementing certain action

- seriously destabilising or destroying the fundamental political, constitutional, financial or social structures in a country or in an international organisation.

3.6 VALIDITY OF INSURANCE IN THE EVENT OF CRIMINAL ACTS, INFLUENCE OF ALCOHOL, ETC.

In the event of an insurance event, compensation will be reduced or denied completely if:

- the insured through gross negligence has induced an insurance event or aggravated its consequences or must be assumed to have acted or omitted to act even though they knew that this would entail a significant risk of the loss occurring
- the insured has performed or contributed to a criminal act that may result in imprisonment under Swedish law
- the insured was under the influence of alcohol, other intoxicants, soporifics, narcotic substances or it was a consequence of them having used a pharmaceutical in an improper way.

It is required that the event that caused the insurance event was a direct consequence of, or may be deemed to be linked to, one of the above for these limitations to apply. These limitations do not apply if the insured was under the age of 18 or was seriously mentally disturbed at the time of the injury.

3.7 FORCE MAJEURE

Bliwa is not responsible for loss that may arise if the processing of an insurance application, investigation of an insurance event, payment or similar commitment of Bliwa is delayed owing to an event that lies outside the control of Bliwa. Bliwa should also have taken such action as may reasonably be required of Bliwa to mitigate the consequences of such an event. Examples of such events that may lead to a release from liability as provided above are war, warlike conditions or political unrest, natural disaster, restrictions to public communications or energy supply, Riksdag (Swedish Parliament) decision, measure taken or omitted by a public authority, industrial conflict, blockade, fire, flooding, sickness or major accident or extensive loss or destruction of property. The reservation in respect of industrial conflict and blockade also applies if Bliwa itself is the subject of or has itself taken such a measure.

3.8 LEGAL REPRESENTATIVE

Compensation is not paid under Bliwa's group insurance for the cost of engaging a legal representative.

3.9 JOINT CLAIMS REPORT REGISTER

Bliwa is entitled to register claims information in connection with this insurance in a joint claims report register (GSR) for the insurance industry. GSR AB is the controller of personal data for processing personal data in the GSR register.

4 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.

5 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.

6 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 have occurred, 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, contact the person who dealt with your matter to have it reconsidered. You can contact the Complaints Officer at Bliwa if you are still dissatisfied with the case officer's decision. You can also contact the Complaints Officer or some other instance for dispute resolution in accordance with the following if you are not satisfied with Bliwa's distribution.

Bliwa's Complaints Officer will reconsider your matter free of charge; please write to: Bliwa, Klagomålsansvarig (Complaints Officer), Box 5125, SE-102 43 Stockholm, Sweden or via email to the address: klagomalsansvarig@bliwa.se.

THE SWEDISH CONSUMERS' INSURANCE BUREAU

The Swedish Consumers' Insurance Bureau can provide general information and guidance on insurance issues. Address: 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. Matters at the Board for Insurance of Persons can therefore normally only relate to Bliwa's health, personal accident or life insurance policies. Address: 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 disputes between private individuals and business operators. The Board applies limits in respect of values that may mean that disputes involving low values are not considered. Nor does the Board conduct any medical assessments. Address: 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.

Bliwa

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