

APPLICATION:

Member insurance

Occupationally active and self-employed members

**FILL IN:**

1. Private individuals

Information about you and the person whom you wish to co-insure (husband/wife/cohabitee).

2. Insurance products

Choose the insurance products for which you wish to apply and complete the information about the insured.

3. Questions about your health

4. Paying by direct debit (autogiro)

If you wish to pay for your insurance by direct debit, you can give consent to this via bliwa.se/minasidor or complete and submit the standard form.

► SEND YOUR APPLICATION TO:

Bliwa Livförsäkring
Box 13076
103 02 Stockholm

► UNIONENS CUSTOMER SERVICE AT BLIWA:

Telefon: 08-670 11 00
E-post: unionen@bliwa.se

1. Private individuals

Group member

MEMBER OF UNIONEN

SOCIAL SECURITY NUMBER
(ÅÅMMDD-NR):

NAME:

ADDRESS:

POSTAL CODE:

POST TOWN:

PHONE NUMBER (INKL AREA NUMBER):

EMAIL:

THE DATE YOU BECAME A MEMBER:

Co-insured

HUSBAND / WIFE / COHABITEE

SOCIAL SECURITY NUMBER
(ÅÅMMDD-NR):

NAME:

2. Insurances

Check the boxes on the following pages for the insurance products for which you wish to apply.

Life insurance

The insurance applies for no longer than up to when you attain the age of 67. The age at expiry can be extended to the age of 70 if you are still an occupationally active member after the age of 67.

SUM INSURED		AGE 18–35	MONTHLY COST		GROUP MEMBER	CO-INSURED
			AGE 36–55	AGE 56–69		
592 000 kronor	(10 price base amount)	SEK 40	SEK 61	SEK 138	<input type="checkbox"/>	<input type="checkbox"/>
888 000 kronor	(15 price base amount)	SEK 60	SEK 91	SEK 207	<input type="checkbox"/>	<input type="checkbox"/>
1 184 000 kronor	(20 price base amount)	SEK 79	SEK 122	SEK 277	<input type="checkbox"/>	<input type="checkbox"/>
1 480 000 kronor	(25 price base amount)	SEK 97	SEK 152	SEK 343	<input type="checkbox"/>	<input type="checkbox"/>
1 776 000 kronor	(30 price base amount)	SEK 116	SEK 182	SEK 411	<input type="checkbox"/>	<input type="checkbox"/>
2 368 000 kronor	(40 price base amount)	SEK 153	SEK 242	SEK 550	<input type="checkbox"/>	<input type="checkbox"/>
2 960 000 kronor	(50 price base amount)	SEK 193	SEK 302	SEK 686	<input type="checkbox"/>	<input type="checkbox"/>

The sum insured will be reduced by 10 percentage units per year from the age of 60 up to and including the age of 64. No reduction will be made if there are children under the age of 20 who are entitled to inherit. Cover includes death benefit of SEK 58,800 (1 Price Base Amount) for children. The monthly cost for a co-insured is guided by the age of the group member.

Personal accident insurance

The insurance applies for no longer than up to when you attain the age of 67. The age at expiry can be extended to the age of 70 if you are still an occupationally active member after the age of 67.

SUM INSURED		MONTHLY COST AGE 18–69		GROUP-MEMBER	CO-INSURED
1 184 000 kronor	(20 price base amount)	SEK 37		<input type="checkbox"/>	<input type="checkbox"/>
1 776 000 kronor	(30 price base amount)	SEK 51		<input type="checkbox"/>	<input type="checkbox"/>
2 368 000 kronor	(40 price base amount)	SEK 73		<input type="checkbox"/>	<input type="checkbox"/>

The sum insured for medical invalidity will be reduced by 2.5 percentage units per year from the age of 46. The sum insured for financial invalidity will be reduced by 5 percentage units per year from the age of 46. The monthly cost for a co-insured is guided by the age of the group member.

Health insurance – Income

The insurance applies for no longer than up to when you attain the age of 67.

MONTHLY SALARY BEFORE TAX	COMPENSATION PER MONTH	MONTHLY COST		GROUP MEMBER	CO-INSURED
		AGE 18–35	AGE 36–55		
–14 999 kronor	1600 SEK	SEK 16	SEK 24	SEK 36	<input type="checkbox"/>
15 000–26 999 kronor	2300 kronor	SEK 22	SEK 34	SEK 52	<input type="checkbox"/>
27 000–37 999 kronor	3000 kronor	SEK 29	SEK 45	SEK 67	<input type="checkbox"/>
38 000–44 999 kronor	4000 kronor	SEK 37	SEK 61	SEK 89	<input type="checkbox"/>
45 000 kronor –	5000 kronor	SEK 47	SEK 75	SEK 112	<input type="checkbox"/>

The qualifying period is 90 days. Benefits are paid out for no more than 42 months, which corresponds to three and a half years. The monthly cost for a co-insured is guided by the age of the group member.

Critical illness insurance

The insurance applies for no longer than up to when you attain the age of 67. If the insured group member is a working member of Unionen after having attained the age of 67, the insurance may apply for at most up to the month in which the insured group member attains the age of 70.

SUM INSURED		AGE 18–35	MONTHLY COST		GROUP MEMBER	CO-INSURED
			AGE 36–55	AGE 56–69		
59 200 kronor	(1 price base amount)	SEK 15	SEK 22	SEK 47	<input type="checkbox"/>	<input type="checkbox"/>
118 400 kronor	(2 price base amount)	SEK 28	SEK 45	SEK 93	<input type="checkbox"/>	<input type="checkbox"/>
296 000 kronor	(5 price base amount)	SEK 66	SEK 109	SEK 234	<input type="checkbox"/>	<input type="checkbox"/>
473 600 kronor	(8 price base amount)	SEK 107	SEK 175	SEK 372	<input type="checkbox"/>	<input type="checkbox"/>
592 000 kronor	(10 price base amount)	SEK 133	SEK 221	SEK 465	<input type="checkbox"/>	<input type="checkbox"/>

The monthly cost for a co-insured is guided by the age of the group member.

Lump-sum benefit insurance

The insurance applies for no longer than up to when you attain the age of 65.

SUM INSURED		AGE 18–35	MONTHLY COST		GROUP MEMBER	CO-INSURED
			AGE 36–55	AGE 56–69		
592 000 kronor	(10 price base amount)	SEK 19	SEK 25	SEK 23	<input type="checkbox"/>	<input type="checkbox"/>
888 000 kronor	(15 price base amount)	SEK 29	SEK 38	SEK 36	<input type="checkbox"/>	<input type="checkbox"/>
1 184 000 kronor	(20 price base amount)	SEK 38	SEK 50	SEK 46	<input type="checkbox"/>	<input type="checkbox"/>
1 776 000 kronor	(30 price base amount)	SEK 57	SEK 77	SEK 69	<input type="checkbox"/>	<input type="checkbox"/>
2 368 000 kronor	(40 price base amount)	SEK 74	SEK 102	SEK 93	<input type="checkbox"/>	<input type="checkbox"/>
2 960 000 kronor	(50 price base amount)	SEK 95	SEK 126	SEK 115	<input type="checkbox"/>	<input type="checkbox"/>

The sum insured will be reduced by 4 percentage units per year from the age of 36 up to 56, and by 2 percentage units per year from the age of 57 up to 60. 8 per cent of the sum insured subsequently remains until the age at expiry for the insurance. The monthly cost for a co-insured is guided by the age of the group member.

Family protection

The insurance applies for no longer than up to when you attain the age of 67. The age at expiry can be extended to the age of 70 if you are still an occupationally active member after the age of 67.

SUM INSURED		AGE 18–35	MONTHLY COST		GROUP MEMBER	CO-INSURED
			AGE 36–55	AGE 56–69		
60 500 kronor	(1 elevated price base amount)	SEK 15	SEK 26	SEK 75	<input type="checkbox"/>	<input type="checkbox"/>
121 000 kronor	(2 elevated price base amount)	SEK 27	SEK 50	SEK 149	<input type="checkbox"/>	<input type="checkbox"/>
181 500 kronor	(3 elevated price base amount)	SEK 40	SEK 77	SEK 224	<input type="checkbox"/>	<input type="checkbox"/>

One-twelfth of the sum insured is paid out per month for five years. The monthly cost for a co insured is guided by the age of the group member.

Care Insurance Basic – with referral

This insurance can only be taken out by those of you who are self-employed members and the insurance applies for no longer than up to when you attain the age of 67. The age at expiry can be extended to the age of 70 if you are still an occupationally active member after the age of 67.

MONTHLY COST				GROUP MEMBER	CO-INSURED
AGE 18–35	AGE 36–50	AGE 51–64	AGE 65–69		
SEK 108	SEK 133	SEK 207	SEK 258	<input type="checkbox"/>	<input type="checkbox"/>

The monthly cost for a co-insured is guided by the age of the group member.

Care Insurance Premium – with referral or deductible 750 SEK

This insurance can only be taken out by those of you who are self-employed members and the insurance applies for no longer than up to when you attain the age of 67. The age at expiry can be extended to the age of 70 if you are still an occupationally active member after the age of 67.

MONTHLY COST				GROUP MEMBER	CO-INSURED
AGE 18–35	AGE 36–50	AGE 51–64	AGE 65–69		
SEK 182	SEK 278	SEK 490	SEK 883	<input type="checkbox"/>	<input type="checkbox"/>

Young start pack

You may not have attained the age of 31 when you apply. This does not apply for a co-insured.

FÖRSÄKRING	SUM INSURED	MONTHLY COST AGE 18–30	GROUP MEMBER
Life insurance	592 000 kronor (10 price base amount)	SEK 71	<input type="checkbox"/>
Personal accident insurance	1 184 000 kronor (20 price base amount)		
Health insurance	1 600 kronor/month		
Critical illness insurance	59 200 kronor (1 price base amount)		
Lump-sum benefit insurance	888 000 kronor (15 price base amount)		

The starter pack for young people (Startpaket Ung) is a set insurance package with fixed sums insured. If you wish to remove any of the insurance products included or to increase the sum insured, you can obviously do so, but you must then pay the standard price for all of the insurance products. However, you can add other insurance products without any change to the premiums for the insurance products included in the package. The discounted package price ceases when you attain the age of 31, but you will still have the included insurance products at the standard price.

Child- and pregnancy insurance

You may not have attained the age of 67 and your child may not have attained the age of 25 when you apply. The insurance applies up to and including the month in which your child attains the age of 25, but for no longer than up to when you attain the age of 67.

The amount of the benefits paid depends on your chosen sum insured, the degree of injury and also whether you have taken out Child and Pregnancy Insurance Premium or Child and Pregnancy Insurance Premium Extra. You can take out the insurance for your and your spouse's/cohabitee's children who are entitled to inherit and also for children who have been placed in a family home with you.

CHILD'S SOCIAL SECURITY NUMBER (ÅÅMMDD-NR)	INSURANCE	1 184 000 SEK (20 price base amount)	1 776 000 SEK (30 price base amount)	2 368 000 SEK (40 price base amount)	2 960 000 SEK (50 price base amount)
Child 1: _____-____	Premium	<input type="checkbox"/> SEK 119/month	<input type="checkbox"/> SEK 149/month	<input type="checkbox"/> SEK 180/month	<input type="checkbox"/> SEK 210/month
	Premium Extra	<input type="checkbox"/> SEK 200/month	<input type="checkbox"/> SEK 259/month	<input type="checkbox"/> SEK 318/month	<input type="checkbox"/> SEK 378/month
Child 2: _____-____	Premium	<input type="checkbox"/> SEK 119/month	<input type="checkbox"/> SEK 149/month	<input type="checkbox"/> SEK 180/month	<input type="checkbox"/> SEK 210/month
	Premium Extra	<input type="checkbox"/> SEK 200/month	<input type="checkbox"/> SEK 259/month	<input type="checkbox"/> SEK 318/month	<input type="checkbox"/> SEK 378/month
Child 3: _____-____	Premium	<input type="checkbox"/> SEK 119/month	<input type="checkbox"/> SEK 149/month	<input type="checkbox"/> SEK 180/month	<input type="checkbox"/> SEK 210/month
	Premium Extra	<input type="checkbox"/> SEK 200/month	<input type="checkbox"/> SEK 259/month	<input type="checkbox"/> SEK 318/month	<input type="checkbox"/> SEK 378/month
Child 4: _____-____	Premium	<input type="checkbox"/> SEK 119/month	<input type="checkbox"/> SEK 149/month	<input type="checkbox"/> SEK 180/month	<input type="checkbox"/> SEK 210/month
	Premium Extra	<input type="checkbox"/> SEK 200/month	<input type="checkbox"/> SEK 259/month	<input type="checkbox"/> SEK 318/month	<input type="checkbox"/> SEK 378/month

Pregnancy

MOTHER'S SOCIAL SECURITY NUMBER (ÅÅMMDD-NR)	INSURANCE	1 184 000 SEK (20 price base amount)	1 776 000 SEK (30 price base amount)	2 368 000 SEK (40 price base amount)	2 960 000 SEK (50 price base amount)
Mother's social security number _____-____	Premium	<input type="checkbox"/> SEK 119/month	<input type="checkbox"/> SEK 149/month	<input type="checkbox"/> SEK 180/month	<input type="checkbox"/> SEK 210/month
Expected birth date: _____-____	Premium Extra	<input type="checkbox"/> SEK 200/month	<input type="checkbox"/> SEK 259/month	<input type="checkbox"/> SEK 318/month	<input type="checkbox"/> SEK 378/month

IMPORTANT INFORMATION!

It is important that you read the pre-sale information before taking out the insurance. You will find the pre-sale information and full conditions at bliwa.se/unionen.

Bliwa will publish your insurance statements at bliwa.se/minasidor. Bliwa will gradually publish other information on Mina sidor [My account] that may be published digitally in compliance with applicable laws and regulations. You must register your email address on Mina sidor in order to be notified when new information has been published. If you would like to have an insurance statement posted to you, you will need to give notice of this on Mina sidor.

3. Questions about your health

To be completed in person by the person who is to be insured.

If you are applying for personal accident insurance and/or child insurance, you do not need to answer any of the questions regarding your health.

If you are applying for the starter pack for young people (Startpaket Ung) and/or healthcare insurance (regardless of level), you only need to answer Question 1.

If you are a new member, have been granted free basic cover and wish to increase your Life Insurance from 10 to 15 Price Base Amounts and/or your Health Insurance from SEK 1,600 per month to SEK 2,300 per month, you only need to answer the first question if you are applying during the free period as a new member.

If you are applying for other insurance products, you will need to answer all of the questions.

QUESTIONS	GROUPMEMBER		CO-INSURED	
	YES	NO	YES	NO
1. Are you fully capable of working?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been cared for, treated, checked or examined at a hospital, healthcare centre, treatment facility or other care establishment, or have you otherwise engaged a physician or another health-care provider (for example, a physiotherapist, naprapath, chiropractor, psychologist, psychotherapist or similar)? If Yes, provide supplementary information on the next page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you taking any prescribed medication? If Yes, provide supplementary information on the next page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been on full or partial sick leave for more than 14 consecutive days during the past three years? If Yes, provide supplementary information on the next page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you smoke on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If you used to smoke, in which year did you stop?	Year <input type="text"/>		Year <input type="text"/>	
7. Height	<input type="text"/> cm		<input type="text"/> cm	
8. Weight	<input type="text"/> kg		<input type="text"/> kg	

* In order to be deemed 'fully capable of working', you should be able to perform your normal work without limitation. You are not fully capable of working if you to some extent are on sick leave, have been granted sick pay, sickness or rehabilitation benefit, activity compensation, sickness compensation or similar compensation or at least half occupational injury annuity. If you have dormant activity compensation, dormant sickness compensation or dormant, at least half, occupational injury annuity, you are not deemed to be fully capable of working during the period that the compensation or occupational injury annuity is dormant.

Additional information

If you answered YES to any of the questions 2–4.

QUESTION 2	GROUPMEMBER	CO-INSURED
<ul style="list-style-type: none">▶ Reasons for why you have been cared for, treated, checked or examined.▶ Date?▶ Which physician/care establishment did you engage? State the name and address of the physician and the name of the hospital, department or clinic.▶ Have you fully recovered and no longer have any complaints? If yes, specify from when?▶ If you have not recovered, describe any remaining complaints or symptoms.		

QUESTION 3	GROUPMEMBER	CO-INSURED
<ul style="list-style-type: none">▶ What medication do you take?▶ For what reason and what is the dosage?		

QUESTION 4	GROUPMEMBER	CO-INSURED
<ul style="list-style-type: none">▶ To which illness/injury/disability did the sick leave relate?▶ For what periods were you on sick leave or did you receive sickness compensation or similar compensation?		

Other information

Attest

I affirm that the information provided is complete and truthful. I am aware that incorrect and incomplete information may render the insurance invalid or that I will lose my right to insurance benefits. I understand that the insurance will only enter into force if the application is complete and the insurance can be granted by Bliwa. I also confirm that I have read and understood the pre sale information.

CITY AND DATE (ÅÅÅÅ-MM-DD):

GROUPMEMBERS SIGNATURE:

CO-INSURED SIGNATURE:

Insurer: Bliwa Livförsäkring, ömsesidigt. Organisationsnummer: 502006-6329.

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.