

UNIONEN'S SENIOR INSURANCE

2026

INSURANCE CONDITIONS U-SEN-26:1
EFFECTIVE AS OF 1 JANUARY 2026

Bliwa

PURPOSE OF THE INSURANCE

Unionen's group senior insurance with Bliwa (referred to below as 'senior insurance') is voluntary group insurance that provides, as explained in more detail below, benefits for the insured in the event of certain critical illnesses, financial protection for the insured in the event of an accident and benefits for their estate, or another beneficiary, in the event of death. The insurance products included in senior insurance are pure risk insurance which have no value if they cease to apply before an insurance event has occurred. senior insurance can be taken out by a group member and apply for a group member and co-insured who has previously been insured through Unionen's group agreement with Bliwa, including life insurance, critical illness insurance and/or personal accident insurance, if the insurance ceased owing to the insured group member having become a retired member or attaining the age at expiry for the insurance.

INSURER

Bliwa Livförsäkring, ömsesidigt, corporate identity number 502006-6329 (referred to below as 'Bliwa'), is the insurer for this senior 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: Sveavägen 44, Stockholm. 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. Visiting address: Tage Erlandersgatan 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 and including 1 January 2026. This means that the conditions apply to insurance products taken out or renewed from 1 January 2026 or later. The conditions also apply to an insurance event that occurs on 1 January 2026 or later. The insurance is also governed by the group agreement between Unionen and Bliwa 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.

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.

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Definitions

RETIRED MEMBER

A retired member in accordance with Unionen's regulations.

BENEFICIARY

The person entitled to benefit under an insurance product upon the death of the insured 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.

INSURANCE STATEMENT

An insurance statement will be issued when insurance is provided, 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 has been amended or renewed, 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 for the respective insurance product. The time at which an insurance event is deemed to have occurred is stated below in the description for each insurance product.

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 Unionen, in its capacity as group representative, and 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 each respective insurance product, what the insurance costs and how the premium should be paid. It is a precondition

that a valid group agreement has been concluded and continues to apply in order for it to be possible to grant an individual insurance and for it to be valid.

GROUP REPRESENTATIVE

The natural or legal person representing the group entitled to insurance in relation to Bliwa, i.e. Unionen.

GROUP MEMBER

A person belonging to the group specified in the group agreement and who is thereby entitled to be affiliated to and alternatively be covered by senior insurance. According to these conditions, these are retired members of Unionen who have attained the age of 55 and occupationally active members of Unionen who have attained the age of 70.

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).

1. Common provisions

1.1 INFORMATION ABOUT THE GROUP AGREEMENT AND VOLUNTARY 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 Unionen, which is 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. Unionen 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 group agreement ceases to apply.

VOLUNTARY GROUP INSURANCE

Unionen's senior insurance with Bliwa is voluntary group insurance that includes life insurance, personal accident insurance and also critical illness insurance. Life

insurance is either whole life insurance or up to and including the end of the month in which the insured group member attains the age of 86. What applies in each individual case is shown in the insurance statement. Personal accident insurance applies for life subject to the precondition that a premium is paid and the group member is a member of Unionen. Critical illness insurance applies for at most up to and including the month in which the insured group member attains the age of 85.

1.2 INSURANCE CONDITIONS

The insurance conditions describe the insurance products that may be included in the senior insurance. The scope of the insurance for an individual insured is shown in the insurance statement

An insurance event is regulated in accordance with the conditions that apply when the insurance event occurs.

1.3 TERM OF VALIDITY OF THE INSURANCE

The insurance applies for at most one year at a time. 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 is renewed annually provided notice has not been given terminating the insurance at the end of the term of the insurance. Bliwa is then entitled to amend the insurance conditions; see Sub-clause 1.18.

1.4 ENTITLEMENT TO BE AFFILIATED TO AND TAKE OUT INSURANCE

A new group member who becomes a retired member of Unionen after the age of 67 and any co-insured for previous group insurance with Bliwa are affiliated to senior insurance through automatic enrolment (further details provided below under Sub-clause 1.5). In order to be affiliated to senior insurance through automatic enrolment, the group member and any co-insured must have been previously insured under Unionen's group insurance with Bliwa, including life, critical illness or personal accident insurance, for at least six months, if the insurance ceases to apply owing to the group member having become a retired member of Unionen after the age of 67 or attained the age at expiry for the previous insurance.

A person insured under previous group insurance may be affiliated to those insurance products in senior insurance by which they were covered under the previous group insurance with Bliwa. Those covered by personal accident insurance are affiliated to the senior insurance's personal accident insurance, those covered by life insurance are affiliated to the senior insurance's life insurance and those covered by critical illness

insurance are affiliated to the senior insurance's critical illness insurance.

Entitlement to be affiliated to senior insurance applies for three months from the date on which Unionen's previous group insurance with Bliwa ceased to apply for the group member.

A group member who becomes a retired member of Unionen after attaining the age of 55 may also opt to apply for Unionen's senior insurance for themselves and any co-insured.

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

1.5 WHEN THE INSURANCE ENTERS INTO FORCE

The senior insurance starts to apply the day after the date on which Unionen's previous group insurance with Bliwa ceased to apply subject to the precondition that the group member is affiliated to the senior insurance for three months from the date on which Unionen's previous group insurance with Bliwa ceased to apply for the group member owing to them becoming a retired member of Unionen.

Automatic enrolment

A member of Unionen who becomes a retired member after attaining the age of 67 or attains the age at expiry for the previous insurance is affiliated to those insurance products by which they were covered under Unionen's previous group insurance with Bliwa through automatic enrolment. Any co-insured for the previous group insurance is also automatically enrolled at the same time

In the case of automatic enrolment, the insurance enters into force upon expiry of the period for declining ('enrolment period'). The enrolment period is three months from when the person in question became a retired member or alternatively attained the age at expiry for the previous insurance. During the enrolment period, the insured is covered by insurance protection agreed in the group agreement in advance, depending on which of Unionen's insurance products with Bliwa they have been covered by under previous group insurance.

Separate information about automatic enrolment is provided in conjunction with the automatic enrolment.

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 enters into force

on the day after the date on which Bliwa received the application.

1.6 HEALTH REQUIREMENTS

A new health check is not required for affiliation to the insurance.

1.7 PREMIUM

The price for the insurance products ('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 is shown in separate information provided in conjunction with automatic enrolment and the application documents.

1.7.1 PREMIUM PAYMENT

The first premium must be paid within 14 days from the date when Bliwa, or the party engaged by Bliwa, sent a premium demand. The premium for a subsequent premium period and the first premium for insurance that has been renewed in accordance with Sub-clause 1.3 (renewal premium) shall be paid no later than the first day of the period. If the premium relates to a period of more than one month, the premium shall be paid no later than one month from the date on which Bliwa sent the premium demand.

1.7.2 NOTICE OF TERMINATION OWING TO UNPAID PREMIUM

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 notice was sent, unless the premium is paid within this time limit.

If it was not possible to pay the premium before the 14 days passed because the insured 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 the 14 days have passed.

1.8 REVIVAL

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. In the event of revival, the insurance will start to apply again from and including the day following the date when the premium was paid.

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.

1.9 WHEN THE INSURANCE CEASES TO APPLY

Personal accident insurance is for life. Life insurance is either whole life insurance or for at most up to and including the month in which the insured group member attains the age of 86 depending on the insurance product by which the group member is covered. What applies in each individual case is shown in the insurance statement. Critical illness insurance applies for at most up to and including the month in which the insured group member attains the age of 85.

However, the insurance may cease to apply earlier if the group agreement ceases owing to notice of termination by Bliwa or Unionen. 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 Unionen 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 of termination owing to an unpaid premium or incorrect information. The insurance also ceases to apply if the insured group member is no longer a member of Unionen.

The co-insured's insurance also ceases to apply when the group member's insurance ceases to apply and if the marriage or cohabitee relationship with the group member ceases.

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 the respective Bliwa 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 entitled to insurance. 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 personally opted to give notice terminating the insurance but are still a member of Unionen and can be covered by the group insurance. 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. Nor is there any entitlement to extended cover protection if the insurance ceased owing to the group member or the insured having attained the age at expiry for the insurance.

1.11 CONTINUATION INSURANCE

If the group agreement ceases owing to notice of termination by Unionen or Bliwa, each insured is entitled to be granted equivalent protection, without a health check, through Bliwa's continuation insurance.

Bliwa will provide information about the right to 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, who has been insured under the respective insurance product for at least six months, is also entitled to take out equivalent insurance protection with Bliwa without a health check if their senior insurance ceases as a consequence of the group member dying or if their marriage or cohabitee relationship with the group member ceases.

A person who has been insured under the respective insurance product for less than six months 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.

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 payout of compensation requested as soon as possible. In the event of death, the survivors shall submit the Swedish Tax Agency's (Skatteverket) standard form 'Certificate of death and investigation concerning relatives' to Bliwa. The documents and other information that Bliwa considers are necessary to assess entitlement to insurance compensation must be submitted to Bliwa. Bliwa does not compensate any costs for arranging this. If required for Bliwa to be able to assess the right to insurance compensation, and if Bliwa so requests, the insured shall submit an authorisation so that Bliwa can obtain information from the employer, Unionen, physician, hospital, other care establishment, the Swedish Social Insurance Agency (Försäkringskassan) or another insurance establishment. If the insured does not submit such an authorisation, Bliwa may refuse to pay insurance compensation. Clause 6 describes how Bliwa processes the information obtained.

In the event of an accident, the insured shall seek health and medical care as soon as possible and comply with the instructions provided by the care provider, 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 out will be reduced according to what is reasonable considering the circumstances. Compensations in the event of invalidity, scars and Critical illness compensation are paid out to the insured.

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 out on time according to these insurance conditions. The right to interest applies if the delay in payout was more than 30 days from when Bliwa received the documents and other information that Bliwa considers are required to assess the insured's entitlement to insurance compensation. Bliwa is not responsible for other losses that may arise if investigation of the insurance event or payout 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 5.8.

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 for instituting 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 be lost 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

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

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

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

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

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

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

1.18 AMENDMENT OF THE INSURANCE CONDITIONS

Bliwa is entitled to amend these insurance conditions during an ongoing insurance period if the amendment is needed owing to the nature of the insurance or to some other special circumstance such as, for instance, amended law, application of law or official regulation. 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 announced 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 customers 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. Life insurance

2.1 LIFE INSURANCE – DEATH BENEFIT

This insurance means that a sum insured will be paid out to the insured's estate if the insured dies during the term of insurance.

Life insurance is split into two different insurance products. Life insurance that is whole life insurance and life insurance with an age at expiry of 86. It is not possible to take out new whole life insurance. The sums insured and any reduction of these depend on the insurance product by which the insured is covered. The different insurance products, sums insured and premiums are indicated in conjunction with automatic enrolment and also by the application documents and insurance statement.

Life insurance can only be taken out by those previously covered by life insurance under Unionen's group insurance with Bliwa for at least six months.

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

The sum insured is paid out to the estate of the deceased in the event of death during the term of the insurance. Payment is made at the amount corresponding to the insured's age at the time of their death.

If the insured had previously submitted a separate nomination of beneficiary for the group insurance, this does not apply for the senior insurance. However, it is

possible to make a new separate nomination of beneficiary to Bliwa. The insured does this by personally signing a written communication to Bliwa. The insured is at liberty to choose who should be a beneficiary by such a nomination. A standard form for a separate nomination of beneficiary can be printed out from Bliwa's website www.bliwa.se/unionen or ordered from Bliwa.

The nomination of beneficiary cannot be amended through a will.

3. Personal accident insurance

Personal accident insurance can provide the insured with financial compensation in the event of an accident that has resulted in costs or caused medical invalidity. The insurance product covers, for example, medical and travelling costs. A maximum benefit amount applies for some injuries/costs.

An insurance event is deemed to have occurred on the date of the accident.

3.1 TERM OF VALIDITY

This insurance product covers accidental injury that occurs during the term of the insurance. The insurance applies around the clock (full-time). Injuries that have occurred at work or on the way to or from work must always be reported to the Swedish Social Insurance Agency. If the insured is covered by industrial injuries insurance (for example, work injury insurance for private employees (TFA), work injury insurance for employees of municipal, county and regional authorities, the Church of Sweden and certain municipally owned companies (TFA-KL) or compensation for Personal Injury Agreement work injury insurance for government employees (PSA)), the injury should also be reported to AFA Försäkring.

3.2 DEFINITION OF THE TERM 'ACCIDENT'

An accident that affords entitlement to compensation under this insurance product must have comprised an external event. The accident must also have been caused by a sudden and unexpected event that resulted in the insured involuntarily suffering a bodily injury. The person making the claim for compensation must prove that an accidental injury has occurred.

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.

3.2.1 INJURIES EQUATED TO ACCIDENTAL INJURY

Bodily injury that has arisen through frostbite, heatstroke, sunstroke, borrelia infection and TBE owing to a tick bite is equated to accidental injury. The date on which the injury manifested itself is the date of the accidental injury. The rupture of an Achilles tendon or

knee twist injury is also equated to an accidental injury without a requirement regarding an external event.

3.2.2 INJURIES THAT ARE NEVER DEEMED TO BE AN ACCIDENTAL INJURY

Only injuries that satisfy the preconditions of Sub-clauses 3.2 and 3.2.1 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 or repetitive movements (repetitive strain injury), stretching, twisting or pathological changes
- infection through bacteria, viruses or other contagion, infection or poisoning through ingesting food or drink
- hypersensitivity reaction
- use of medicinal preparations, operations, treatment or examinations that have not resulted from an accidental injury covered by this insurance

3.3 SCOPE

The following components are included in the insurance product:

- medical costs – see Sub-clauses 3.3.1 and 3.4.1
- costs of dental injuries – see Sub-clauses 3.3.1 and 3.4.2
- travelling costs – see Sub-clauses 3.3.1 and 3.4.3
- additional costs – see Sub-clauses 3.3.1 and 3.4.4
- costs of aids – see Sub-clauses 3.3.1 and 3.4.5
- compensation for scars and other appearance-related consequences of an injury – see Sub-clause 3.5
- medical invalidity – see Sub-clause 3.6 including sub-headings

3.3.1 IMPORTANT LIMITATIONS TO THE SCOPE OF THE BENEFITS

This insurance product only pays benefits for consequences that have an adequate connection to an accidental injury that required treatment within the health services. If the insured's health status has deteriorated 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 accident, no benefits are provided for the costs and/or the invalidity resulting from such deterioration in health status. 'Bodily defect' means sickness, pathological change and also defect and disablement.

As regards compensation for costs, the insurance only compensates necessary and reasonable costs that the insured has incurred as a consequence of the accident.

Bliwa does not compensate costs that should be compensated by another party according to law, statute, convention or collective agreement. Costs that have been compensated through other insurance are not compensated under this insurance. This applies irrespective of whether such compensation is paid according to a flat-rate model or against an original receipt. Nor does Bliwa compensate costs that are to be compensated under patient or healthcare insurance that has been taken out separately. If an accident occurred outside the insured's place of residence or abroad, the insurance does not compensate the costs compensated by separate travel insurance or a travel component of home insurance. This restriction and other important limitations that apply to the right to compensation in the case of an accident that occurred abroad are shown in Sub-clause 4.3.

Bliwa only compensates costs that can be verified by an original receipt or by a certificate of benefits paid issued by a healthcare provider/county council. If the insured is not covered by the social welfare insurance and is not registered with the Swedish Social Insurance Agency, compensation is only paid for those costs that would have been compensated if they had been registered and had fully utilised the benefits provided under the social welfare insurance.

Benefits are not provided for loss of income from work.

If the injury has been reported as an occupational injury, the insured must notify Bliwa of this as soon as possible. What is deemed to be 'work' and 'time for travel to or from work' are determined according to the definitions applied by the Swedish Social Insurance Agency and AFA Försäkring. If the injury has been classified as an occupational injury by the Swedish Social Insurance Agency or AFA Försäkring, Bliwa will not pay compensation for the costs, etc., as a consequence of an occupational injury for which compensation has been paid by the Swedish Social Insurance Agency or AFA Försäkring.

There is never entitlement to benefits for an invalidity that existed before the insurance entered into force.

3.4 COMPENSATION FOR COSTS

3.4.1 MEDICAL COSTS

Compensation is paid for reasonable costs of essential medical care, hospital care and treatment.

Compensation is paid for treatment costs of care by a physiotherapist or other treatment up to the level of the Swedish high-cost protection. If the insured has been referred to a physiotherapist but chooses a different treatment, compensation for such treatment is payable at an amount corresponding to the patient charges for the physiotherapist in the national healthcare service.

Compensation is only paid for the cost of care or treatment in another Nordic country if the accident occurred abroad; see Sub-clause 5.3 regarding when compensation is paid for accidents abroad.

Compensation is paid for costs up to the level of the Swedish high-cost protection.

Compensation is paid for medical costs if they have arisen within five years from the date of the accident. If the accidental injury resulted in medical invalidity but it was not possible for Bliwa to make a final settlement within five years, compensation is paid for medical costs until Bliwa has announced that a final settlement has been made. Compensation is never paid for costs that arise after the final medical invalidity benefit has been determined.

3.4.2 COSTS OF DENTAL INJURIES

This insurance product does not compensate costs of a dental injury that has arisen as a consequence of chewing or biting.

Compensation is paid for reasonable costs of essential treatment of dental injuries as a consequence of an accident. 'Dental injuries' also means damage to dental plates that were in the mouth when they were damaged. Maximum compensation of 50 per of the price base amount is paid for treatment involving a single-tooth implant.

Maximum compensation of 50 per cent of the price base amount per implant support is paid for an implant in the form of bridge therapy, though at most one price base amount for the entire implant treatment. Compensation is not paid for the cost of implant treatment that is not covered by the dental care insurance. Treatment and costs of dental injuries must be approved by Bliwa in advance. However, compensation is paid for reasonable emergency treatment costs even if there was no time to obtain approval before treatment.

If there was already a need to treat teeth damaged in the accident at the time of the injury, Bliwa is entitled to make an appropriate reduction to the amount of the benefit.

Compensation is only paid for dental treatment expenses in Sweden if the treatment is covered by the dental care insurance under the Social Insurance Code. Compensation is paid for the cost of treating damage to implants if this treatment is covered by the dental care insurance. Compensation is only paid for treatment costs in another Nordic country if the accident occurred outside Sweden; see also Sub-clause 5.3. Compensation is paid for treatment within five years from the date of the accident. No further compensation is paid if Bliwa has compensated costs of final treatment of the dental injury.

3.4.3 TRAVELLING COSTS

Compensation is paid for travelling costs in conjunction with care and treatment prescribed by a physician to heal the injury.

Compensation is paid for the cost of the least expensive means of travel that the insured's health status allows. This need must be verified by a physician. Compensation is not paid for travel using a private, official or company car and the like where no additional costs have arisen.

Compensation is paid for travelling costs using their own car to and from care and treatment in accordance with the flat-rate model applicable at any given time that Bliwa has issued for this purpose.

Compensation is paid for the cost of trips made within five years from the date of the accident. However, if the accidental injury resulted in medical invalidity but it was not possible for Bliwa to make a final settlement within five years, compensation is paid for travelling costs until Bliwa has announced that a final settlement has been made. Compensation is never paid for costs that arise after the final medical invalidity benefit has been determined.

3.4.4 ADDITIONAL COSTS

Compensation is paid for necessary and reasonable costs for the following items under general law of tort rules if the insured suffers a bodily injury as a consequence of an accident that requires treatment within the health services:

- Clothes normally worn and other personal belongings normally carried that were damaged in the course of the accident: spectacles/prescription lenses, wristwatches, plain wedding bands, handbag and helmet. Compensation is not paid for minor cosmetic damage. Compensation is only paid for the cost of repair if it is possible to repair the damaged object. Compensation is paid for costs up to no more than 0.6 price base amounts in total.
- Other unavoidable and reasonable additional costs that have arisen as a consequence of the accidental injury during the emergency treatment and healing period for the injury. Compensation is paid for costs up to no more than three price base amounts in total.

Compensation is paid for destroyed clothes based on what equivalent clothes cost to buy at the time of the injury. If the clothes are more than one year old, an age deduction is made from the repurchase cost. Compensation for destroyed clothes is paid in accordance with the following table. 'Clothes' also means wristwatches and handbags in this context. The table shows compensation as a percentage of the repurchase price.

Age	0 to 1 year	1-2 years	2-3 years	3-4 years	4 years and older
Per cent	100	80	60	40	20

Compensation is paid for the cost of a pair of equivalent spectacles if the insured used spectacles that were destroyed at the time of the injury. The insured must send in a receipt for the purchase of new spectacles in order to receive compensation. Furthermore, the insured shall enclose a certificate from an optician proving that the new spectacles purchased were equivalent to the destroyed spectacles or enclose a receipt for the damaged spectacles.

Compensation can only be paid for additional costs that the insured incurs in their capacity as a private individual. Compensation is never paid for additional costs for a business activity.

3.4.5 COSTS OF AIDS

Compensation will be paid for necessary and reasonable costs if an accidental injury entails a permanent invalidity that has been determined by Bliwa and there is a need for special aids prescribed by a physician. Costs must have arisen after the emergency treatment period and must be approved by Bliwa in advance.

Compensation is paid for costs up to no more than SEK 50,000 in total for each insurance event.

Bliwa does not pay compensation for the cost of raising the standard of aids.

Compensation may be paid for costs that have arisen within five years from the date of the accident.

3.5 COMPENSATION FOR SCARS AND OTHER APPEARANCE-RELATED CONSEQUENCES OF AN INJURY

The insurance product compensates scars and other appearance-related consequences of an injury as a result of accidental injury that occurred during the term of the insurance. Compensation is only paid after treatment has been completed and when the scar or appearance-related consequence of the injury is considered, by Bliwa, to be permanent for the future, though no earlier than one year after the accident happened. 'Scar' means a skin injury as a consequence of an accident. Other consequential injuries, such as for instance deformity or other bodily change where the skin is not damaged, are considered to be an appearance-related consequence of an injury.

The sum insured for scars and other appearance-related consequences of an injury corresponds to the chosen sum insured for medical invalidity. The sum insured is reduced by 1 percentage point for each year that the

age of the insured exceeds 25. Compensation for multiple scars within the same group is a maximum of 25% of the sum insured for group 1, 10% for group 2, and 8% for group 3, regardless of the number of scars. Compensation is paid of at most 25 per cent of the sum

insured for one and the same insurance event involving several scars from different groups.

A precondition for entitlement to benefits is that the injury was so serious that it required treatment within the health services.

Compensation for scars and other appearance-related consequences of an injury as a percentage of the sum insured

Group 1 Face and Neck	Length < 0,5 cm	Length 0,5– 1,9 cm	Length 2–5,9 cm	Length 6–9,9 cm	Length 10–14,9 cm	Length ≥ 15 cm
Width < 0,5 cm	0,05%	0,30%	0,60%	0,90%	1,50%	1,80%
Width 0,5–1,9 cm		0,60%	0,90%	1,20%	1,80%	2,40%
Width 2–5,9 cm			1,20%	1,80%	2,40%	3,60%
Width 6–9,9 cm				3,00%	4,00%	7,00%
Width 10–14,9 cm					8,00%	10,00%
Width ≥ 15 cm						25,00%
Appearance-related consequence of an injury ≥ 6 x 6 cm	5%					
Appearance-related consequence of an injury < 6 x 6 cm	0,5%					

Group 2 Forearms, lower legs/knee, hands and head	Length < 0,5 cm	Length 0,5– 1,9 cm	Length 2–5,9 cm	Length 6–9,9 cm	Length 10–14,9 cm	Length ≥ 15 cm
Width < 0,5 cm	0,03%	0,15%	0,30%	0,45%	0,75%	0,90%
Width 0,5–1,9 cm		0,30%	0,45%	0,60%	0,90%	1,20%
Width 2–5,9 cm			0,60%	0,90%	1,50%	2,50%
Width 6–9,9 cm				1,20%	3,50%	6,00%
Width 10–14,9 cm					6,00%	8,00%
Width ≥ 15 cm						10,00%
Appearance-related consequence of an injury	0,2%					

Group 3 Upper arms, thighs, feet, elbows and trunk	Length < 0,5 cm	Length 0,5– 1,9 cm	Length 2–5,9 cm	Length 6–9,9 cm	Length 10–14,9 cm	Length ≥ 15 cm
Width < 0,5 cm	0,02%	0,15%	0,20%	0,30%	0,50%	0,60%
Width 0,5–1,9 cm		0,20%	0,30%	0,40%	0,60%	0,80%
Width 2–5,9 cm			0,40%	0,60%	0,80%	1,50%
Width 6–9,9 cm				0,80%	3,00%	4,00%
Width 10–14,9 cm					5,00%	6,00%
Width ≥ 15 cm						8,00%
Appearance-related consequence of an injury	0,1%					

COMPENSATION FOR MEDICAL INVALIDITY

Bliwa pays benefits for medical invalidity if the insured has suffered an accidental injury that has resulted in a permanent impairment of a bodily function and if the condition is stationary but not life-threatening.

The accidental injury must have resulted in a measurable invalidity within three years from the date of the accident for the insured to be entitled to benefits. Medical invalidity cannot normally be finally determined until one year has elapsed from the date of the accident. A final assessment of entitlement to benefits shall only be made when the level of invalidity has been finally determined, which may be postponed for as long as there is a possibility of further medical rehabilitation.

If a lost body part can be replaced by a prosthesis, the level of invalidity will be determined considering the prosthesis and its importance to the bodily function of the insured.

The sum insured for full medical invalidity (100 per cent) is either 5 or 10 price base amounts depending on what level the insured has taken out. What applies in each individual case is shown in the insurance statement. Compensation is paid out in relation to the level of

invalidity determined. The level of invalidity is determined in light of applicable industry rating scale at the time of payment.

REDUCTION

The sum insured is reduced to 60 per cent of the original sum insured when the insured has attained the age of 73.

3.5.1 PAYMENT OF INVALIDITY BENEFIT

The claim will only be finally settled when the medical invalidity has been finally determined by Bliwa. However, an advance payment of invalidity benefit may be paid out prior to this. This advance will correspond to the minimum level of invalidity expected. The advance, expressed in Swedish kronor, will subsequently be deducted from the benefit paid out when the level of invalidity has been finally determined.

If the insured dies before Bliwa has finally settled the claim, and if the invalidity was determined by Bliwa prior to this, an amount will be paid out corresponding to the insured's medical invalidity. The payment will be made to the insured's estate.

3.5.2 POSSIBILITY TO REVIEW THE BENEFIT IF INVALIDITY INCREASES

The insured is entitled to have the level of their invalidity reconsidered, following a written request to Bliwa, provided:

- the accidental injury resulted in a significant deterioration in the insured's bodily functions after Bliwa finally settled the claim

Bliwa will reconsider the level of invalidity if the insured requests this in writing and provides details of the circumstances that, according to the above, may afford entitlement to reconsideration. In order to make a new assessment of the level of invalidity Bliwa requires that the circumstances supporting such new assessment can be determined objectively. Bliwa decides what supporting information is required for such an objective assessment. The insured must personally furnish Bliwa with the supporting information requested by Bliwa. The insured shall pay for the cost of any new invalidity certificate. However, Bliwa will subsequently pay compensation for such new invalidity certificates if a deterioration of the insured's bodily functions has actually been objectively demonstrated and a new level of invalidity determined. A reconsideration may never be conducted when more than ten years have elapsed from the date of the accident; see Sub-clause 1.15.

4. Critical illness insurance

Benefits under Bliwa's critical illness insurance will be paid out as a lump sum if the insured is diagnosed with any of the diagnoses shown in Sub-clause 4.4 during the term of the insurance. The insured must personally apply for benefits under the insurance. This means that if the insured has died, the survivors cannot apply for benefits under the critical illness insurance.

The insurance applies for at most up to and including the month in which the insured group member attains the age of 85.

4.1 IMPORTANT LIMITATIONS TO THE SCOPE OF THE BENEFIT

If any of the indemnifiable diagnoses had already been made for the insured before the insurance entered into force, they are not entitled to benefits under the insurance in the case that they become sick with the same diagnosis (for example breast cancer (malignant neoplasm of breast: C50)) during the term of the insurance. The same applies to consequential sicknesses that have arisen and other consequences of a diagnosis for which the insured was diagnosed before the insurance entered into force.

No benefits are paid out if the insured dies within seven days of the diagnosis having been made.

Benefits are only paid for one diagnosis during a two-year period. At least two years need to have elapsed from when the previous diagnosis was made in order to regain entitlement to benefits under the insurance. Benefits can be paid for no more than three diagnoses during the period the insurance applies. See also specific limitations under each diagnosis.

The date of the insurance event is the same as the date on which the diagnosis was made.

Benefits are only paid for the diagnoses specified in Sub-clause 4.4

4.2 BENEFITS

Entitlement to benefits under the insurance arises no earlier than seven days after the diagnosis has been made.

A precondition for payment of benefits is that a diagnosis has been made by a physician in Sweden, and also that any treatment of the sickness is medically justified according to Swedish medical expertise, complies with the guidelines and standards issued by the Swedish Medical Association and also otherwise is consistent with science and proven experience.

4.3 AMOUNT OF BENEFIT

Benefits under the insurance will be paid out as a lump sum. The amount of the benefit is set in the group agreement and is also shown in the application documents and last insurance statement issued.

4.4 DIAGNOSES AND EVENTS THAT AFFORD ENTITLEMENT TO BENEFITS

1. Cancer

A malignant tumour characterised by the uncontrolled growth of cells and invasion of surrounding tissue. Leukaemia is also covered. Skin cancer, which is classed as a malignant melanoma, is also covered. The insured is required to be registered with the Swedish Cancer Registry to be entitled to benefits.

The following conditions are not covered by the insurance:

- preliminary stage of cancer (non-invasive cancer *in situ*)
- all skin cancer other than that specified above
- secondary tumours (metastases). Benefits may in certain cases be paid for metastases in those cases where it was not possible to localise the primary tumour.

2. Acute heart attack

An electrocardiogram (ECG) and/or elevated heart markers as laboratory tests are required to have demonstrated clear changes to an ongoing or recently

suffered myocardial infarction (heart attack). Entitlement to benefits also requires that the insured has been admitted to hospital for inpatient care.

3. Stroke

A cerebrovascular (blood clot or haemorrhage) accident (CVA). It must be possible to objectively demonstrate neurological aftereffects. The term 'cerebrovascular accident' includes thromboses, embolisms and ruptures of blood vessels in the brain. Exemptions from entitlement to benefits apply for Transient Ischaemic Attacks (TIA).

5. Limitations to Bliwa's liability

5.1 DUTY OF DISCLOSURE

The policyholder and insured are obligated 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 obligated 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 benefits under the insurance products.

Bliwa may demand and be entitled to repayment of insurance compensation paid out 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.

5.2 CONSEQUENCE OF INCORRECT INFORMATION

If the policyholder has acted fraudulently or in bad faith when performing their duty of disclosure under Sub-clause 5.1, 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 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 notice period expires.

5.3 LIMITATIONS - VALIDITY OF INSURANCE IN THE EVENT OF STAYS ABROAD

In the event of stays outside Sweden that are not affected by limitations in the event of a state of war or political unrest

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

Critical illness insurance applies for stays abroad regardless of the length of the stay abroad. However, the diagnosis should be made or confirmed by a physician operating in Sweden for there to be entitlement to compensation.

Compensation is never paid under personal accident insurance for costs that arose outside the Nordic countries. Nor is invalidity compensation paid for an accidental injury that occurred during a stay outside the Nordic countries if the stay abroad was for more than 12 months.

A stay outside the Nordic countries is not deemed to have been interrupted owing to a temporary visit to the Nordic countries for a doctor's appointment, hospital care, business, a vacation or the like, but only when the insured returns to take up residence in the Nordic countries.

Bliwa does not pay compensation for costs for an accident that are compensated under separate travel insurance, a travel component of home insurance or from other insurance.

5.4 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 (Act (1999:890) on insurance activities during war or risk of war, etc.).

Life insurance - death benefit

Special legislation applies to matters relating to Bliwa's liability and right to charge a war premium.

Personal accident insurance

This insurance does not cover an accident that occurs while a state of war prevails in Sweden and that may be deemed to be due to the state of war.

The insurance does however cover invalidity that occurs as a consequence of an act of war during the period when a situation of war prevails in Sweden.

Critical illness insurance

Critical illness insurance applies. However, a diagnosis should be made or confirmed by a physician operating in Sweden for there to be entitlement to compensation.

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

Life insurance - death benefit

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

Personal accident insurance

The insurance does not cover an accident that occurs when the insured participates in a war (that is unrelated to a state of war in Sweden) or political unrest outside Sweden.

Critical illness insurance

Critical illness insurance applies. However, a diagnosis should be made or confirmed by a physician operating in Sweden for there to be entitlement to compensation.

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

Life insurance – death benefit and personal accident insurance

The following applies if the insured is staying outside Sweden in an area where war or warlike political unrest prevails, but where the insured 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 cover death or an accident that occurs during the stay in the area. Nor does the insurance cover an insurance event that occurs within one year after the end of the stay and that may be deemed to be due to the war or unrest.

Critical illness insurance

Critical illness insurance applies. However, a diagnosis should be made by a physician operating in Sweden for there to be entitlement to compensation.

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

These insurance products do not cover an insurance event whose occurrence or scope is directly or indirectly linked to a nuclear reaction.

Nor do these insurance products 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.

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

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

- the insured through gross negligence has induced an insurance event or aggravated its consequences or otherwise must be assumed to have acted or omitted to act even though they knew that 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, narcotics or as a consequence of them having used a pharmaceutical in an improper way.

It is required that the event that caused the injury 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 suffering from a serious mental disturbance at the time of the injury.

5.7 LEGAL REPRESENTATIVE

The insurance does not compensate the cost of engaging a legal representative.

5.8 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 war, warlike conditions or political unrest, natural disaster, restrictions in public communications or energy supply, new or amended law, measure taken or omitted by a public authority, industrial conflict, blockade, fire, flooding, sickness or major accident or extensive loss or destruction of property.

5.9 JOINT CLAIMS REPORT REGISTER

Bliwa is entitled to register claims 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.

6. 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.

7. 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.

8. 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 any given 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 subsequently still dissatisfied with the case officer's decision, you should contact the Complaints Officer at Bliwa. 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 13076, SE-103 02 Stockholm, Sweden or send an email to: 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 COMPLAINTS (ARN)

ARN is a government authority that considers 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

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

Bliwa

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Telefon: 08-696 22 85