OCCUPATIONAL PENSION INSURANCE
LONG-TERM DISABILITY - PLANSJUK
PREMIUM WAIVER INSURANCE
SURVIVOR’S PENSION

CONDITIONS | 2015:1

Euro Accident Health & Care Insurance AB

This is a translation of the original version in Swedish. The original shall always prevail in the case of any conflict.
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1 GENERAL CONDITIONS
– OCCUPATIONAL PENSION INSURANCE 2015:1

1.1 INTRODUCTION
These conditions of insurance describe the insurance products available under the insurance scheme. The insurance conditions also contain information about the individual insurance products, requirements for joining, entry into force, cessation and premium rules. The insurance statement contains information about the insurance products purchased.

The insurance conditions are divided into:
- General conditions including general underwriting guidelines
- Product conditions
- Definitions

1.1.1 Occupational pension insurance products available

Products offered within the framework of these occupational pension insurance conditions:
- Long-term disability - PlanSjuk
- Premium waiver insurance
- Survivor’s pension

In these conditions the term ‘occupational pension insurance’ means, unless otherwise stated, all three of the occupational pension insurance products shown above, whether applied for separately or in combination.

1.1.2 Insurer
The National General Life Insurance Europe S.A. is the provider of all occupational pension insurance products available (NGLIE).

The insurer, NGLIE, is the insurance company that enters into the insurance agreement and thereby carries the insurance risk.

Base of the board: Luxembourg,
Address: 21, rue Léon Laval, L-3372 LEUDELANGE, Luxembourg.

Euro Accident is the registered general agent on behalf of the insurers and administers and performs other service commitments according to the insurance agreement. Third party liability insurance: If Skadeförsäkring AB, policy number: N000760-2097-01

All of the occupational pension insurance products available are classified as ‘pension insurance’ according to the Income Taxes Act.

1.2 THE INSURANCE AGREEMENT

1.2.1 Parties to the agreement
The insurance agreement is concluded between the insurer and the policyholder in accordance with the policyholder’s occupational pension policy.

1.2.2 Content
The provisions set out in the insurance agreement apply to the insurance. The insurance agreement is based on the information provided in writing or in some other manner to Euro Accident by the policyholder and (where appropriate) the insured.

Swedish law applies to the insurance agreement. The Insurance Contracts Act contains the currently applicable provisions.

The contract period regarding the counselling support, included in Long-term disability - PlanSjuk and premium waiver insurance, see Clause 2.5, is one year and can be unilaterally terminated by Euro Accident at the end of the contract period. If notice of termination is not given, the agreement will be extended regarding the counselling support, for one year at a time, on the conditions notified by Euro Accident.

1.2.3 Amendment of conditions
The insurer is entitled to amend the conditions during the term of the insurance where the amendment is to the benefit of the policyholder or if the preconditions for the agreement have changed as a result of amended statute or other enactment, changed application of statute or other enactment or owing to an official regulation.

The same applies if the preconditions for the insurance agreement have changed in such a way that an amendment to the conditions is needed for technical reasons, the nature of the insurance or if an amendment of the conditions is necessary owing to some other special circumstance.

An amendment to the conditions applies with effect from the end of the current premium period or at such earlier date as prescribed by law. However, the amendment may start to apply at the earliest one month after the insurer having provided information, through Euro Accident, about the new conditions to the policyholder.
1.3 GENERAL UNDERWRITING AND CONVERSION GUIDELINES

Occupational pension insurance can be applied for as new insurance by a person who has attained the age of 16 and up to the date when the person attains the age of 62, is resident and registered as resident in Sweden and who is also entitled to compensation from a Swedish social insurance agency, unless otherwise agreed.

Occupational pension insurance can be converted to Euro Accident for a person who has attained the age of 16 and up to the date when the person attains the age of 66, is resident and registered as resident in Sweden and who is also entitled to compensation from a Swedish social insurance agency, unless otherwise agreed.

If an agreement is transferred from another insurer the insured person shall be fully capable of working at the time of joining, in order to be converted to a similar product. An individual who is later fully capable of working may join the insurance.

Occupational pension insurance cannot be applied for on a mandatory basis by participants in sports teams or sports associations.

Survivor's pension is always applied for in combination with Long-term disability - PlanSjuk.

In order for Euro Accident to grant occupational pension insurance it is normally required that the applicant is fully capable of working, see Clause 1.3.3 below. A person who is not fully capable of working at the time of affiliation may join the insurance later.

A person who is unemployed will not be granted occupational pension insurance, as the main purpose of this insurance/these insurance products is to compensate the loss of income from work and loss of occupational pension premium.

Nor can a person in receipt of full or partial parental benefit apply for occupational pension insurance.

Underwriting and health status review guidelines may vary between different agreements and are set out in the underwriting guidelines applicable at any given time, or in the agreement.

Following a health status review the insurance may:
- be granted with normal premiums and conditions, or
- be granted with exemptions and/or premium loadings, or be rejected.

The same health status review guidelines as apply for the application for a new insurance also normally apply in the case of:
- an increase of the sum insured,
- other extension of the insurance cover.

See also Clause 1.4 Entry into force of the insurance.

1.3.1 Conversion of disability insurance in place

In the event of conversion of disability insurance in place from another insurer to the same, or lower, benefits level than the level applicable with the ceding insurer, the conversion is subject to being fully capable of working. The conversion rule in respect of Long-term disability - PlanSjuk can only be utilised by companies with more than five insureds and in conjunction with an application for mandatory Long-term disability - PlanSjuk.

The conversion, which is subject to being fully capable of working, takes effect at the levels of income carrying rights to compensation (earned income/income from active business activities) reported most recently to the ceding insurer. It shall be possible for this to be verified by the company.

1.3.2 Conversion of premium waiver insurance in place

In the event of conversion of a premium waiver insurance in place from another insurer to the same, or lower, level than the level applicable with the ceding insurer, the conversion is subject to being fully capable of working. The conversion rule in respect of premium waiver insurance can only be utilised by companies with more than five insureds and in conjunction with an application for mandatory premium waiver insurance.

The conversion, which is subject to being fully capable of working, takes effect at the sums insured reported most recently to the ceding insurer and subject to the precondition that this does not exceed the agreed premium for the pension insurance to which the premium waiver refers. It shall be possible for the company to verify the premiums.

1.3.3 Fully capable of working

‘Fully capable of working’ means that your normal work can be performed without restriction and that sick pay from the employer or compensation from the Social Insurance Agency is not being paid. ‘Compensation from the Social Insurance Agency’ means sickness or rehabilitation benefit, activity compensation, sickness compensation or other compensation owing to work disablement. In order to be fully capable of working it is also required that no occupational injury annuity is being paid or that wage subsidy employment, dormant activity compensation/sickness compensation or corresponding compensation has not been granted.

If it should transpire in conjunction with a loss occurrence or at another date that the insured was not fully capable of working at the time the insurance entered into force, this may mean that the insurance will lapse completely or partially or that Euro Accident is entitled to limit any compensation under the insurance. See also Clause 1.7.2 Incorrect or incomplete information.

1.3.3.1 Parental leave/leave of absence

Persons who are on parental leave/leave of absence are deemed to be fully capable of working provided the above-mentioned requirements (concerning none of the mentioned forms of compensation being paid) are
satisfied. A person is not considered to be fully capable of working if the leave of absence results from the employee testing other work for health reasons.

1.4 ENTRY INTO FORCE OF THE INSURANCE

1.4.1 Voluntary insurance

Unless a later date has been stated in the application documents, the insurance will start to apply on the date following the date on which the application was made to Euro Accident subject to the precondition that:

- the insurance, according to the guidelines applicable at any given time, can be granted subject to an approved health status review, and
- complete application documents have been received by Euro Accident.

If the sum insured is of such amount that according to the guidelines applicable at any given time it is necessary to have a further health status review and if such a health status review shows that the insurance can be granted only with premium loadings and/or a condition, the insurance only applies when a decision concerning premium loadings and a condition respectively has been notified to the policyholder and accepted by them.

1.4.2 Mandatory insurance

The insurance agreement starts to apply on the date following the date on which the application was made in the application documents, subject to the precondition that the insurance can be granted, in accordance with the underwriting guidelines applicable at any given time, and also that complete application documents have been received.

The insurance agreement covers all employees of the policyholder within the pre-defined group, subject to the precondition that they are entitled to join subject to an approved health status review and also that they have been notified to Euro Accident upon the entry into force of the insurance agreement.

The policyholder/the insured must certify that the employee(s) is/are fully capable of working at the time the application is signed.

If the certification of being fully capable of working was made earlier than the entry into force of the insurance agreement referred to above, it is required that all persons who are to be covered by the insurance agreement are fully capable of working at the time the insurance agreement enters into force.

If the certification of being fully capable of working was made earlier than 30 days before the insurance agreement is to enter into force, Euro Accident may, at the date the insurance agreement is to enter into force, require a new staff report with certification of being fully capable of working.

If the sum insured is of such amount that according to the guidelines applicable at any given time it is necessary to have a further health status review and if such a health status review shows that the insurance can be granted only with premium loadings and/or a condition, the insurance only applies when a decision concerning premium loadings and a condition respectively has been notified to the policyholder and accepted by them.

1.4.2.1 New employees after the agreement has been entered into

For a new employee to join, the insurance applies as of and including the commencement of the employment, subject to the precondition that:

- the application was received no earlier than one (1) month before and no later than three (3) months after the commencement of the employment,
- the insurance, according to the underwriting guidelines applicable at any given time, can be granted subject to an approved health status review, and
- complete application documents have been received by Euro Accident.

If the application is received later than three (3) months counted from the commencement of the employment, the insurance applies as of and including the date following the date on which the application was made to Euro Accident subject to the precondition that the insurance, in accordance with the guidelines applicable at any given time, can be granted subject to an approved health status review and also that complete application documents have been received by Euro Accident.

1.5 PREMIUM

1.5.1 Premium calculation

The premium is determined when the insurance is applied for. Premiums for later premium periods are calculated for each year on the basis of the insured’s age, pay, compensation level selected and/or sum insured and also Euro Accident’s premium tariff applicable at any given time.

1.5.2 Payment of premium

The premium shall be paid on the due date stated in the invoice or indicated in some other way. Advice of the premium can be given through another party on behalf of the insurer.

If the premium is not paid when due the insurer is entitled to give notice terminating the insurance. Notice of termination takes effect 14 days after the date on which it was sent by the insurer or another party engaged by the insurer. The insurance ceases to apply if the premium is not paid within that time limit.

If notice of termination has taken effect and if the delay does not relate to the first premium for the insurance, the policyholder is entitled to reinstate the insurance to its former scope if the outstanding premium amount is paid within 90 days from the date that the notice took effect.
1.5.3 Premium waiver

Premium waiver is granted in respect of the time that the period of sickness lasts beyond the applicable qualifying period and in proportion to the level of impairment to work capacity.

If work capacity is reduced by at least 25 per cent, the insurance provides entitlement to premium waiver, at most to the age of 67, in respect of the premium agreed and actually paid for the Long-term disability - PlanSjuk insurance, the premium waiver insurance and the survivor’s pension.

It is also necessary in the case of premium waiver insurance that the premium waiver is granted at most during the agreed payment of premium period applicable under the underlying pension insurance.

1.5.4 Leave of absence and parental leave

In the case of leave of absence and parental leave, the employer may continue with the payment of premiums for the insured. If the employer during the leave of absence/parental leave ceases to pay premiums, there is a right to following the conclusion of the leave of absence/parental leave re-enter the insurance agreement with the same insurance cover that applied prior to the leave of absence/parental leave.

For re-entry it is required that the leave of absence/parental leave has not lasted for a longer period than 18 months and also that the employee is fully capable of working upon re-entry. A new health status review will be required if notice of re-entry is made later than three months after the employee having re-entered into service with the employer. If the leave of absence/parental leave lasted for a longer period than 18 months, the employee must apply for new insurance, subject to a health status review.

1.6 CESSATION OF THE INSURANCE

An individual insurance applies at most up to and including the end of the month when the insured attains the agreed retirement age, although at most up to the end of the month when the insured attains the age of 67.

The insurance will cease to apply before then when:
- the insured is no longer employed by the policyholder,
- the insured does not receive any income from work,
- the insured has been on leave of absence/parental leave for a longer period than 18 consecutive months, see Clause 1.5.4, or
- the policyholder or the insurer has given notice terminating the insurance agreement.

The provisions set out in the product conditions Clause 3.2 apply to premium waiver insurance in addition to that stated above.

1.6.1 Notice of termination

The policyholder is entitled to give notice terminating an occupational pension insurance agreement with effect at the end of the month following written notice of termination being received by Euro Accident, unless otherwise agreed.

1.6.2 Extended cover protection

If the employment ceases for some reason other than retirement and subject to the precondition that the insured has been covered by the insurance for more than six months, the insurance applies for a further 90 days from the cessation of the employment, although at most up to the end of the month when the insured attains the age of 67.

However, the extended cover protection, in the case of survivor’s pension, ceases before then in the event of that the insured obtains other employment with occupational pension rights.

However, the extended cover protection, in the case of premium waiver insurance, ceases before then in the event of that the insured can obtain another comparable insurance.

However, the extended cover protection, in the case of Long-term disability – PlanSjuk, ceases before then in the event of that the insured joins a new healthcare plan or utilise the right to continuation insurance, see Clause 1.6.4 below.

1.6.3 Assignment, pledges and use as collateral

The insured is entitled to assign the occupational pension insurance within three months counted from the date of the cessation of the employment. An assignment can be made:
- from a former employer to a new employer, or
- from an employer to the insured, provided that the premium continues to be paid via a sole proprietorship, partnership or limited partnership.

Occupational pension insurance may not be pledged or used as collateral.

1.6.4 Continuation insurance

The insured is, subject to the precondition that the insured has been covered by Long-term disability – PlanSjuk for more than six months, entitled to apply for Long-term disability - PlanSjuk continuation insurance if the employment ceases before the retirement age stated in the insurance agreement, although at most up to the age of 65.

An application for Long-term disability - PlanSjuk continuation insurance is to be made within 90 days from the insurance having ceased. If the insured can in some other way obtain comparable insurance, the right to continuation insurance lapses.

Premiums for continuation insurance are determined on the basis of the insured’s age, applicable sum insured and Euro Accident’s premium tariff applicable at that time.

The continuation insurance can partly have another structure and other conditions of insurance than the health insurance applicable during the term of the employment.
In the case of premium waiver insurance or survivor’s pension the insured is not entitled to apply for continuation insurance unless otherwise agreed with Euro Accident.

1.7 RESTRICTIONS

1.7.1 Duty of disclosure
The policyholder and/or the insured is liable to upon request provide information that may be of relevance to whether the insurance is to be granted, extended or renewed. The same obligation applies in conjunction with claims handling.

It is an obligation of the policyholder and/or the insured to without delay give notice of the following to Euro Accident:
- information about earned income/income from active business activities,
- information about changed earned income/income from active business activities,
- information about new employment/cessation of employment,
- information about work disablement of the insured,
- information about other changes that may affect the insurance cover, and also
- in the case of premium waiver insurance, the amount of the pension insurance premium for which premium waiver insurance is desired.

If the policyholder fails to give notice of the above-mentioned changes in time, they should start to apply from the date when notice was given to Euro Accident.

1.7.2 Incorrect or incomplete information
The provisions of the Insurance Contracts Act apply if any information that has been provided by the policyholder or the insured is incorrect or incomplete.

If incorrect or incomplete information has been provided, this may mean that the insurance may be declared completely or partially invalid. The insurance agreement can be declared invalid or the insurance cover may be reduced to the level and scope that would have applied considering the payments made if correct and complete information had been provided. Premium paid for previous periods will not be repaid.

The provisions of the ‘Overinsurance’ clause of the respective product conditions apply if the policyholder or the insured under Long-term disability – PlanSjuk or premium waiver insurance provides incorrect information about the insured’s earned income/income from active business activities or healthcare benefits, or concerning premium cost.

1.7.3 Intent and gross negligence
If the insured has by intent or gross negligence induced a loss or aggravated its consequences, the compensation may be reduced in accordance with the Insurance Contracts Act and the insurer be released from liability.

1.7.4 Criminal act
Compensation for work disablement may be reduced, cease or lapse completely if work disablement arose in conjunction with the insured committing or participating in a criminal act that, according to Swedish law, may lead to imprisonment. The above is not applicable in the case of survivor’s pension.

1.7.5 Misuse
The insurance does not apply for the insured’s work disablement that results from the insured’s misuse of alcohol, other intoxicants, sleeping or narcotic substances or improper use of pharmaceuticals. The above is not applicable in the case of survivor’s pension.

1.7.6 Exemptions regarding certain communicable diseases and/or epidemics
The insurance does not apply for losses that completely or partially, directly or indirectly, were caused by or are a result of, or have been aggravated by:
- an epidemic/pandemic announced by the World Health Organisation (WHO), and/or disease subject to the Communicable Diseases Act.

1.7.7 Force majeure
The insurance does not apply for loss that may arise if the assessment of the right to insurance, investigation of the loss or payment of compensation is delayed or made impossible owing to war, warlike event, civil war, revolution, rebellion, owing to official measure, strike, lockout, blockade or similar event or owing to a natural disaster.

1.7.8 Exemptions regarding war, terrorism and mass destruction
The insurance does not apply for losses that completely or partially, directly or indirectly, were caused by or are a result of, or have been aggravated by:
- war, hostilities or warlike act (regardless of whether or not war has been declared),
- invasion,
- hostile act committed by a person of another nationality than the insured or hostile act by some other country than the country in which the act takes place,
- civil war,
- riot,
- rebellion,
- insurrection,
- revolution,
- overthrow of legally established government,
- civil commotion that assumes proportions resembling insurrection or which result in insurrection,
- military takeover or usurpation of power,
- explosion of weapons that are used in war,
- use of nuclear, chemical or biological weapons of mass destruction, however these are spread or combined,
- murder or attack that is without doubt committed by a foreign power, regardless of whether or not war has been declared against the nation, or
- act of terrorism.
‘Act of terrorism’ means an act implemented by a person or group of persons with political, religious, ideological or similar purposes, with the aim of influencing governments or to put the general public, or parts of the general public, in danger.

An act of terrorism may include, but is not limited, to the actual use of power, violence or threat of such. The perpetrators may either act individually, or on the assignment of, or in collusion with another organisation or government.

The ‘use of nuclear weapons of mass destruction’ means explosive nuclear weapon or device and also the emission, discharge, dispersal, release or escape of fissile matter that spreads radioactivity sufficiently to cause work disablement, disability or death of animals or humans.

The ‘use of chemical weapons of mass destruction’ means the emission, discharge, dispersal, release or escape of solid, fluid or gaseous matter that can cause work disablement, disability or death of animals or humans.

The ‘use of biological weapons of mass destruction’ means emission, discharge, dispersal, release or escape of pathogenic micro-organisms and/or biologically produced toxins, including genetically modified organisms or toxins that are synthetically produced and which can cause work disablement, disability or death of animals or humans.

The insurance also excludes every measure that is taken to control, impede or suppress one or more of the acts referred to above.

In the event that any part of this exclusion is without legal force, or is not feasible, all the other parts shall stand unchanged.

1.7.9 Nuclear processes

The insurance does not apply to sickness or accidental injury that has directly or indirectly been caused by nuclear processes.

1.8 VALIDITY ABROAD

The insurance applies without restrictions in respect of the length of the stay abroad, provided that the insured continues to be entitled to compensation from a Swedish social insurance agency and is employed by the policyholder.

Nor is there any limitation on the length of the stay abroad provided the insured is:
- in foreign service with the Swedish state, a Swedish company or a Swedish NGO,
- in service with a foreign company with a permanent link to Sweden,
- in service with an international organisation with a permanent link to Sweden.

In the event of a stay abroad during a period of sickness the clause relating to Long-term disability - PlanSjuk and premium waiver insurance shall apply.

1.8.1 Staying abroad during a period of sickness

If the insured leaves Sweden during an ongoing period of sickness, the insurance only affords a right to compensation for work disablement to the extent and for the period in respect of which it is possible to assess the continued work disablement on the basis of a medical examination by a physician assigned by Euro Accident, conducted prior to departure. Euro Accident is entitled to request that the insured attends for a medical examination in Sweden if Euro Accident considers that this is necessary for Euro Accident’s assessment of the continued work disablement in respect of an ongoing claim.

1.9 GENERAL GUIDELINES

1.9.1 Action for payment

An insurance loss shall be reported to the insurer via Euro Accident as soon as possible.

Forms can be obtained from Euro Accident or the insurance intermediary representing the insured group.

If Euro Accident so requests, consent shall be granted for the insurer or the companies that Euro Accident engages for medical risk assessment or claims handling, in order to assess the insurer’s liability, gather information, records, certificates etc. from a physician or other medical staff, hospital or other medical establishment, the Social Insurance Agency or other insurance establishment.

1.9.1.1 Long-term disability - PlanSjuk and premium waiver insurance

In the case of Long-term disability - PlanSjuk and also premium waiver insurance, the application must be made as soon as possible after the commencement of the period of sickness. When giving notice a medical certificate must be attached. This certificate must certify the insured’s work disablement.

If the Social Insurance Agency has decided to grant, amend or withdraw the insured’s right to activity compensation, sickness compensation or temporary sickness compensation, such decision shall be immediately forwarded to Euro Accident.

A precondition for the right to compensation is that the insured is continuously under the supervision of a physician during the period of sickness and observes the physician’s directions and complies with Euro Accident’s instructions issued in conjunction with a physician.

In order to establish the right to compensation Euro Accident may require that the insured attends for an examination at a specially assigned physician in Sweden.

If the payment relates to premium waiver insurance it can only be made directly to such nominated insurer as grants pension insurance and subject to the precondition that the insurance agreement in question with the insurer relates to retirement or survivor’s pension according to tax category P and also provided...
it is the same person insured as the premium waiver payment relates to.

1.9.1.2 Survivor’s pension
Those documents and other information that Euro Accident considers to be relevant to the assessment of the right to compensation shall be obtained and submitted without cost for the insurer or Euro Accident.

If it is not possible for Euro Accident to be aware that the death has occurred, a representative of the estate of the deceased must notify the death to Euro Accident, which will provide forms for giving notice of death.

Beneficiaries shall verify their right to benefits by a Death Certificate and Investigation Concerning Relatives from the Swedish Tax Agency. Euro Accident is entitled to request a provision of supplementary information, such as copies of estate inventories, in order to verify the right to a benefit.

1.9.2 Time of payment and provisions concerning interest
After a right to compensation has arisen, and when the insured, or for survivor’s pension, the person who requests a payment has taken the action prescribed to receive payment and also presented the investigation that may reasonably be requested to determine the insurer’s payment obligation, payment shall be made, or in those cases involving periodic payments shall commence, no later than one month thereafter.

If payment is made later, interest for delay shall be paid to the insured, or in the case of survivor’s pension the person who requests payment, according to the Interest Act. The insurer or Euro Accident is not liable beyond this for any loss that may arise if the investigation in respect of claims results in a delay in payment.

Interest for delay is not paid if the delay results from circumstances as referred to in Clause 1.7.7.

1.9.2.1 Special provisions concerning premium waiver insurance
The insurer is only responsible for compensation being paid under the insurance agreement. The insurer or Euro Accident is never responsible for any exchange loss owing to incorrect or delay in providing information of relevance to the payment of the compensation amount.

1.9.3 Time limits
A party who wishes to make a claim for insurance compensation or other insurance cover must institute proceedings against Euro Accident within ten years of the time when the circumstance arose that, according to the insurance agreement, would afford an entitlement to such cover or compensation. Otherwise the right to compensation or other insurance cover lapses. If a claim has been presented within this period, the time limit for the institution of proceedings is always six months from when Euro Accident has declared that the company has adopted a final position on the claim.

1.10 PROCESSING OF PERSONAL DATA
Personal data provided to Euro Accident will be processed by Euro Accident and by NGLIE in the capacity of insurer, for the performance of agreements concluded or obligations imposed by statute or other enactments.

The data may also be used for the purpose of market analyses, statistics and to evaluate services and products. The data may also be used in order to provide information about the insurer/Euro Accident’s services and products.

Personal data may, for the stipulated purposes, be disclosed to other companies with which Euro Accident cooperates both within and outside the EU and EEA.

Euro Accident may record or in some other manner document an individual’s communications with the company.

According to the Personal Data Act (1998:204) every registered person is entitled to obtain information about personal data that is registered and to have it rectified. Such a request must be made in writing to Euro Accident.

The personal data controller is: Euro Accident Health & Care Insurance AB, Bäckgatan 16, 352 31 Växjö, Sweden.

1.11 LOSS NOTIFICATION REGISTER
Euro Accident is entitled to register losses reported that were incurred under this insurance in a joint loss notification register (GSR) of the insurance industry. The register is only used in conjunction with claims handling.

The personal data controller for GSR is:
Försäkringsförbundet (The Swedish Insurance Association)
Box 24043, SE-104 50 Stockholm.
Telephone: 08-522 785 00
Visiting address: Karlavägen 108, Stockholm
www.svenskforsakring.se

1.12 CONSIDERATION OF DECISION IN AN INSURANCE MATTER
If the insured is not satisfied with Euro Accident’s decision on an insurance matter, a request shall be made in the first instance to Euro Accident to have the matter reconsidered. The request shall be sent to the administrative officer who made the decision in the matter or to the administrative officer’s immediate superior.

Euro Accident’s Review Committee
A final decision in a claims case can be considered by Euro Accident’s Review Committee. The committee comprises one external expert with extensive experience from the personal injury area, one lawyer and Euro Accident’s claims and risk assessment manager.
If the insured is nevertheless not satisfied, the insured can refer to:

**Allmänna Reklamationsnämnden (The Swedish National Board for Consumer Disputes) (ARN)**
Box 174, SE-101 23 Stockholm.
Telephone: 08-508 860 00
Visiting address: Teknologgatan 8 C, Stockholm
www.arn.se

ARN does not consider matters concerning medical issues, where special medical knowledge is required. Such matters are instead considered by:

**Personförsäkringsnämnden (The Personal Insurance Board) (PFN)**
Box 24067, SE-104 50 Stockholm.
Telephone: 08-522 787 20
Visiting address: Karlavägen 108, Stockholm
www.forsakringsnamnder.se/PFN

For advice without charge contact:

**Konsumenternas försäkringsbyrå (The Swedish Consumers’ Insurance Bureau) (KFB)**
Box 24215, SE-104 51 Stockholm.
Telephone: 0200-22 58 00
Visiting address: Karlavägen 108, Stockholm
www.bankforsakring.konsumenternas.se

Disputes resulting from the insurance agreement are to be considered by a Swedish court, in the first instance at a district court, applying Swedish law. Costs for a legal representative are not paid by the insurance.
2 PRODUCT CONDITIONS LONG-TERM DISABILITY - PLANSJUK
MANDATORY & VOLUNTARY 2015:1

2.1 SCOPE
Long-term disability - PlanSjuk will pay continuous compensation in the case of work disablement following the stipulated qualifying periods shown in the insurance agreement.

2.2 RIGHT TO COMPENSATION
A right to receive compensation applies if the insured owing to sickness or accidental injury becomes totally work disabled or has their work capacity reduced by at least 25 per cent, for the time that the period of sickness lasts beyond the qualifying period. ‘Period of sickness’ means the time that the work disablement lasts without interruption during the term of the insurance.

An impairment of work capacity by at least 25 per cent affords a right to compensation with such a proportion of the sum insured as corresponds to the impairment of work capacity.

A precondition for a right to compensation is that the insured complies with the rehabilitation plan determined by the employer or by the rehabilitation manager appointed by Euro Accident. To be entitled to compensation the premium for Long-term disability - PlanSjuk must have been paid on the date of the loss and also during the qualifying period.

2.3 ASSESSMENT OF WORK CAPACITY
That the Social Insurance Agency has granted the insured sickness benefit, rehabilitation benefit, activity compensation or sickness compensation is an important though not decisive circumstance for Euro Accident’s assessment in respect of the issue of compensation.

Euro Accident will assess the scope of the work disablement on the basis of the reduction to work capacity that may be deemed to have been caused by objectively determinable symptoms and disability. When making this assessment Euro Accident will take into account whether the insured is capable of working.

Euro Accident does not consider that there is a work disablement if the insured can perform some kind of work that may be requested of the insured considering their age, previous education and activity, retraining or other similar measure and residential situation.

A precondition for the right to compensation is that the insured is continuously under the supervision of a physician during the period of sickness and observes the physician’s directions and complies with Euro Accident’s instructions issued in conjunction with a physician.

2.4 SECOND OPINION – FURTHER ASSESSMENT
The insurance will compensate necessary and reasonable costs for a second medical opinion by a consultant physician in Sweden when the insured has been diagnosed with a life-threatening or particularly serious sickness.

2.5 COUNSELLING SUPPORT
The insurance covers telephone consultations with or visits to a registered psychologist or behaviourist on at most five occasions.

In those cases where a psychologist considers that the complaints are referable to legal or financial issues, the insurance covers calls or visits to a lawyer or financial expert for a maximum of three occasions.

The insurance will never reimburse more than a maximum of five consultations in the same matter.

Counselling support only applies in Sweden.

2.6 RESTRICTIONS
The right to compensation only applies for periods after the insured’s 16th birthday and periods before the end of the month in which the insured attains the age of 67, unless otherwise agreed. The compensation may be limited in time within the said limits.

If the insured is work disabled after the age of 65 the compensation may be limited in accordance with the applicable rules and assessment of the Social Insurance Agency.

The right to compensation always ceases upon attaining the agreed retirement age.

2.7 QUALIFYING PERIOD
‘Qualifying period’ is the time that the period of sickness must endure before the right to compensation arises. ‘Period of sickness’ means the time that the work disablement lasts without interruption during the term of the insurance. The insurance documents indicate the qualifying period applicable for the insurance agreement.

A fixed qualifying period applies when the insured’s work disablement, according to the assessment of Euro Accident, has been temporarily impaired.

A variable qualifying period (R-qualifying period) applies after the period of sickness that endured until Euro Accident considers that the work disablement of the insured has been permanently impaired owing to sickness or accidental injury. However, the qualifying period can never be shorter than 90 days counted from the first day of the period of sickness.
2.7.1 Recurrent work disablement
If the insured, within twelve months from the end of a period of sickness, once again becomes work disabled by at least 25 per cent, the qualifying period is reduced for the new period of sickness, provided it lasts for a longer period than two weeks, with the aggregate time of the periods of sickness that have endured for more than two weeks and completely or partially lie within the twelve months.

2.8 QUALIFYING PERIOD SPECIAL DIAGNOSES
A qualifying period according to this clause only refers to the following professional groups:
- maritime/fishing,
- heavy industry (steel, metal, pulp, saw mills, slaughterhouses and mines),
- public activity,
- healthcare, and
- premises care.

If the work disablement results from:
- back, joint or muscular complaints that cannot be shown to have been caused by an accident,
- fibromyalgia, or
- chronic conditions of pain,

For payments to be made under the insurance it is required that the insurance has been in force without interruption with NGILIE or with another insurer for at least 24 months before the sickness occurred. It is also required that the insured during this consecutive period of 24 months has not become ill with any of the above-mentioned sicknesses/complaints.

If the insured became ill with any of the above sicknesses/complaints during the first 24 months, it is required that the insured has been free of complaint for more than 36 months after the last occasion of sickness for any payment to be made.

There is thereafter no limitation to the right to compensation in the case of impaired work capacity as referred to above.

2.9 COMPENSATION LEVELS
The insurance statement states the compensation level applicable for the insured.

A reported earned income and income from active business activities constitutes the basis for the determination of the sum insured which will be paid as a result of work disablement owing to sickness or accidental injury.

2.10 INCREASE OF SUM INSURED
The right to make an increase in respect of mandatory and voluntary Long-term disability - PlanSjuk may vary during the term of the insurance agreement.

A precondition for a right to increase the sum insured is that the insured is fully capable of working at the time of the increase. The sum insured may not be increased during an ongoing qualifying period or period of sickness.

An increase of the sum insured applies as of the date stated in the application documents, subject to the precondition that:
- these documents have been received within three months, counted from the entry into force of the increase,
- the increase, according to the guidelines applicable at any given time, can be granted subject to an approved health status review, and
- complete application documents have been received by Euro Accident.

If the sum insured is of such amount that it is necessary to have a further health status review and this results in the insurance only being possible to grant with premium loadings and/or a condition, the increase does not apply until the decision has been issued and approved by the policyholder.

2.11 INDEX SUPPLEMENT
The compensation amount is indexed as of January, with the same percentage rate as the price base amount has changed since January the preceding year, although at most by ten per cent. The price base amount for the calendar year in question compared with the price base amount for the preceding year forms the basis for such increase.

2.12 AGGREGATIONS OF PERIODS OF SICKNESS
If a new period of sickness commences within twelve months after the end of a period of sickness, which in its turn lasts for a longer period than twelve months, the rules on index supplements shall apply as if the two periods of sickness have endured for an uninterrupted period.

2.13 OVERINSURANCE
Health insurance aims to compensate the loss of earned income/income from active business activities in the event of work disablement. ‘Overinsurance’ means that the insured’s aggregate healthcare benefits in relation to the income is greater than what the insurer through Euro Accident would at any given time grant when applying for new insurance considering the insured’s income and healthcare benefits. Sick pay, sickness benefit, activity and sickness compensation under the National Insurance Act together with compensation from other health insurance or other similar compensation are counted as healthcare benefits.

If it transpires during the term of the insurance that the insured is overinsured, the insurer is through Euro Accident entitled to reduce the sum insured in order to avoid overinsurance. The sum insured can also be reduced during an ongoing period of sickness.

A decision on reduction of the sum insured applies as of and including the date when the insurer through Euro Accident sent notice of the decision.

If the sum insured is reduced, the premium will be adapted to the new sum insured at the same time that the decision for a reduction started to apply. Premiums
that have been paid during the term of the insurance will not be repaid.

The policyholder is liable to repay excess compensation received.
3 PRODUCT CONDITIONS PREMIUM WAIVER INSURANCE 2015:1

3.1 SCOPE

‘Premium waiver insurance’ means that if the work capacity of the insured is impaired by at least 25 per cent the insurer will make continuous premium payments to pension insurance following the stipulated qualifying periods shown in the insurance agreement.

If the regular payments of premium to the pension insurance ceases, the premium waiver insurance also ceases.

3.2 RIGHT TO PREMIUM WAIVER PAYMENT

A right to receive premium waiver payment applies if the insured owing to sickness or accidental injury becomes totally work disabled or has their work capacity reduced by at least 25 per cent, for the time that the period of sickness lasts beyond the qualifying period. ‘Period of sickness’ means the time that the work disablement lasts without interruption during the term of the insurance.

An impairment of work capacity by at least 25 per cent affords a right to premium waiver payment with such a proportion of the sum insured as corresponds to the impairment of work capacity.

It is a precondition for the payment of premium waiver insurance that there is an underlying pension insurance agreement in force with ongoing, regular payments of premium. The premium to the pension insurance must amount at least to the sum insured and the agreed premium for the pension insurance must have been paid.

The premium waiver payments cease when the insured no longer has reduced work capacity of at least 25 per cent.

A precondition for a right to premium waiver payments is that the insured complies with the rehabilitation plan determined by the employer or by the rehabilitation manager appointed by Euro Accident.

3.3 ASSESSMENT OF WORK CAPACITY

That the Social Insurance Agency has granted the insured sickness benefit, rehabilitation benefit, activity compensation or sickness compensation is an important though not decisive circumstance for Euro Accident’s assessment in respect of the issue of compensation.

Euro Accident will assess the scope of the work disablement on the basis of the reduction to work capacity that may be deemed to have been caused by objectively determinable symptoms and disability. When making this assessment Euro Accident will take into account whether the insured is capable of working.

Euro Accident does not consider that there is a work disablement if the insured can perform some kind of work that may be requested of the insured considering their age, previous education and activity, retraining or other similar measure and residential situation.

A precondition for the right to compensation is that the insured is continuously under the supervision of a physician during the period of sickness and observes the physician’s directions and complies with Euro Accident’s instructions issued in conjunction with a physician.

3.4 SECOND OPINION – FURTHER ASSESSMENT

The insurance will compensate necessary and reasonable costs for a second medical opinion by a consultant physician in Sweden when the insured has been diagnosed with a life-threatening or particularly serious sickness.

3.5 COUNSELLING SUPPORT

The insurance covers telephone consultations with or visits to a registered psychologist or behaviourist on at most five occasions.

In those cases where a psychologist considers that the complaints are referable to legal or financial issues, the insurance covers calls or visits to a lawyer or financial expert for a maximum of three occasions.

The insurance will never reimburse more than a maximum of five consultations in the same matter.

Counselling support only applies in Sweden.

3.6 RESTRICTIONS

The right to premium waiver payments only applies for periods after the insured’s 16th birthday and periods before the end of the month in which the insured attains the age of 67, unless otherwise agreed. The premium waiver payments may be limited in time within the said limits.

If the insured is work disabled after the age of 65 the compensation may be limited in accordance with the applicable rules and assessment of the Social Insurance Agency.

The right to premium waiver payments always ceases upon the agreed retirement age for the pension insurance to which the premium waiver refers, in the event of death or when the payment of retirement pension has commenced from the pension insurance insured for premium waiver.
3.7 QUALIFYING PERIOD

‘Qualifying period’ is the time that the period of sickness must endure before the right to compensation arises. ‘Period of sickness’ means the time that the work disablement lasts without interruption during the term of the insurance. The insurance documents indicate the qualifying period applicable for the insurance agreement.

A fixed qualifying period applies when the insured’s work disablement, according to the assessment of Euro Accident, has been temporarily impaired.

A variable qualifying period (R-qualifying period) applies after the period of sickness that endured until Euro Accident considers that the work disablement of the insured has been permanently impaired owing to sickness or accidental injury. However, the qualifying period can never be shorter than 90 days counted from the first day of the period of sickness.

3.7.1 Recurrent work disablement

If the insured, within twelve months from the end of a period of sickness, once again becomes work disabled by at least 25 per cent, the qualifying period is reduced for the new period of sickness, provided it lasts for a longer period than two weeks, with the aggregate time of the periods of sickness that have endured for more than two weeks and completely or partially lie within the twelve months.

3.8 QUALIFYING PERIOD SPECIAL DIAGNOSES

A qualifying period according to this clause only refers to the following professional groups:
- maritime/fishing,
- heavy industry (steel, metal, pulp, saw mills, slaughterhouses and mines),
- public activity,
- healthcare, and
- premises care.

If the work disablement results from:
- back, joint or muscular complaints that cannot be shown to have been caused by an accident, fibromyalgia, or chronic conditions of pain,

For payments to be made under the insurance it is required that the insurance has been in force without interruption during the term of the insurance. The insurance documents indicate the qualifying period applicable for the insurance agreement.

3.9 SUM INSURED

A reported pension premium constitutes the basis for the determination of the sum insured which will be paid as a result of work disablement owing to sickness or accidental injury, subject to the precondition that this does not exceed the agreed and actual premium paid for the pension insurance to which the premium waiver refers.

The recipient of sum insured that becomes payable is the insurer that provided capital growth pension insurance of tax category P in respect of which the insured is covered.

3.10 INCREASE OF SUM INSURED

The right to make an increase in respect of premium waiver insurance may vary during the term of the insurance agreement.

A precondition for a right to increase the sum insured is that the insured is fully capable of working at the time of the increase. The sum insured may not be increased during an ongoing qualifying period or period of sickness.

An increase of the sum insured applies as of the date stated in the application documents, subject to the precondition that:
- these documents have been received within three months, counted from the entry into force of the increase
- the increase, according to the guidelines applicable at any given time, can be granted subject to an approved health status review, and
- complete application documents have been received by Euro Accident.

If the sum insured is of such amount that it is necessary to have a further health status review and this results in the insurance only being possible to grant with premium loadings and/or a condition, the increase does not apply until the decision has been issued and approved by the policyholder.

3.11 INDEX SUPPLEMENT

The compensation amount is indexed as of January, with the same percentage rate as the price base amount has changed since January the preceding year, although at most by ten per cent. The price base amount for the calendar year in question compared with the price base amount for the preceding year forms the basis for such increase.

3.12 AGGREGATIONS OF PERIODS OF SICKNESS

If a new period of sickness commences within twelve months after the end of a period of sickness, which in its turn lasts for a longer period than twelve months, the rules on index supplements shall apply as if the two periods of sickness have endured for an uninterrupted period.
3.13 OVERINSURANCE

Premium waiver insurance aims to compensate the policyholder’s premium costs for pension insurance in respect of retirement and survivor’s pension in the event of the insured’s work disablement.

‘Overinsurance’ means that the premium waiver payment exceeds the premium that has been agreed or actually paid to the pension insurance to which the premium waiver insurance refers.

If it transpires during the term of the insurance that the insured is overinsured, the insurer is through Euro Accident entitled to reduce the sum insured in order to avoid overinsurance. The sum insured can also be reduced during an ongoing period of sickness.

A decision on reduction of the sum insured applies as of and including the date when the insurer through Euro Accident sent notice of the decision.

If the sum insured is reduced, the premium will be adapted to the new sum insured at the same time that the decision for a reduction started to apply. Premiums that have been paid during the term of the insurance will not be repaid.

The policyholder is liable to repay excess compensation received.
4 PRODUCT CONDITIONS SURVIVOR’S PENSION 2015:1

4.1 SCOPE
Survivor’s pension is paid during a period of at least five years in the case of death that occurs before the agreed retirement age or at the latest on attaining the age of 67.

At the time of payment upon the occurrence of a death, the payment term may be changed in those cases where the beneficiaries agree on such a change. The payment term may, however, never be shorter than five or longer than 20 years. The payment term cannot be changed in the event that payments have commenced.

Payment of the sum insured is to be made monthly in arrears.

If the sum insured is stated as a number of price base amounts, this means the price base amount applicable in the year when the right to payment arises. See also Clause 4.5.

Payment in the case of death cannot be postponed.

4.2 RIGHT TO COMPENSATION
If the insured dies during the term of the insurance the sum insured will be paid out during the agreed payment period. The amount of the sum is stated in the insurance agreement.

The sum insured will be paid upon death to the beneficiary nominated.

4.3 BENEFICIARY
A beneficiary is the person to whom the sum insured is to be paid out upon the death of the insured. Only the insured can change who is to be beneficiary.

4.3.1 General nomination of beneficiary
The beneficiaries are, unless a special nomination of beneficiary has been submitted, as shown in the order stated below:

a) the insured’s husband/wife, registered partner or cohabitee,
b) if there is no beneficiary as referred to in a), the insured’s children of the first generation who are entitled to inherit. If there are several children who are beneficiaries, the sum insured is shared in equal proportions between the children.

The definitions below refer to the insured’s situation upon the insured’s death:

‘Husband/wife’ means the person with whom the insured was married. A nomination for the benefit of a husband/wife ceases to apply when an application for divorce has been received by a court.

‘Registered partner’ means the person with whom the insured was a registered partner. A nomination for the benefit of a registered partner ceases to apply when an application for dissolution of partnership has been received by a court.

Insured’s ‘cohabitee’ means the person with whom the insured cohabited subject to the precondition that neither of them was married or a registered partner and that they cohabited in such a way as is covered by the Cohabitees Act (2003:376).

‘Child/children’ means the insured’s children who according to law have a right to inherit from the insured, whether they are born within or out of marriage.

4.3.2 Special nomination of beneficiary
The insured can by a personally signed communication to Euro Accident give notice of some other nomination of beneficiary than the general.

A form for special nomination of beneficiary can be obtained from Euro Accident or the insurance intermediary representing the policyholder.

Subject to the provisions of the Income Taxes Act (1999:1229), such a nomination may only cover the following persons:

a) husband/wife/registered partner or former husband/wife/registered partner,
b) cohabitee or former cohabitee,
c) child of the first generation who is entitled to inherit/stepchild/foster child of the insured or of any of the persons under a) or b).

Any former husband/wife/registered partner, former cohabitee, stepchild or foster child shall be specified by name and personal identity number. Others do not need to be specified by name and personal identity number. The definitions have the same meaning as stated above under Clause 4.3.1.

If several children are beneficiaries, the sum insured will be shared in equal proportions between them, unless some other share is stated in the nomination.

A nomination of beneficiary can be combined with conditions that the amount that passes to the beneficiary is to be the separate property (enskilda egendom) of the beneficiary.

A special nomination of beneficiary applies for as long as the insurance is in force or until such time as it is revoked or amended. A nomination of beneficiary may, however, be made irrevocable and cannot then be revoked or amended without the consent of the beneficiary.

A nomination of beneficiary cannot be changed by will.
A special nomination of beneficiary lapses upon a change of insurance company.

4.3.3 Declination
If a beneficiary has died, or completely or partially declines their right, the/those person(s) who according to the nomination would be next entitled will take the place of the party who has declined. A declination must be made before the death benefit is paid to the beneficiary.

4.4 SUM INSURED
The sum insured can be expressed as a number of price base amounts or as a fixed amount in SEK.

4.5 INDEX COMPENSATION
The compensation amount is indexed as of January, with the same percentage rate as the price base amount has changed since January the preceding year, although at most by ten per cent. The price base amount for the calendar year in question compared with the price base amount for the preceding year forms the basis for such increase.

4.6 OPTION RIGHT
Option rights means that a person who does not have a husband/wife/registered partner, cohabitee or child at the time the agreement is applied for, and whose family situation later changes (that is to say gets married, enters into a registered partnership, commences a cohabitee relationship or has children) is entitled to, within twelve months from when their family situation changed, apply for survivor’s pension subject to providing a declaration of being fully capable of working.

The insured is personally responsible for giving notice of a new family situation to Euro Accident.

4.7 LEAVE OF ABSENCE AND PARENTAL LEAVE
In the case of leave of absence and parental leave, the employer may continue with the payment of premiums for the insured. If the employer during the leave of absence/parental leave ceases to pay premiums, there is a right to following the conclusion of the leave of absence/parental leave re-enter the insurance agreement with the same insurance cover that applied prior to the leave of absence/parental leave.

For re-entry it is required that the leave of absence/parental leave has not lasted for a longer period than 18 months and also that the employee is fully capable of working upon re-entry. A new health status review will be required if notice of re-entry is made later than three months after the employee having re-entered into service with the employer.

If the leave of absence/parental leave lasted for a longer period than 18 months, the employee must apply for new insurance, subject to a health status review.
5 DEFINITIONS

Employee
‘Employee’ means a permanent (indefinite-term) employee who is not counted as a business operator (see below). Probationary employment is dealt with as permanent employment if it is intended that it should transfer to permanent employment. The employee may upon application not be on leave of absence or parental leave. The income should be fixed and Euro Accident as a rule disregards overtime compensation and similar remuneration if this is not paid regularly.

It is possible for an employee engaged by the hour to request an exemption to be able to apply for insurance depending on the nature of the employment and other circumstances.

Income from work
‘Income from work’ means earned income and income from active business activities as follows:

- Fixed pay including holiday supplement (monthly pay x 12.2),
- Benefits in kind in the form of completely free food or housing, valued in accordance with the tax agency’s rules,
- Commission, bonuses and the like, including holiday supplement,
- Compensation for regular shift work, staggered working hours, on-duty time or standby work, including holiday supplement,
- Car benefit, subject to the precondition that the employer certify that the car benefit will be withdrawn in the event of long-term sick leave.

Work disablement
‘Work disablement’ means that the work capacity of the insured has been eliminated or impaired owing to sickness or accidental injury. Euro Accident’s assessment will normally follow the rules for national insurance and the decision of the Social Insurance Agency on the right to sickness or rehabilitation benefit, activity compensation, sickness compensation or other compensation owing to work disablement. In order to be fully capable of working it is also required that no occupational injury annuity is being paid or that wage subsidy employment, dormant activity compensation/sickness compensation or corresponding compensation has not been granted.

Business operator
‘Business operator’ means:
- all owners of firms that are not a legal entity,
- all owners in partnerships and limited trading partnerships,
- shareholders who own at least one third of the shares in a limited company,
- shareholders who when taken together with another shareholder, such as husband/wife, cohabitee, parent, or their children, own at least one third of the shares in the limited company.

Registered partner and cohabitee are equated to husband/wife according to the Income Taxes Act. Any person who is not covered by the above terms is regarded to be an employee.

Beneficiary
The person who, via a nomination of beneficiary contained in these insurance conditions or through a separate nomination of beneficiary, receives payment of the sum insured from insurance upon the death of an insured.

If the insurance applies for the policyholder’s own life, the policyholder ought to nominate a beneficiary. Payment upon death will then be made to such person.

A nomination or change of nomination shall be made through a personally signed notice to Euro Accident Health & Care Insurance AB. Such nomination then applies even if Euro Accident Health & Care Insurance AB has not made any note in the insurance policy.

If the insurance applies to another person’s life than the policyholder’s own life, payment shall upon death be made to the policyholder.

Insured
The person in respect of whose life or health an insurance applies.

Insurance agreement
The agreement applicable for each individual insurance. The scope of the insurance agreement is stated in the application documents for the insurance, agreement, the general terms and conditions of insurance, the product conditions, the insurer’s underwriting guidelines, the Insurance Contracts Act (2005:104) and Swedish law in general.

Group eligible for insurance
A defined group of persons who according to agreement are entitled to apply for or join insurance.
**Policyholder**
Policyholder and similarly owner of all occupational pension insurance is an employer or a natural person with an income from sole proprietorship, partnership or limited partnership that enters into an insurance agreement with the insurer.

**Mandatory insurance**
Insurance where the insured are, according to the agreed requirements for joining, automatically affiliated by measures taken by the employer.

**Price base amount**
The price base amount (previously base amount) according to the National Insurance Act (1962:381) is calculated on the basis of the changes to general price levels.
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