

Group insurance

for companies and organisations

It is important that you read and save this information.

Life assurance
Accident insurance
Monthly sickness benefit
Invalidity benefit insurance
Diagnosis insurance
Children's insurance

Advance and after-sale information

Valid from 1 January 2020, terms and conditions GF 900:13

This document provides general information. The application form and the group policy signed between Länsförsäkringar and the group to which you belong state the insurance policies that you can take out. You can find more information about the insurance policies and the insurance amounts in your application and in the Group Insurance terms and conditions. You can also contact us by telephone and we will send the information to you. Once you have purchased an insurance policy, information is also available on the insurance certificate.

General information about the insurance policy

Group insurance provides flexible, reasonably priced insurance cover that supplements the protection that applies under laws and contracts. Our group insurance may contain one or more of the insurance policies you can read about below.

The specific insurance policies you can sign are determined in the group policy you belong to. Normally this is your employer or a member organisation. You can see which insurance policies and insurance amounts you can apply for, as well as what they cost, in the application documents and appendices that apply to your group.

The application also indicates whether you can insure your spouse/cohabitee and your children.

Under certain group policies, you can be automatically linked to insurance cover without applying for it, known as automatic enrolment. If you are covered by automatic enrolment, you will receive specific information about this when the insurance becomes valid.

Life assurance

This insurance means that the insurance amount is paid out to your survivors in the event of your death. Under certain agreements, the insurance amount decreases when you turn 56. The application will indicate what applies to you.

Unless you have otherwise notified Länsförsäkringar in writing, beneficiaries of the compensation are the following persons in the order stated:

- 1) spouse or cohabitee
- 2) the insured's heirs.

Child coverage

Child coverage is included in your life assurance and cannot be excluded.

If the child dies after the 22nd week of pregnancy but before the age of 18, we will pay one price base amount to the estate of the deceased.

For child coverage to be valid, the child may not be receiving treatment at an institution at the time that the insurance policy is signed. Nor may the child have reached the age of 16 or have been granted a nursing care allowance at the time that the policy is signed.

Accident insurance

Accident insurance is valid 24 hours a day. The insurance compensates you if you are the victim of an accidental injury.

An accident is defined as a sudden, external and involuntary incident. A heart attack, for example, is not an accident since it is an internal injury.

In the event of an accident, insurance could pay for:



- treatment and healing periods
- dental injury expenses for a maximum of five years
- 1,500 SEK in personal belongings
- additional expenses, up to three price base amounts
- expenses for disability aids up to one price base amount
- crisis therapy in conjunction with traumatic events up to one half a price base amount
- scars.
- medical and financial disability

In the event of death, compensation of one price base amount is also paid.

Some important limitations

- The insurance does not cover expenses that are reimbursed by other means according to law, convention, statute, collective agreement, other insurance (such as a motor third-party liability or industrial injury insurance policy) or by a municipality, county council or the government.

The insurance policy does not cover financial disability when the insured is domiciled and registered outside the Nordic region.

Monthly sickness benefit

We pay sickness benefits every month after a three-month qualifying period. Compensation is paid for a maximum of three years.

You are entitled to compensation if your working disability is at least 25%. The amount of compensation is calculated in relation to the degree of disability.

Invalidity benefit insurance

We pay compensation after three years of continuous disability, if your disability is at least 50%.

The insurance amount is reduced by 5 percentage points annually from the age of 46, but not lower than 25%.

Diagnosis insurance

We pay compensation of one price base amount, not earlier than 30 after the diagnosis has been made, for the following medical conditions. A more detailed description is available in the insurance terms and conditions.

- Malignant tumour, and leukaemia
- Benign tumour in the brain and other parts of the central nervous system
- Stroke
- Heart attack
- Crohn disease
- Ulcerative colitis
- Diabetes I (treated with insulin)
- Multiple Sclerosis (MS)
- Amyotrophic Lateral Sclerosis (ALS)
- Systemic Lupus Erythematosus (SLE)
- Parkinson disease
- Chronic kidney disease
- Heart disease requiring replacement of the coronary artery
- Heart disease requiring replacement of the heart valve
- Diseases requiring organ transplant.

Important limitations

- Remuneration can be paid for three different diagnoses.
- If you have been diagnosed before you took out this insurance, you cannot receive compensation for the same diagnosis again.

- If you become ill under a diagnosis during the first year after taking out the insurance, you cannot receive compensation if symptoms had manifested one year prior to taking out the insurance. This limitation does not apply to stroke or heart attack.

Children's insurance

Children's insurance pays compensation for both illnesses and accidents. This insurance policy includes the following elements:

- compensation for medical and financial disability
- compensation for hospital stays up to 0.5% of a price base amount per day
- expense allowance for care at home until the age of 19, up to one price base amount per year
- compensation for disfiguring scars
- compensation in the event of death, at one price base amount.

Compensation for the following expenses is paid only for accidents:

- medical and travel expenses for a maximum of five years
- dental injury expenses
- damaged clothes and glasses up to half a price base amount
- other additional expenses, up to three price base amounts
- rehabilitation and aid expenses, up to two price base amounts

Some important limitations

The insurance does not cover expenses that are reimbursed by other means according to law, convention, statute, collective agreement, other insurance (such as a motor third-party liability or industrial injury insurance policy) or by a municipality, county council or the government.

The insurance does not cover, for example:

- illness, physical defects or psychomotor delays or intellectual disabilities – nor the consequences of such conditions – where the symptoms manifest themselves prior to the insurance becoming valid, or that originate from an illness that occurred during the first month of life.
- invalidity, scars or cosmetic defects that existed prior to the insurance becoming valid.

General provisions and information

Some important general limitations

The insurance policies expire after 12 months of living outside the Nordic region. However, the life assurance applies to periods of residence outside the Nordic region, regardless of the length of residence.

The insurance policies are not valid in the event of war, warlike political upheaval, nuclear processes or acts of terrorism.

A complete description of the limitations is available in the insurance terms and conditions.

Who can be insured?

The insurance covers the persons specified in the group policy.

The condition is that the person to be insured is completely able to work and is resident and registered in Sweden, or who has their main employment in Sweden but permanent residence in some other Nordic country.

We define the term "completely able to work" as a person who:

- can perform his/her normal work without hindrance and does not receive or have the right to receive benefits connected to illness or accident
- does not have specially adapted employment for health reasons, or subsidised employment or equivalent.

The insurance can be purchased from the age of 16 and not later than the age of 63.

In certain cases, the person who is insured must also provide responses to questions in our health declaration.

Accident insurance and diagnosis insurance are purchased without the requirement of being completely able to work.

When the insurance takes effect

The insurance applies from the day on which we receive your completed application, when the health requirements have been met and we can approve the application.

When the insurance ceases

The insurance ceases if the group policy is terminated or if your employment or membership is terminated.

The insurance is valid for a maximum of until the last day of the month in which the insured turns 67. Child coverage in the life insurance policy is valued for a maximum until the last day of the month when the child turns 18. The children's insurance applies until the last day of the calendar year when the child turns 25.

If the insurance is not paid, it will expire 14 days after we have terminated the policy.

For cases in which a spouse/cohabitee is co-insured, their insurance coverage ceases if the group member's insurance is terminated or if the marriage/cohabiting relationship is terminated.

In certain cases, you are entitled to post-cover and continuation insurance.

Scope of the insurance

The scope of the insurance is stated on your insurance certificate.

The insurance terms and conditions can be changed prior to each new insurance year.

Price, price calculation and payment of the insurance

The price of the insurance is stated in the offer, price sheet or application.

The price is calculated for one-year periods and is based on such factors as the applicable premium rate, the expected claims result and operating expenses.

For compulsory plan membership, the employer or organisation pays for the insurance. For voluntary plan membership, you pay for your insurance and that of any co-insured parties.

Term of the policy

The insurance policy is valid for one-year periods, although the first insurance year may be a shorter period. The insurance policy is subsequently renewed for one-year periods.

How do I cancel my insurance?

You can cancel the insurance at any time. The policy will then expire at the end of the month in which you terminate it.

Disclosure obligation and incorrect information

As a policyholder and the insured, you have a disclosure obligation and must provide correct and comprehensive answers to Länsförsäkringar's questions.

If you have provided incorrect or incomplete information, it could mean that your insurance is invalid.

Who to contact if you have questions

If you have any questions, contact your group representative. You may also contact the Swedish Consumers Insurance Bureau, www.konsumenternas.se, +46 200 22 58 00. Your municipal

consumer advice department can also provide advice and information. Such advice is free of charge.

If we do not agree

If you are not satisfied with a decision or the way in which your case was handled, we are prepared to re-consider your case. In the first instance, get in touch with your contact person or our complaints officer.

If you are still not satisfied, you can contact the Swedish Personal Insurance Board for medical disputes, www.forsakringsnamnder.se +46 8 522 787 20. If the dispute concerns other issues, you can contact the Swedish National Board for Consumer Disputes at www.arn.se +46 8 508 860 00. Re-consideration is free of charge.

You may also have your case settled in a court of law. Your legal representation costs can usually be reimbursed if you have legal expenses insurance. In this event, you will only have to pay the deductible.

Your personal data

Below is a brief description of how we process personal data. For complete information about how we process personal data, refer to "Processing of personal data" on our website lansforsakringar.se/personuppgifter (in Swedish only). You can request that this information be sent to you by contacting us on telephone +46 8 588 427 00 or e-mail info.halsa@lansforsakringar.se.

The personal data that we collect about you is processed in accordance with applicable laws and regulations. The data is collected so that we can sign and fulfil insurance contracts, take action that you request before an agreement has been reached, provide a complete overview of your commitments with the Länsförsäkringar Alliance, make legal claims and conduct marketing. Your personal data may also be used for statistics, market and customer analyses, product development, to prevent claims and for other purposes specified in the complete information "Processing of personal data." If you do not want your personal data to be used for direct marketing, please inform us.

We mainly process your data within the Länsförsäkringar Alliance, but your data may also be transferred to companies, associations and organisations that work together with the Länsförsäkringar Alliance, both within and outside the EU and EEA. We may also disclose your personal data to the authorities if required to do so by law. Details about your non-life insurance may also be disclosed to people in the same household as you.

You can always receive information concerning the personal data that we process about you. The party responsible for your personal data (personal data controller) is Länsförsäkringar Grupplivförsäkringsaktiebolag (publ) for life assurance and Länsförsäkringar Sak Försäkringsaktiebolag (publ) for other insurance policies. General information, such as your name, contact details and information about your commitments, is also used in the Länsförsäkringar Alliance's shared customer register.

Insurer

The insurer is Länsförsäkringar Grupplivförsäkringsaktiebolag (publ), Corp. Reg. No. 516401-6692; for life assurance and Länsförsäkringar Sak Försäkringsaktiebolag (publ), Corp. Reg. No. 502010-9681; for other insurance, SE-106 50 Stockholm. The registered office of the Boards of Directors is located in Stockholm, Sweden. We are regulated by the Swedish Financial Supervisory Authority.

Contact Länsförsäkringar or your insurance broker

Länsförsäkringar Bergslagen +46 21 19 01 00 | **Länsförsäkringar Blekinge** +46 454 30 23 00 | **Dalarnas Försäkringsbolag** +46 23 930 00 | **Länsförsäkringar Gotland** +46 498 28 18 50 | **Länsförsäkringar Gävleborg** +46 26 14 75 00 | **Länsförsäkringar Göinge-Kristianstad** +46 44 19 62 00 | **Länsförsäkringar Göteborg och Bohuslän** +46 31 63 80 00 | **Länsförsäkringar Halland** +46 35 15 10 00 | **Länsförsäkringar Jämtland** +46 63 19 33 00 | **Länsförsäkringar Jönköping** +46 36 19 90 00 | **Länsförsäkringar Kalmar län** +46 20 66 11 00 | **Länsförsäkring Kronoberg** +46 470 72 00 00 | **LF Norrbotten** +46 920 24 25 00 | **Länsförsäkringar Skaraborg** +46 500 77 70 00 | **Länsförsäkringar Skåne** +46 42 633 80 00 | **Länsförsäkringar Stockholm** +46 8 562 830 00 | **Länsförsäkringar Södermanland** +46 155 48 40 00 | **Länsförsäkringar Uppsala** +46 18 68 55 00 | **Länsförsäkringar Värmland** +46 54 775 15 00 | **Länsförsäkringar Västerbotten** +46 90 10 90 00 | **Länsförsäkringar Västernorrland** +46 611 36 53 00 | **Länsförsäkringar Älvsborg** +46 521 27 30 00 | **Länsförsäkringar Östgöta** +46 013-29 00 00



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