Länsförsäkringar

Terms and Conditions for Group Insurance

Life insurance
Accident insurance
Monthly health insurance
Financial disability insurance
Medical disability in the event of illness
Critical illness insurance
Child insurance

Valid from 1 January 2021

Table of Contents

PURPOSE OF THE INSURANCE

Our group insurance contains several different types of insurance policies that provide financial protection in the event of illness, accident or death. All insurance policies in group insurance are risk insurance policies, which become worthless upon expiration. The insurance policies are endowment insurance policies under the Swedish Income Tax Act, which means that compensation from insurance policies is tax-free.

A Information about your insurance policy

Swedish law applies to this insurance policy. The most important provisions of the insurance contract are stipulated in the Swedish Insurance Contracts Act.

All communication is to take place in Swedish.

Insurer

The insurer is Länsförsäkringar Grupplivförsäkringsaktiebolag (publ.), Corp. Reg. No. 516401-6692, for life insurance and/or Länsförsäkringar Sak Försäkringsaktiebolag (publ), Corp. Reg. No. 502010-9681. The registered office of the Boards of Directors is located in Stockholm, Sweden. Your insurance certificate states the insurance company that is the insurer for your policy.

"We," "our" and "us" refers to the insurance companies stated above.

"Your organisation" refers to the company, organisation or association that purchased the insurance.

General information about the insurance contract

Group insurance refers to a group policy that we have signed with, for example, your employer, or a representative for group members. You belong to the group by, for example, being an employee (group member). A spouse/cohabitee (co-insured) and children can also be covered by the group insurance policy.

"You" and "your" refers to the insured person to which the insurance policy applies.

The *group policy* contains provisions regarding whether the group insurance is compulsory or voluntary, the people who belong to the group, when the contract starts and the length of the contract, as well as automatic renewal and cancellation of the policy. A provision in the group policy has precedence over provisions in these terms and conditions.

Voluntary group insurance

If the insurance is voluntary, you have the right to decide yourself whether or not you want insurance cover. The *insurance contract* is then between you, as the policyholder, and us. It is granted after you apply for the insurance or, if automatic enrolment applies under the group policy, by not actively declining the insurance cover within a certain period of time.

Compulsory group insurance

If the group insurance is compulsory, the insurance-entitled group specified in the group policy is automatically covered by insurance with us. The *insurance contract* is signed between the group representative, as the policyholder, and us. Your rights include the right to receive compensation from the insurance.

Insurance certificate and insurance terms and conditions

When you take out the policy, change it and renew it the policyholder receives an insurance certificate that shows the scope and price of the policy. The insurance certificate contains information on the insurance products that apply to you.

The insurance terms and conditions describe the contents of the various kinds of insurance that could be included in your policy, our requirements for taking out or purchasing insurance, when the insurance becomes valid, is renewed, and expires, and a provision on pricing.

The terms and conditions can be found at lansforsakringar.se, and you are also welcome to contact us for more information.

Processing of personal data

We process your personal data in accordance with what is stated in the *Processing of personal data* document, which can be found on our website lansforsakringar.se/personuppgifter. 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.

For compulsory group personal insurance, the group representative is responsible for ensuring that the group members receive the *Processing of personal data* document.

A.1 Rules for purchase and the period of validity of the insurance

1 Who can be insured?

To take out insurance, we require the following from you:

- you must belong to the group that can apply for the insurance, for example, employees or members, or employee of a company that is a customer of the Länsförsäkringar Alliance.

- you are within a certain age range indicated in the advance and after-sale information or on the application
- you are registered in and permanent resident of Sweden, or have your primary employment in Sweden but are domiciled in another Nordic country
- you meet our health/medical examination requirements.

What applies to your insurance specifically will be indicated in the application and in the advance and after-sale information.

When you are covered by compulsory insurance, you are automatically covered by the insurance policy and do not need to fill out an application on the condition that you meet our health requirements.

2 Health requirements - medical examination

In order to be covered by *voluntary group insurance*, most of our insurance policies will require you to be completely able to work. There are certain insurance policies, however, for which we do not have any health requirements, and other insurance policies for which we have stricter health requirements.

To take out the insurance policies for which we have stricter requirements, you must respond to a few questions. We then use this information to conduct a risk assessment. After the risk assessment, we either approve or reject your application for insurance.

The application and advance and after-sale information will indicate what applies to the insurance you are looking for. We also ask that you respond to questions about your health if you wish to raise the insurance amount and expand your insurance protection.

With *compulsory insurance*, you are automatically covered by the insurance policy. In order to have the right to compensation, we may have imposed health requirements, for example, being completely able to work. This will be stated in the application.

If you are completely able to work, you:

- are able to perform your normal work without hindrance and do not receive, or are not eligible to receive, benefits connected to illness or accident
- do not have specially adapted employment for health reasons, or subsidised employment or equivalent.

3 When the insurance policy becomes valid - contract period

Voluntary insurance is valid from the date stated in the group policy, if you meet the membership requirements and have applied for the insurance policy. If you join the group at a later date, the policy applies at the earliest one day after you applied for the insurance policy, provided that we can grant your insurance.

If you extend your insurance cover, the same provisions apply as for taking out a new insurance policy.

Compulsory insurance applies one day after the group policy is taken out. However, this requires that the insurance policy can be granted and that it is not stated, in the group policy or elsewhere, that the insurance will apply at a later date. If you join the group at a later date, the policy applies at the earliest one day after you join the group.

We are only liable for claims that occur during the contract period.

4 How long the insurance is valid - contract period

Group insurance automatically expires:

- when you reach the final age indicated on the insurance certificate and in the advance and after-sale information.
- if you cancel your insurance policy yourself
- if you stop paying for the insurance policy

You are responsible for notifying the group representative, or us,

- if you no longer belong to the defined group that the contract was taken out for. In this case, the insurance will also expire for your co-insured party and children.
- if you have a co-insured party and your marriage or cohabitee relationship ends.
- if you have child insurance and your youngest child turns 25.

5 When the insurance is renewed

Your insurance policy is automatically renewed for another one-year period unless it is cancelled by you, your group representative or us.

6 When the insurance can be cancelled

You can cancel your own insurance policy at any time. The advance and after-sale information will indicate when your insurance expires. If not otherwise indicated, the cancellation will go into effect the day after the date we received it. We can cancel the insurance during the insurance period only if there are extraordinary reasons in accordance with the Insurance Contracts Act. We can also cancel the policy if you have not paid on time.

We can cancel the insurance on the annual due date of the insurance contract if there are specific reasons to no longer grant the policy.

7 Who is covered by the insurance policy

The policy applies to the person named as the insured in the insurance certificate.

8 When and for what does the policy apply

Our insurance is valid around the clock. If you will be residing outside the Nordic region for longer than 12

months, you can read about what will apply to you in Section A.2 General limitations.

9 Insurance amount

When you buy the insurance, you normally choose an insurance amount. The insurance amount can be a price in Swedish kronor, or a certain number of price base amounts. The price base amount is established annually by the Swedish government and is based on changes to the general price situation.

10 How the price is calculated, and when the price and terms and conditions change

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.

The insurance terms and conditions and conditions and the price of the insurance policy can change on every annual due date. Your insurance amount can also change at this time if the price base amount was altered in January. A change in price may be due, for example, to a change in price base amount, changes to terms and conditions or your age.

When prices and terms and conditions change, we will begin using the new prices and terms and conditions for the insurance policy from the next annual due date, providing that we have informed you as policyholder about this not later than 30 days prior to the annual due date.

11 Information that forms the basis of the insurance contract - Disclosure obligation

The insurance contract is based on the information that you submit to us. It can also be based on information that we collect based on the power of attorney that you provided. If any detail is incorrect or incomplete, it could mean that your insurance is invalid, and that no compensation is paid.

When you apply for the insurance policy, you must, at our request, provide information that could be important to whether we can grant your policy, for example, in a health declaration. The same applies to expansion and renewal of the insurance policy. You must also provide true answers to our questions during the insurance period. If the information you provide is incorrect or incomplete, it could mean that your insurance is invalid and that we are not responsible for claims incurred.

For compulsory group personal insurance, the policyholder must inform us within one month of changes to the names or the number of people that are to be included in the insured group. Changes to the number of the insured because the policyholder incorrectly stated the number of insured persons to us can only be made for the current calendar year.

If, during the insurance period, we become aware that this disclosure obligation has been disregarded intentionally or due to gross negligence, we are entitled to cancel or change the insurance policy. Cancellation takes effect three months after we have notified you that the policy will be cancelled. Any premiums paid are not repaid.

A.2 General limitations

We have further limitations and exceptions that you can read about in Section B.

1 If you are outside the Nordic countries

The following policies do not provide compensation for stays outside the Nordic region longer than 12 months:

- Accident insurance
- Monthly health insurance
- Financial disability insurance
- Medical disability in the event of illness
- Critical illness insurance
- Child insurance

For the insurance policies to be valid during these 12 months, residence outside the Nordic region must be temporary.

Residence outside the Nordic region is not deemed to be discontinued if a short visit of less than 30 days is made home when the intention is to return to the same destination.

You are responsible for informing us that you are moving outside the Nordic region. When you no longer have the right to be registered in Sweden or a Nordic country, the insurance expires.

If you are outside the Nordic countries due to expatriation

Accident insurance, Monthly health insurance, Financial disability insurance, Medical disability in the event of illness, Critical illness insurance and Child insurance are valid regardless of the length of your residence outside the Nordic region if you are:

- expatriated by the Swedish government, a Swedish company or a Swedish non-profit organisation
- employed in a foreign company with direct links to Sweden
- employed by a body of states that includes Sweden
- employed in an international organisation with direct links to Sweden.

2 Bringing about an insured event

The insurance policy does not apply if you purposely brought about a claim.

The amount of compensation will be reduced if you are injured in connection with:

- your causing an injury, or aggravated its consequences, through gross negligence

- the assumption that you acted or failed to act knowing that a significant risk of injury was involved.
- your being injured while participating in a fight, gang fight, riot or similar.

The amount of compensation will normally be reduced if:

- you incurred an injury while committing a criminal act that is punishable by prison according to Swedish law.
- you incurred an injury because you were under the influence of alcohol, other intoxicants, sleep inducers, narcotic compounds or through abuse of pharmaceuticals.

If a reduction is to be made, we make a reasonable assessment taking into account the other circumstances of the case.

The above does not apply if you have caused the insured event under the influence of serious mental disorder in accordance with the Swedish Penal Code.

3 Transfer or pledging

You may not transfer or pledge the insurance as security.

4 War or warlike situations

The insurance policy does not cover illness, accidental injury or death that occurs in connection with war or warlike situations. The same applies to illness and accidental injuries that are connected to events and unrest in countries and areas to which the Swedish Ministry of Foreign Affairs has advised against travel.

However, if you are visiting areas outside Sweden where war or warlike unrest breaks out during your visit, the insurance applies for the first four weeks provided that you do not take part in such unrest or act as rapporteur or similar.

5 Nuclear processes

The insurance policy does not cover illness, accidental injury or death that are directly or indirectly caused by nuclear processes.

6 Acts of terrorism

The insurance policy does not cover illness, accidental injury or death caused by the spread of biological, chemical or nuclear substances connected to an act of terrorism.

Acts of terrorism are defined as actions that include but are not limited to the use of force or violence and/or threats of force or violence by a person or group of persons. The acts are carried out by a person who acts alone, or on behalf of an organisation or government, or in connection with an organisation or government. The act is committed for political, religious, ideological or ethical reasons, including the intention of influencing a government and/or instilling fear into the general public or a part of the general public.

7 Force majeure

The insurance policy does not cover loss that may arise if the settlement of a claim, compensation payment or similar obligation we have committed to is delayed, or if we are unable to perform these obligations, due to:

- war or warlike action, civil war, terrorist incident, revolution, rebellion, political uncertainty,
- changes in legislation, actions taken by authorities, hindrances in public communications or the energy supply, labour market conflicts,
- natural catastrophes, fire, epidemic, pandemic or similar force majeure events.

We are also not responsible for damages caused by errors in the telephone network or other technological equipment that does not belong to us. The clauses regarding labour market conflicts also apply in the event that we are subject to or initiate such types of conflict.

8 Sanctions

We are not obligated to provide insurance cover, pay compensation for a claim or provide any services or benefits that could mean that we thereby become subject to a sanction or contravene a prohibition or restriction under a resolution by the UN, EU, UK, Northern Ireland or US regarding economic, trade or financial sanctions.

A.3 Payment

1 When you/your organisation need to pay for your insurance

You are to pay for a new insurance policy or an extension of a policy (additional premium) within 14 days from the day on which we send payment notice.

A renewed insurance policy is to be paid not later than the date that the new insurance period begins. You or your organisation always have one month to pay, starting from the day on which we send payment notice.

If you or your organisation make partial payments on your policy (every month, quarter, four months or six months) you or your company are to pay not later than the first day of the period you have selected.

2 If you/your organisation pay late

If you or your organisation do not pay on time, we are entitled to cancel the insurance contract. The insurance will expire 14 days after we send you or your organisation a written notice of cancellation. If you or your organisation pay within these 14 days, the insurance will remain valid.

3 Reinstatement of unpaid existing insurance policy

If you or your organisation pay after the insurance policy has been cancelled, this will be considered an application for a new insurance policy based on the same terms and conditions. The policy will then be valid one day after you or your organisation have paid. This applies on the condition that you pay within three months after the day that the policy is to be paid by. You cannot receive compensation for the period that the policy has not been paid for.

The policy cannot be reinstated for only a co-insured.

Compulsory group insurance can only be reinstated for the entire group.

4 Premium exemption

The insurance policy does not provide entitlement to premium exemption.

5 Repayment

You must immediately notify the group representative or us if you or your organisation no longer qualify for the insurance. If you do not provide notification, we will repay a maximum of the premium paid during the preceding 12 months.

A.4 When you apply for compensation

1 When you request compensation

After an injury/illness has occurred, you must participate in our investigation of what has happened and provide the information that we need to process your claim. You must:

- Visit a doctor as soon as possible.
- Report the claim to us as a soon as possible.
- Strictly following what the doctor prescribes.
- Present a medical certificate and other documents that we request and that are important to the right to receive compensation. We will pay for the cost of medical certificates and other medical documents.
- Allow the doctor appointed by us to examine you, if we so request. We will pay for the cost of any such examination and for necessary travel.
- Providing evidence of costs that you are claiming compensation for.
- For compensation claims for damaged clothes, shoes, glasses, helmets, hearing aids or other disability aids carried when the accidental injury occurred, it must be possible to show the damaged item.

A power of attorney is to be provided at our request so that we can obtain information from doctors, hospital, other care facilities, the social security office or other insurance institution.

We have the right to consult medical expertise to assess what is deemed to be medically necessary according to Swedish practice.

2 Registering a claim

We are entitled to register claims advised under this insurance in a claims advice register that is shared by the insurance industry in Sweden. The register is used only in connection with claims adjustment. The personal data controller in the shared claims advice register is GSR AB.

3 Date of payment and interest-rate provisions

As soon as the right to payment has arisen according to the scope of the terms and conditions, payment is to be made not later than one month after the person making a compensation claim has fulfilled all their obligations in accordance with the section entitled *Information that forms the basis of the insurance contract - Disclosure obligation*.

If payment is made after this, penalty interest must be paid in accordance with the Swedish Interest Act. Penalty interest is not paid if it is less than 0.5% of the price base amount for January in the year in which payment is made.

4 Indexation

In paying out compensation where the amount is based on the price base amount, the compensation is based on the price base amount that applies to the insurance policy in the year that payment is to be made.

5 Limitation regulations

You lose your right to receive insurance compensation or other cover if you do not bring legal action against us within ten years from the date on which the circumstance occurred that entitles the party to cover under the insurance contract. If you have registered a claim with us within the time stated above, you always have six months to bring a legal action against us after we have provided a final ruling in your compensation case.

A.5 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.

More information is available from our website.

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,

www.arn.se, on +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.

For free advice concerning insurance matters, you can 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.

B.1 Life insurance

Whether the insurance is included, and what it covers, is indicated on your insurance certificate.

The insurance covers the following in the event of death:
1. compensation to survivors if you die
2. compensation if your child dies - Child coverage

The date of loss is the date the death occurred. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

1 Compensation to survivors if you die

The insurance pays compensation

- to your beneficiaries in the form of an insurance amount if you die.

Beneficiaries

Beneficiaries are:
1) spouse or cohabitee
2) the insured's heirs.

You spouse ceases to be a beneficiary when the court receives your application for divorce or dissolution of partnership.

Other beneficiaries

You must inform us in writing if you want someone else to be a beneficiary. You can find a printable beneficiary clause at www.lansforsakringar.se/halsa. You cannot change a beneficiary clause by writing a will.

Beneficiaries who waive their rights

Beneficiaries can waive their rights in part or in full. The person(s) who are next in line according to the beneficiary clause become the beneficiaries instead. The beneficiary who waives their right must do so before the insurance amount is paid out.

What, and who, is paid

We pay the insurance amount to your beneficiaries. The insurance amount is indicated on the insurance certificate. Your insurance certificate states whether your insurance amount reduces as your age increases.

2 Compensation if your child dies - Child coverage

Insured

The insured are your children who are your beneficiaries. Your spouse's/cohabitee's children who are beneficiaries are also insured if your spouse/cohabitee is co-insured.

Non-Swedish children that you intend to adopt are considered insured as soon as they arrive in Sweden, provided that you have been granted approval by the social welfare board. If the adoption is not completed, the insurance expires when the child leaves Sweden, but not later than one year after the child arrived in Sweden.

The insurance pays compensation

- if the child dies after the 22nd week of pregnancy and before the age of 18
- for only one insurance amount per child when a child dies.

The insurance does not pay compensation:

- if your child has turned 16; or
- if there was a right to receive a nursing care allowance for the child under the Swedish Insurance Code; or
- if your child was being cared for in a residential care home for children and young persons (HVB) when your life insurance policy became valid.

Nor does this apply if your life insurance expires.

What, and who, is paid

We pay the insurance amount to the estate of the deceased child as a funeral allowance. The insurance amount is indicated on the insurance certificate.

B.2 Accident insurance

Whether the insurance is included, and what it covers, is indicated on your insurance certificate.

The insurance covers the following in the event of accidental injury:
1. Reduced physical or mental functional capacity - Medical disability
2. Reduced ability to work - Financial disability
3. Compensation for disability aids
4. Compensation for scars
5. Lump sum for treatment and healing period
6. Lump sum for personal belongings
7. Additional expenses

8. Compensation for dental injury expenses
9. Crisis therapy following trauma
10. Death benefit.

The date of loss is the date the accidental injury occurred. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

Accidental injury
The accidental injury must have required medical treatment by an authorised and impartial doctor, nurse or physiotherapist. This means that we will not pay compensation if you yourself or your next of kin treated the injury.

Accidental injury refers to:
bodily injury that you involuntarily incur due to a sudden external incident. An external incident means external force directed against the body. Wounds must be so serious that they need to be stitched, glued, stapled or taped. It may also involve dressing the wound.

An accidental injury is also considered to be:
- violent twisting of the knees and achilles tendon rupture
- infection due to tick bites
- frostbite, heatstroke or sunstroke.

Such bodily injury is considered to have occurred on the date on which it becomes apparent.

The following is not considered accidental injury:
- Injury or consequences of injury that occurred before the start of the insurance policy.
- Bodily injury resulting from overexertion, repetitive movement, stretching, repetitive strain injury, or age-related changes, for example, lumbago, slipped disc or ruptured muscle.
- Injury due to infection by bacteria, parasite, virus or other contagions.
- Infection or poisoning from food or drink.
- Injury arising from the use of medicinal preparations, or from a procedure, treatment or examination, not due to an accidental injury covered by this insurance.
- Illness, changes in illness or other bodily injury that you already had when the accidental injury occurred or if these manifested themselves at a later date with no connection to the accidental injury. Compensation is only paid for the consequences that can be attributed to the accidental injury.
- Voluntarily inflicted bodily injury.

1 Medical disability

The insurance pays compensation
- for accidental injury that entails a future permanent impairment of your bodily function that can be objectively determined.
- for impaired bodily function deemed to be a medical disability. The degree of medical disability is determined according to a medical statistical table established by the trade organisation Insurance Sweden.

The insurance does not pay compensation:
- for impaired bodily function that existed prior to the accidental injury. If your functional capacity was already impaired in the injured body part, we deduct the corresponding degree of disability.
- for both medical and financial disability. We pay for the disability that provides the higher compensation.
- for medical disability for loss of teeth and dental injury.
- for more than 100% medical disability for the same accidental injury.
- if you die before you are entitled to receive disability benefit.

How much compensation you will receive
We pay compensation at an insurance amount corresponding to the degree of medical disability. The insurance amount is indicated on the insurance certificate. Your insurance certificate states whether your insurance amount reduces as your age increases.

In the event of accidental injury resulting in both medical and financial disability, we pay compensation for the disability that provides the higher compensation.

When you have the right to receive compensation
You will have the right to receive compensation at the earliest one year after the accidental injury occurred. The definitive degree of medical disability is to be confirmed as soon as possible. An assessment of the degree of disability may be postponed as long as necessary according to medical experience or due to potential rehabilitation.

In order to receive compensation, the complaints after the accidental injuries must have become a stationary and non-life threatening condition. All treatment options and medical rehabilitation must be exhausted. Stationary means that the condition cannot be expected to change for the better or worse.

If it is not possible to determine the degree of medical disability when the right to receive disability benefit begins and a certain medical disability has been confirmed, we can make an advance payment. This advance payment will be the lowest confirmed degree of medical disability.

How we assess medical disability
When we establish medical disability, we assess your functional impairment regardless of your occupation, work circumstances or leisure-time activities. It also

disregards whether your ability to work is impaired to a certain extent. If functional capacity can be improved through the use of prostheses, implants, hearing aids or lenses/glasses, the degree of disability is determined taking into account the aid above.

Lasting pain, loss of sensory function and internal organ(s) are also included in the degree of medical disability.

What, and who, is paid
We pay you compensation at an insurance amount corresponding to the degree of medical disability.
If you have received compensation in advance, we will deduct the previously assessed degree of disability from the definitive degree of disability before we pay you.

If you die after the right to receive disability benefit has arisen but before final payment has been made, an amount will be paid to your estate corresponding to the confirmed definitive degree of disability at the time of death.

If your functional capacity worsens - Reassessment
If your condition significantly deteriorates after the degree of medical disability has been confirmed, you can request a reassessment. Such a deterioration must be stationary. Deterioration of medical disability occurring ten or more years after the injury never provides the right to additional disability benefit.

2 Financial disability

The insurance pays compensation
- for accidental injury that entails a future permanent impairment of your ability to work of at least 50%.
- for impaired ability to work assessed as a degree of financial disability.

The insurance does not pay compensation:
- for reduced ability to work that existed prior to the accidental injury.
  for the accidental injury. If your ability to work prior to the accidental injury was wholly or partly permanently impaired, no compensation is paid for such impairment.
- for financial disability confirmed after your 60th birthday, regardless of when the accidental injury occurred.
- for both medical and financial disability. We pay for the disability that provides the higher compensation.
- if you die before you are entitled to receive disability benefit.

How much compensation you will receive
We pay compensation at an insurance amount corresponding to the degree of financial disability. The insurance amount is indicated on the insurance certificate.

Your insurance certificate states whether your insurance amount reduces as your age increases.

If you have lost:
- 100% of your ability to work, we pay compensation for 100% of the insurance amount.
- 75% of your ability to work, we pay compensation for 75% of the insurance amount.
- 50% of your ability to work, we pay compensation for 50% of the insurance amount.

When you have the right to receive compensation
You have the right to receive compensation at the earliest when you have been continually been on at least 50% sick leave for two years after the accidental injury occurred and at the earliest at the age of 19.

We will consider your ability to work to be permanently reduced when you have attempted all opportunities for work in some other occupation. All your options for rehabilitation must have been investigated. You must also have completed your medical treatment and your condition must be permanent and non-life threatening.

How we assess your financial disability
When we establish your degree of financial disability, we assess it based on the loss of ability to work caused by the accidental injury. Only symptoms and functional impairments that can objectively be established are used as a basis for assessing the reduced ability to work. It is important that you are on sick leave and that the Social Insurance Agency has approved your sickness benefit, but they are not the sole determining factors in our assessment of compensation. The crucial question is your being able to show that your ability to work has been reduced to the degree for which you are seeking compensation.

What, and who, is paid
We pay you compensation at an insurance amount corresponding to the degree of financial disability.
If you have received compensation in advance, we will deduct the previously assessed degree of disability from the definitive degree of disability before we pay you.

If you die after the right to receive disability benefit has arisen but before final payment has been made, an amount will be paid to your estate corresponding to the confirmed definitive degree of disability at the time of death.

If your ability to work worsens - Reassessment
If your ability to work significantly deteriorates after the degree of financial disability has been confirmed, you can request a reassessment. The deterioration must entail a future permanent impairment of your ability to work. Deterioration of your ability to work occurring ten or more years after the injury never provides the right to additional compensation for financial disability.

3 Compensation for disability aids

The insurance pays compensation

- for customised disability aids prescribed by a doctor as medically necessary to alleviate the disability condition.

The insurance does not pay compensation:

- for aids designed for sports, hobbies or special interests
- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- for expenses for business operations
- for expenses arising outside the Nordic region.

How much compensation you will receive

We pay compensation up to the maximum amount indicated in the insurance certificate.

What, and who, is paid

We pay compensation to you.

4 Compensation for scars

The insurance pays compensation

- For scars resulting from an accidental injury. A condition is that the scar still exists one year after the treatment of the scar has been completed. The injury must have been so severe that treatment was required and performed by an authorised and impartial doctor or nurse. By treatment we mean, for example, stitches or taping a wound. It may also involve dressing more serious injuries.

The insurance does not pay compensation:

- For scars that were not caused by an accidental injury.
- For scars with a length of less than 0.5 cm.
- For scars that are not noticeable or visible to others.
- More than 20% of ten price base amounts for one or more scars arising from the same accidental injury.

How much compensation you will receive

We calculate compensation according to the table. In calculating
your compensation, we multiply the relevant percentage in the table by ten base price base amounts.

Category 1: Face and throat/neck

	Length (cm)				
Width (cm)	**0.5-3**	**4-6**	**7-10**	**11-15**	**>15**
0-1	0.50%	0.60%	0.90%	1.20%	1.70%
2-3	0.60%	0.90%	1.20%	1.70%	2.40%
4-6		1.20%	1.70%	2.40%	3.40%
7-10			2.40%	3.40%	5.00%
>10				5.00%	10.00%

Category 2: Lower leg, knee, forearm and back of the hand

	Length (cm)				
Width (cm)	**0.5-4**	**5-9**	**10-15**	**16-25**	**>25**
0-2	0.40%	0.50%	0.70%	0.90%	1.10%
3-4	0.50%	0.70%	0.90%	1.10%	1.60%
5-9		0.90%	1.10%	1.60%	2.20%
10-15			1.60%	2.20%	3.00%
>15				3.00%	6.00%

Category 3: upper arm, thigh, foot, trunk, palm and crown/skull

	Length (cm)				
Width (cm)	**0.5-6**	**7-11**	**12-20**	**21-35**	**>35**
0-3	0.30%	0.40%	0.50%	0.70%	0.90%
4-6	0.40%	0.50%	0.70%	0.90%	1.30%
7-11		0.70%	0.90%	1.30%	1.80%
12-20			1.30%	1.80%	2.00%
>20				2.00%	4.00%

For several scars, changes to skin and hair loss in the same category, the maximum compensation paid is:

- Category 1: 10% of 10 price base amounts
- Category 2: 6% of 10 price base amounts
- Category 3: 4% of 10 price base amounts

When you have the right to receive compensation

You will have the right to receive compensation at the earliest one year after the accidental injury occurred.

How we assess compensation for scars

Our assessment is based on the location of the scar on the body and its size.

What, and who, is paid

We pay you compensation in the form of a lump sum that corresponds to the percentage indicated in the scar chart.

5 Lump sum for treatment and healing period

The insurance pays compensation

in a lump sum that is intended to cover costs for care and treatment during the healing period.

The insurance does not pay compensation:

- in more than one lump sum of you have more than one insurance policy with Länsförsäkringar

- more than once per accidental injury
- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- for expenses if it has been more than five years since the accidental injury occurred
- if you are entitled to compensation for dental injury expenses

How much compensation you will receive
We calculate compensation based on the treatment and healing period for the bodily injury that arose from the accident. Compensation is paid for a maximum of 26 weeks according to Länsförsäkringar's applicable table on the payment date up to the insurance amount indicated on the insurance certificate.

When you have the right to receive compensation
When your bodily injury required medical treatment by an authorised and impartial doctor, nurse or physiotherapist.

How we assess compensation
We will assessing if your accidental injury has any connection with a previous illness or accident.

What, and who, is paid
We pay you compensation at an insurance amount corresponding to the treatment and healing period.

6 Lump sum for personal belongings

The insurance pays compensation
for damaged clothes that you were wearing, glasses, helmet, hearing aid or other disability aids that you were carrying when the accident occurred.

The insurance does not pay compensation:
- for other personal belongings than those stated above
- more than once per accidental injury
- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- for expenses if it has been five years or longer since the accidental injury occurred

How much compensation you will receive
We pay compensation of the insurance amount indicated on the insurance certificate even if more than one of the possessions listed above was damaged.
When you have the right to receive compensation
One condition is that you needed to seek a doctor and your accidental injury required treatment.

What, and who, is paid
We will pay up to the insurance amount stated on your insurance certificate.

7 Additional expenses

The insurance pays compensation
- for expenses resulting from the accidental injury that arose during the critical treatment and healing period, for example, travel between home and school or work if special transportation needs to be used.
- for expenses incurred by you as a private individual.

The insurance does not pay compensation:
- for expenses that can be reimbursed by your employer or the Swedish Social Insurance Agency.
- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- for expenses pertaining to business operations.
- for expenses outside the Nordic region.

How much compensation you will receive
We pay compensation for necessary and reasonable costs up to the insurance amount indicated on the insurance certificate. Travel expenses are reimbursed for the least expensive, commonly available means of travel that could be used with regard to your condition and which is confirmed by a doctor.

When you have the right to receive compensation
We must have approved the expense in advance. One condition is that you needed to seek a doctor or dentist and your accidental injury required treatment.

What, and who, is paid
We pay compensation to you.

8 Compensation for dental injury expenses

The insurance pays compensation
- for expenses for treatment of dental injuries arising from an accidental injury. The treatment must have been performed by a dentist.

The insurance does not pay compensation:
- for damage due to chewing or biting
- for expenses in addition to reimbursements if you had been part of the national insurance scheme.
- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- for expenses outside the Nordic region.

- for expenses if it has been five years or longer since the accidental injury occurred.
- for expenses arising after the insurance policy has paid compensation for final treatment.

How much compensation you will receive
We pay compensation for necessary and reasonable costs.

When you have the right to receive compensation
We pay compensation for expenses for treatment within five years after the accidental injury occurred.

If your injury occurred before you turned 24 and if final treatment must be postponed to a later date due to your age, expenses for the postponed treatment are also to be covered on the following conditions: We have approved the postponed treatment before you turned 25. The final treatment must take place before the age of 30.

How we assess compensation
You should seek a treating dentist linked to the national dental health insurance scheme as soon as possible. We assess reasonable costs based on reference prices in the national dental health insurance scheme. Treatment and remuneration must be approved by us in advance.

We assess compensation based on whether changes that are unhealthy or not normal for your age occurred in connection with the accidental injury. In that case, we pay compensation only for the injury that can be assumed to have resulted if the change had not existed at the time of the injury. We pay compensation for damage to a permanently attached (fixed) dental prostheses as for a natural tooth. This also applies to detachable prostheses that were being used in the mouth when it was damaged.

If you undergo necessary emergency treatment, we will pay compensation for reasonable costs even if we were unable to approve the treatment in advance.

What, and who, is paid
We pay compensation to you.

9 Crisis therapy following trauma

The insurance pays compensation
For conversational therapy with a registered psychologist/psychotherapist and psychiatrist as well as travel expenses for such therapy if you have a crisis reaction to one of the following events:

- Compensable accidental injury.
- Death of a close relative. A close relative means spouse, registered partner, cohabitee, child, parent or sibling.
- Assault, threat, robbery or rape incidents that are reported to the police.
- Up to ten therapy sessions per claim incident.

The insurance does not pay compensation:

- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- for therapy started more than one year after the event that caused the crisis reaction.
- for therapy that lasts for more than one year.

How much compensation you will receive
We pay up to one insurance amount as indicated in the insurance certificate per therapy session and travel to/from the session.

When you have the right to receive compensation
We must have approved the expense in advance.

What, and who, is paid
We pay compensation to you up to the insurance amount.

10 Death benefits

The insurance pays compensation

- in the event of your death owing to the accidental injury.

One condition is that death occurred within three months of the accidental injury.

What, and who, is paid
We will pay up to the insurance amount stated on your insurance certificate to your estate.

B.3 Monthly health insurance

Whether the insurance is included, and what it covers, is indicated on your insurance certificate.

The insurance covers the following in the event of illness or accidental injury:

1. Compensation for reduced ability to work - Monthly sickness benefit

The date of loss is the first sick day that you reported to your employer, or the Swedish Social Insurance Agency that your ability to work had been reduced. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

1 Monthly sickness benefit

The insurance pays compensation

- when you lose income as a result of reduced ability to work of at least 25%.

How much compensation we pay
We pay compensation at an insurance amount corresponding to the degree to which your ability to work has been reduced.

If you have lost:
- 100% of your ability to work, we pay compensation for 100% of the insurance amount.
- 75% of your ability to work, we pay compensation for 75% of the insurance amount.
- 50% of your ability to work, we pay compensation for 50% of the insurance amount.
- 25% of your ability to work, we pay compensation for 25% of the insurance amount.

The insurance amount and the maximum period of time for which you can receive compensation, also known as the benefit period, is stated on the insurance certificate.

When you have the right to receive compensation after the qualifying period
You are entitled to compensation at the earliest three months after your ability to work has been continuously reduced by at least 25%. We call this the qualifying period.

If you were to relapse or incur a new case of illness for at least 14 consecutive days, you may include each such period of illness in the qualifying period. This assumes that it took place in full or in part within twelve months of the most recent period of illness.

Working without interrupting the qualifying period or benefit period
We want to help you return to work. Therefore, it is possible for you try returning to work to for a period of time, without interrupting your qualifying period or benefit period. The cases for which this is possible are:
- If you have been completely able to work during periods of a maximum of 14 days during the qualifying period.
- If you have been completely able to work during periods of a maximum of 14 days during an ongoing benefit period.

How we assess your ability to work
We assess the extent of your reduced ability to work based on the impairment of ability to work that can be considered to be caused by objectively determinable symptoms and functional impairments. When assessing this, we take into account whether or not you can perform work.

If you can carry out any type of work that can be expected of you, considering your age, prior education and occupation, retraining or other similar measures, as well as living conditions, we will consider you able to work.

It is important that you are on sick leave and that the Social Insurance Agency has approved your compensation, but they are not the sole determining factors in our assessment of compensation. The crucial question is your being able to show that you have a reduced ability to work to the degree for which you are seeking compensation.

What, and who, is paid
We pay compensation to you monthly in arrears.

Excessive compensation
If you receive compensation from the insurance policy and, due to this, receive a higher income than you had when you were working, we are entitled to reduce the insurance amount so that you do not receive more income than when you were working. In this case, we will not repay the premium paid corresponding to the excessive portion of compensation.

If we limit the health insurance, we will adjust the price from the date on which we informed you of our decision.

If you have received excessive compensation during the payment period, we may request repayment of the excessive amount.

If you fall ill again
If you fall ill again, we will continue to pay compensation for the remaining days of your compensation period without a new qualifying period.

When you receive compensation for the entire period, you must subsequently be fully able to work for at least a year and not go on sick leave for more than 14 consecutive days during the year in order for us to pay compensation for a new period. A new period means that you will receive compensation only after the qualifying period.

B.4 Financial disability insurance

Whether the insurance is included, and what it covers, is indicated on your insurance certificate.

The insurance covers the following in the event of illness or accidental injury:
1. Reduced ability to work - Financial disability

The date of loss is the date on which three years have passed after you have been on continuous sick leave at least 50 per cent after the illness manifested itself or the day the accidental injury occurred.
The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

1 Financial disability

The insurance pays compensation

- for illness or accidental injury that entails a future permanent impairment of your ability to work of at least 50%. The impairment of your ability to work is assessed as a degree of financial disability.

The insurance does not pay compensation:

- for reduced ability to work that existed prior to the accidental injury or illness. If your ability to work prior to the illness or accidental injury was permanently impaired either wholly or in part, no compensation is paid for such impairment.
- if you die before you are entitled to receive disability benefit.

How much compensation you will receive

We pay compensation in the full insurance amount.

Your insurance amount is reduced by 5 percentage points annually, but not lower than 25%, from the year in which you turn 46.

Transitional rule: The following applies to those of you who have had your insurance amount reduced from the age of 46, instead of 56. In conjunction with an insured event that occurs within six months of the annual due date, the insurance amount is reduced by 5 percentage points annually from the year during which the insured turns 56, but not to lower than 50%.

The insurance amount is stated on your insurance certificate.

When you have the right to receive compensation

You have the right to receive compensation at the earliest three years after you have been continually been on at least 50% sick leave after the illness manifested itself or that the accident occurred, and at the earliest at the age of 19.

We will consider your ability to work to be permanently impaired when you have attempted all opportunities for work in some other occupation. All your options for rehabilitation must have been investigated.

How we assess your financial disability

When we establish your degree of financial disability, we assess it based on the loss of ability to work caused by the illness or accidental injury. Only symptoms and functional impairments that can objectively be established are used as a basis for assessing the reduced ability to work. It is important that you are on sick leave and that the Social Insurance Agency has approved your sickness benefit, but they are not the sole determining factors in our assessment of compensation. The crucial question is your being able to show that your ability to work has been reduced to the degree for which you are seeking compensation.

We consider your reduced ability to work to have been interrupted if you are able to work to a degree of more than 50% during a consecutive work period of more than 30 days during the current sick leave period.

What, and who, is paid

We pay you the insurance amount.

If you have applied for compensation and die after entitlement to disability compensation has occurred but before final payment has been made, we will pay to the estate.

If your ability to work worsens - Reassessment

The insurance policy will compensate you for the full insurance amount from 50% disability. This means that if you have previously received compensation from this insurance, you cannot receive more compensation if you lose additional ability to work.

B.5 Medical disability in the event of illness

Whether the insurance is included, and what it covers, is indicated on your insurance certificate.

The insurance covers the following in the event of illness:

1. Reduced physical or mental functional capacity - Medical disability

The date of loss is the day the illness manifested itself. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

Illness

Illness refers to a confirmed deterioration of health that cannot be considered an accidental injury.

An illness manifesting itself means that your physical or psychological functional capacity has demonstrably deteriorated due to illness. The illness is deemed to have manifested itself when the deterioration was first documented by an impartial doctor, psychologist or at a psychiatric clinic, regardless of whether a diagnosis can be established at this time.

Illnesses with medical connections are regarded as a single illness. Isolation as a disease carrier in accordance with regulations by authorities is considered equivalent to illness.

Illness does not refer to:

- illness, disability, physical defects or intellectual disabilities that manifested themselves prior to the insurance becoming valid, or the consequences of such conditions

- if symptoms manifested themselves prior to the insurance becoming valid, even if a diagnosis was not established until after the insurance became valid.
- voluntarily inflicted bodily injury.
- treatment/surgery for preventive purposes or the consequences of such treatment.
- illness that according to medical expertise is the result of abuse of alcohol, narcotics, other intoxicants, sleeping agents or other pharmaceuticals.
- injury arising from a procedure, treatment or examination not caused by illness.

Exceptions for certain illnesses
You cannot receive compensation for the illnesses/medical conditions and disorders listed below or illnesses that according to medical experience are related to them.

- Musculoskeletal system ICD M25, M40-M99
- Congenital malformations, ICD Q00-Q99
- Mental, behavioural and neurodevelopmental disorders, ICD F00-F99
- Other disorders of brain, postviral fatigue syndrome, such as ME/CFS, ICD G93
- Pain, unspecified ICD R52
- Dystonia, ICD G24

ICD
The stated ICD codes refer to the International Statistical Classification of Diseases and Related Health Problems ICD-10, issued in Sweden in 1997 and established by the World Health Organisation. ICD-10 applies even though the classification may be amended or if the diagnosis codes are amended or supplemented. The ICD codes are available from the website of the Swedish National Board of Health and Welfare, www.socialstyrelsen.se.

1 Medical disability

The insurance pays compensation

- for illness that entails a future permanent functional impairment that can be objectively determined.
- for disability deemed to be a medical disability. The degree of medical disability is determined according to the medical statistical tables established by the trade organisation Insurance Sweden.

The insurance does not pay compensation:

- for illnesses listed under the heading *Exceptions for certain illnesses*
- for impaired bodily function or reduced mental function that existed prior to the illness manifesting itself. If the child's functional capacity had already been previously reduced owing to other illness, unhealthy change or other injured body part, we deduct the corresponding degree of disability. Illnesses with medical connections are regarded as a single illness event.
- if you die before you are entitled to receive disability benefit.
- for more than 100% medical disability for the same illness.

How much compensation you will receive
We pay compensation at an insurance amount corresponding to the degree of medical disability.

The insurance amount is stated on your insurance certificate. Your insurance amount is reduced by 5 percentage points annually, but not lower than 25%, from the year in which you turn 46.

When you have the right to receive compensation
You have the right to receive compensation at the earliest one year after the illness manifested itself. The definitive degree of medical disability is to be confirmed as soon as possible. An assessment of the degree of disability may be postponed as long as necessary according to medical experience or due to potential rehabilitation.

In order to receive compensation, the illness must have become a stationary and non-life threatening condition. All treatment options and medical rehabilitation must be exhausted. Stationary means that the condition cannot be expected to change for the better or worse.

If it is not possible to determine the degree of medical disability when the right to receive disability benefit arises and a certain medical disability has been confirmed, we can make an advance payment. This advance payment will be the lowest confirmed degree of medical disability according to our assessment.

How we assess medical disability
We assess your functional impairment regardless of your occupation, work circumstances or leisure-time activities. Whether your ability to work has been impaired to a certain extent is also disregarded. If functional capacity can be improved through the use of prostheses, implants, hearing aids or lenses/glasses, the degree of disability is determined taking into account the effect of the aid. Lasting pain, loss of sensory function and internal organ(s) are also included in the degree of medical disability.

What, and who, is paid
Compensation is paid to you.

If you die after the right to receive disability benefit has arisen but before final payment has been made, we pay an amount to the estate based on the confirmed definitive degree of disability at the time of death.

If your functional capacity worsens - Reassessment
If your condition significantly deteriorates after the degree of medical disability has been confirmed, you can request a reassessment. Such a deterioration must be

stationary. Deterioration of medical disability occurring ten or more years after the injury never provides the right to additional disability benefit.

B.6 Critical illness insurance

Whether the insurance is included, and what it covers, is indicated on your insurance certificate.

The insurance covers the following in the event of illness:
1. Compensation for listed illness - diagnosis

The date of loss is the date the diagnosis was confirmed. The date of loss determines which terms and conditions and insurance amount will apply when the right to compensation is determined.

Exceptions for diagnoses established within 12 months of the date the insurance policy became valid
You cannot receive compensation for a diagnosis:
- if there were symptoms connected with the diagnosis during the 12 months prior to the insurance coming into effect; and
- if it is confirmed within the first 12 months after the insurance came into effect.

The limitation does not apply to diagnoses of stroke or acute myocardial infarction.

1 Diagnosis

The insurance policy pays if you are diagnosed with one of the following illnesses:
- Malignant neoplasms, ICD C00- C43, C45-C76, C80-C97. The insurance covers a malignant melanoma that is more than 0.5 mm thick. The insurance does not cover pre-stage cancer (non-invasive *in situ* cancer), and secondary cancer (metastases).
- Benign neoplasms of brain and other parts of central nervous system, ICD D32-D33, D35:2
- Diabetes mellitus type 1, ICD E10
- Amyotrophic lateral sclerosis (ALS), ICD G12.2
- Parkinson disease, ICD G20
- Multiple sclerosis (MS) and other demyelinating diseases, ICD G35-G37
- Acute heart attack, ICD I21 for which you were admitted to hospital.
- Stroke, ICD I60-I63
- Transient Ischemic Attacks (TIA) and Reversible Ischemic Neurologic Deficit (RIND) are not covered under the insurance.
- Crohn disease, ICD K50
- Ulcerative colitis, ICD K51
- Systemic lupus erythematosus (SLE), ICD M32
- Chronic kidney disease, ICD N18
- Heart disease requiring replacement of the coronary artery (bypass operation). You must be on a waiting list for an operation.
- Heart disease requiring replacement of valves. You must be on a waiting list for an operation.
- Disease requiring the transplantation of the heart, liver, kidney, lung, bone marrow or pancreas. You must be on a waiting list for an operation. The disease must not have been caused by alcohol or any other form of substance abuse. You receive payment only once for a diagnosis that subsequently resulted in an organ transplant.

ICD
The stated ICD codes refer to the International Statistical Classification of Diseases and Related Health Problems ICD-10, issued in Sweden in 1997 and established by the World Health Organisation. ICD-10 applies even though the classification may be amended or if the diagnosis codes are amended or supplemented. The ICD codes are available from the website of the Swedish National Board of Health and Welfare, www.socialstyrelsen.se.

The insurance does not pay compensation:
- for other ICD codes than those stated above.
- for the same diagnosis that you had before the insurance came into effect.
- for more than three different diagnoses with separate ICD codes.
- more than once for diagnoses that have a medical connection.
- if death occurs before a diagnosis is established.

When you have the right to receive compensation
You have the right to receive compensation at the earliest 30 days after the diagnosis has been confirmed by a doctor with the relevant specialist expertise in the illness.

What, and who, is paid
We pay you the insurance amount.

If you die after the diagnosis is confirmed but before compensation has been paid, we will make a payment to your estate.

B.7 Child insurance

Whether the insurance is included, and what it covers, is indicated on your insurance certificate.

The scope of the insurance in the event of accidental injury or illness:
1. Reduced physical or mental functional capacity - Medical disability

2. Reduced ability to work - Financial disability
3. Compensation for scars
4. Compensation for hospital stays
5. Expense allowance
6. Accident-related medical costs
7. Accident-related travel expenses
8. Dental injury compensation in case of accidental injury
9. Clothing and glasses in the event of accidental injury
10. Accident-related additional expenses
11. Rehabilitation and aid expenses upon accident
12. Death benefit

The date of loss is the day the illness manifested itself or the day the accidental injury occurred, and determines the terms and conditions that apply when the right to compensation is decided.

General information about child insurance

One condition is that the person taking out child insurance must have had their child insured in a previous group policy.

The payment of compensation requires that the illness emerges during the period the child insurance is valid and that the limitations are not applicable.

Accidental injury

The accidental injury must have required medical treatment by an authorised and impartial doctor, nurse or physiotherapist.

Accidental injury refers to:

a bodily injury that affects the child involuntarily due to a sudden external incident. An external incident means external force directed against the body.

An accidental injury is also considered to be:

- violent twisting of the knees and achilles tendon rupture*
- infection due to tick bites*
- frostbite, heatstroke or sunstroke.

Such bodily injury is considered to have occurred on the date on which it becomes apparent.

The following is not considered accidental injury:

- Injury or consequences of injury that occurred before the start of the insurance policy.
- Bodily injury resulting from overexertion, repetitive movement, stretching, repetitive strain injury, or age-related changes, for example, lumbago, slipped disc or ruptured muscle.
- Injury due to infection by bacteria, parasite, virus or other contagions.
- Infection or poisoning from food or drink.
- Injury arising from the use of medicinal preparations, or from a procedure, treatment or examination, not due to an accidental injury covered by this insurance.
- Illness, changes in illness or other bodily injury that you already had when the accidental injury occurred or if these manifested themselves at a later date with no connection to the accidental injury. Compensation is only paid for the consequences that can be attributed to the accidental injury.
- Voluntarily inflicted bodily injury.

Illness

Illness refers to a confirmed deterioration of health that cannot be considered an accidental injury.

An illness manifesting itself means that, based on medical experience, it is possible to confirm that functional capacity, whether physical or psychological, has demonstrably deteriorated due to illness.

The illness is deemed to manifest itself on the date on which the deterioration was first documented by an impartial doctor, psychologist or at a psychiatric clinic, even if the diagnosis is established at a later date.

Illnesses with medical connections are regarded as a single illness.

Isolation as a disease carrier in accordance with regulations by authorities is considered equivalent to illness.

Illness does not refer to:

- refractive errors or strabismus not caused by illness.
- short stature.
- treatment/surgery for preventive purposes or the consequences of such treatment.
- illness that according to medical expertise is the result of abuse of alcohol, narcotics, other intoxicants, sleeping agents or other pharmaceuticals.
- injury arising from a procedure, treatment or examination not caused by illness.
- cosmetic surgery carried out by a care provider other than the county council/municipal health care provider, or the repercussions of such cosmetic operations irrespective of the health care provider who conducted the operation.
- voluntarily inflicted bodily injury.

Limitations

The insurance policy does not cover illness, physical defects, psychomotor development 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.

The following illnesses and consequences of such illness are exempted entirely from the compensation, except in the case of death:

- unspecified brain disorders that in certain cases lead to fatigue syndrome, ME/CFS ICD G93.
- disorders of the eye, ICD H35 and H55.
- hemangioma and lymphangioma, ICD D18.
- haemophilia, ICD D66 and D67.
- adrenogenital disorders, ICD E250.
- congenital metabolic diseases, ICD E70-E90.
- cystic fibrosis, ICD E84.
- mental, behavioural and neurodevelopmental disorders, ICD F00-F99.
- diseases in the central nervous and muscle system, ICD G11, G12, G60, G71, G80 and G91.
- sensorineural hearing loss, ICD H90.
- congenital viral diseases, ICD P35.
- other congenital infectious and parasitic diseases, ICD P37.
- congenital malformations, deformations and chromosome abnormalities, ICD Q00-Q99 (such as Down's syndrome and deformities of internal organs).
- infertility due to congenital diseases, ICD N46 and N97.
- dyslexia, ICD R48.0

The insurance policy does not cover epilepsy ICD G40, or the consequences of such conditions if, according to medical experience, it is likely that:

- the condition had existed since birth or originated from an illness that occurred during the first month of life, or
- a predisposition to the condition existed at birth, or
- a link exists with intellectual disabilities, ICD F70-F99.

Limitations for insurance that took effect after the age of ten

Illnesses that arise within six months of the insurance policy becoming valid are not covered by the insurance policy. However, such a limitation does not apply if the insurance had been in effect with the same scope (disease or accidental injury) when the insurance policy was taken over from another insurance company.

ICD

The stated ICD codes refer to the International Statistical Classification of Diseases and Related Health Problems ICD-10, issued in Sweden in 1997 and established by the World Health Organisation. ICD-10 applies even though the classification may be amended or if the diagnosis codes are amended or supplemented. The ICD codes are available from the website of the Swedish National Board of Health and Welfare, www.socialstyrelsen.se.

1 Medical disability

The insurance pays compensation

- for illness or accidental injury that entails a future permanent impairment of the child's bodily function or psychological capacity that can be objectively determined.
- for impaired bodily function deemed to be a medical disability. The degree of medical disability is determined according to a medical statistical table established by the trade organisation Insurance Sweden.

The insurance does not pay compensation:

- for impaired bodily function or reduced mental function that existed prior to the illness manifesting itself. If the child's functional capacity had already been previously reduced owing to other illness, unhealthy change or other injured body part, we deduct the corresponding degree of disability. Illnesses with medical connections are regarded as a single illness event.
- for all or part of additional disability that occurs after the age of 30.
- for medical disability for loss of teeth and dental injury.
- for more than 100% medical disability for the same accidental injury or illness.
- for both medical and financial disability. We pay for the disability that provides the higher compensation.
- if the child dies before the child is entitled to receive disability benefit.

How much compensation the child will receive

We pay compensation at an insurance amount corresponding to the degree of medical disability. The insurance amount is indicated on the insurance certificate.

When the child has the right to receive compensation

The child will have the right to receive compensation at the earliest one year after the accidental injury occurred or illness manifested itself. The definitive degree of medical disability is to be confirmed as soon as possible. An assessment of the degree of disability may be postponed as long as necessary according to medical experience or due to potential rehabilitation.

In order to receive compensation, the complaints after the accidental injuries or illness must have become a stationary and non-life threatening condition. All treatment options and medical rehabilitation must be exhausted. Stationary condition means that the complaints cannot be expected to change for the better or worse.

If it is not possible to determine the degree of medical disability when the right to receive disability benefit begins and a certain medical disability has been confirmed, we can make an advance payment. This advance payment will be the lowest confirmed degree of medical disability.

How we assess medical disability
When we establish medical disability, we assess the functional impairment regardless of the child's occupation, work circumstances or leisure-time activities. Whether the child's ability to work has been impaired to a certain extent is also disregarded. If functional capacity can be improved through the use of prostheses, implants, hearing aids or lenses/glasses, the degree of disability is determined taking into account the aid above.

Lasting pain, loss of sensory function and internal organ(s) are also included in the degree of medical disability.

What, and who, is paid
We pay your child compensation at an insurance amount corresponding to the degree of medical disability.

If the child has received compensation in advance, we will deduct the previously assessed degree of disability from the definitive degree of disability before we pay compensation to the child.

If the child dies after the right to receive disability benefit has arisen but before final payment has been made, an amount will be paid to the estate corresponding to the confirmed definitive degree of disability at the time of death.

2 Financial disability

The insurance pays compensation
- for illness or accidental injury that entails a future permanent impairment of the child's ability to work of at least 50%.
- for impaired ability to work assessed as a degree of financial disability.

The insurance does not pay compensation:
- for reduced ability to work that existed prior to the illness manifesting itself or the accidental injury occurred. If the child's ability to work before the illness or accidental injury was partly permanently impaired, compensation is paid at a maximum amount that corresponds to the loss of the residual ability to work.
- for all or part of additional disability that occurs after the age of 30.
- for both medical and financial disability. We pay for the disability that provides the higher compensation.
- if the child is resident and registered outside the Nordic region on the date of the insured event, regardless of where the injury occurred.
- if the child dies before the child is entitled to receive disability benefit.

How much compensation the child will receive
We pay compensation at an insurance amount corresponding to the degree of financial disability. The insurance amount is indicated on the insurance certificate.

If the child has lost:
- 100% of their ability to work, we pay compensation for 100% of the insurance amount.
- 75% of their ability to work, we pay compensation for 75% of the insurance amount.
- 50% of their ability to work, we pay compensation for 50% of the insurance amount.

When the child has the right to receive compensation
The child has the right to receive compensation when the illness or accidental injury has resulted in medical disability.

The right to receive compensation arises at the earliest two years
after the illness manifested itself or the accidental injury occurred, and at the earliest at the age of 19.

The reduction in ability to work is deemed to be permanent when all opportunities for work in some other occupation have been attempted. All rehabilitation options are to have been investigated. The child must also have completed the medical treatment and the condition must be stationary and non-life threatening.

How we assess your financial disability
When we establish the child's degree of financial disability, we assess it based on the loss of ability to work caused by the illness or accidental injury. Only symptoms and functional impairments that can objectively be established are used as a basis for assessing the reduced ability to work.

It is important that the Social Insurance Agency has approved the child's sickness benefit or activity allowance, but it is not the sole determining factor in our assessment of compensation. The crucial question is the child being able to show that their ability to work has been reduced to the degree for which the child is seeking compensation.

What, and who, is paid
We pay the child compensation at an insurance amount corresponding to the degree of financial disability.
If the child has received compensation in advance, we will deduct the previously assessed degree of disability from the definitive degree of disability before we pay the child.

If the child dies after the right to receive disability benefit has arisen but before final payment has been made, an amount will be paid to the estate corresponding to the confirmed definitive degree of disability at the time of death.

3 Compensation for scars

The insurance pays compensation
- for scars, changes to skin and hair loss resulting from an accidental injury or illness.

One condition is that the scar still exists two years after the treatment of the scar has been completed. The injury

must have been so severe that treatment is required and performed by an authorised and impartial doctor or nurse. By treatment, we mean, for example, stitches or taping a wound. It may also involve dressing more severe injuries.

The insurance does not pay compensation:

- for scars, changes to skin or hair loss that existed prior to the illness manifesting itself or the accidental injury occurring.
- for scars, changes to skin or hair loss that are not noticeable or visible to others.
- for scars with a length of less than 0.5 cm.
- of more than 20% of ten price base amounts for one or more scars arising from the same accidental injury or illness.
- for all or part of scars, changes to skin or hair loss that occurs after the age of 30.

How much compensation the child will receive
We calculate compensation according to the table below. We multiply the relevant percentage in the table is multiplied by ten price base amounts to calculate your compensation.

Scar table
Category 1: Face and throat/neck

	Length (cm)				
Width (cm)	**0.5-3**	**4-6**	**7-10**	**11-15**	**>15**
0-1	0.50%	0.60%	0.90%	1.20%	1.70%
2-3	0.60%	0.90%	1.20%	1.70%	2.40%
4-6		1.20%	1.70%	2.40%	3.40%
7-10			2.40%	3.40%	5.00%
>10				5.00%	10.00%

Category 2: Lower leg, knee, forearm and back of the hand

	Length (cm)				
Width (cm)	**0.5-4**	**5-9**	**10-15**	**16-25**	**>25**
0-2	0.40%	0.50%	0.70%	0.90%	1.10%
3-4	0.50%	0.70%	0.90%	1.10%	1.60%
5-9		0.90%	1.10%	1.60%	2.20%
10-15			1.60%	2.20%	3.00%
>15				3.00%	6.00%

Category 3: upper arm, thigh, foot, trunk, palm and crown/skull

	Length (cm)				
Width (cm)	**0.5-6**	**7-11**	**12-20**	**21-35**	**>35**
0-3	0.30%	0.40%	0.50%	0.70%	0.90%
4-6	0.40%	0.50%	0.70%	0.90%	1.30%
7-11		0.70%	0.90%	1.30%	1.80%
12-20			1.30%	1.80%	2.00%
>20				2.00%	4.00%

For several scars, changes to skin and hair loss in the same category, the maximum compensation paid is:

- Category 1: 10% of 10 price base amounts
- Category 2: 6% of 10 price base amounts
- Category 3: 4% of 10 price base amounts

When the child has the right to receive compensation
The child will have the right to receive compensation at the earliest two years after the accidental injury occurred or illness manifested itself.

How we assess compensation for scars
Our assessment is based on the location of the scar on the body and its size.

What, and who, is paid
We pay the child compensation in the form of a lump sum that corresponds to the percentage indicated in the scar chart. If the child is under the age of 18 and the compensation exceeds one price base amount, the compensation will be deposited in a blocked account subject to approval by a chief guardian.

4 Compensation for hospital stays

The insurance pays compensation

- if the illness or accidental injury involves a hospital stay. A condition is that the child has been admitted to and stays at a hospital in the Nordic region for care for at least three consecutive days.
- for a maximum of 90 days for the same accidental injury or illness event.

The insurance does not pay compensation:

- for hospital visits under out-patient care
- for the period of time when the child was granted home leave from the hospital exceeding one full day
- cost of daily hospitalisation charges
- if it has been more than three years since the accidental injury occurred or the illness manifested itself.

How much compensation the child will receive
The insurance amount is indicated on the insurance certificate.

When the child has the right to receive compensation
The child has the right to compensation from the date of admittance, when the child has been admitted to and stays at a hospital in the Nordic region for care for at least three consecutive days.

What, and who, is paid
Compensation is paid to the guardian with whom the child is registered if the child has not yet turned 18. We pay compensation to the child from the age of 18.

5 Expense allowance

The insurance pays compensation
when the child is entitled to receive a nursing care allowance.

The insurance does not pay compensation:

- for expense allowance if the child has turned 19 before the month of July when the guardian was entitled to receive a nursing care allowance according to the Swedish Insurance Code
- when the nursing care allowance ceases.

How much compensation the child will receive
We pay compensation at an insurance amount corresponding to the nursing care allowance. The insurance amount is indicated on the insurance certificate.

- For 100% nursing care allowance, compensation is paid at 100% of the insurance amount.
- For 75% nursing care allowance, compensation is paid at 75% of the insurance amount.
- For 50% nursing care allowance, compensation is paid at 50% of the insurance amount.
- For 25% nursing care allowance, compensation is paid at 25% of the insurance amount.

If the nursing care allowance covers the child as well as several other children insured by Länsförsäkringar, compensation under this point from all insurance policies may never exceed one cost expense allowance.

If the nursing care allowance covers children in addition to the insured, the amount of the expense allowance will be determined for the children insured with us.

When the child has the right to receive compensation
When the child's guardian is entitled to receive a nursing care allowance according to the Swedish Insurance Code. Temporary parental benefit for a seriously ill child may be compared with nursing care allowance, provided that the parent's care requirement is confirmed for a minimum period of six consecutive months.

What, and who, is paid
We pay compensation to the guardian who has received a nursing care allowance from the Social Insurance Agency monthly in arrears, at a rate of one-twelfth part per payment.

If the child dies, the expense allowance ceases from the end of the month after the death.

6 Compensation for accident-related medical costs

The insurance pays compensation

- for expenses for medical care, other treatment and disability aids that authorised care providers prescribed for the healing of the injury
- expenses for care that is financed by the public sector up to the high-cost limit/national insurance contribution.

The insurance does not pay compensation:

- expenses for private care and private doctors that are not financed by the public sector.
- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- medical costs more than five years after the accident
- after we have paid disability compensation.

What, and who, is paid
We pay compensation for necessary and reasonable costs to the guardian with whom the child is registered if the child has not yet turned 18. We pay compensation to the child from the age of 18.

7 Compensation for accident-related travel expenses

The insurance pays compensation

- for travel expenses incurred in conjunction with care and treatment decided by a doctor for the healing of the injury at a maximum of the national insurance contribution applied by the county council in which you are registered.
- for additional expenses for travel between your home and normal place of work/school if special means of transport must be arranged in order for you to perform your normal work duties, school education or labour market training. These expenses are primarily to be reimbursed by the employer or the Swedish Social Insurance Agency.
- for travel expenses for the least expensive, commonly available means of travel that could be used with regard to the child's condition and which is confirmed by a doctor.

The insurance does not pay compensation:

- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- for travel expenses more than five years after the accident

- after we have paid disability compensation.

What, and who, is paid
We pay compensation for necessary and reasonable costs to the guardian with whom the child is registered if the child has not yet turned 18. We pay compensation to the child from the age of 18. We calculate compensation for expenses abroad as if the injury had been treated in Sweden.

8 Dental injury compensation in case of accidental injury

The insurance pays compensation
for expenses for treatment of dental injuries performed by an authorised dentist.

The insurance does not pay compensation:
- for damage due to chewing or biting
- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- for expenses outside the Nordic region
- for expenses arising after the insurance policy has paid compensation for final treatment
- for expenses if it has been more than five years since the accidental injury occurred.

How we assess compensation
The child should seek a treating dentist linked to the national dental health insurance scheme as soon as possible. We assess reasonable costs based on reference prices in the national dental health insurance scheme. Treatment and remuneration must be approved by us in advance.

We assess compensation based on whether changes that are unhealthy or not normal for the child's age occurred in connection with the accidental injury. In that case, we pay compensation only for the injury that can be assumed to have resulted if the change had not existed at the time of the injury. We pay compensation for damage to a permanently attached (fixed) dental prostheses as for a natural tooth. This also applies to detachable prostheses that were being used in the mouth when it was damaged.

If you undergo necessary emergency treatment, we will pay compensation for reasonable costs even if we were unable to approve the treatment in advance.

If final payment is postponed to a later date due to the child's age, expenses for the postponed treatment are also to be covered on the condition that we have approved the treatment and that the treatment is carried out before the child turns 25.

What, and who, is paid
We pay compensation for necessary and reasonable costs to the guardian with whom the child is registered if the child has not yet turned 18. We pay compensation to the child from the age of 18.

9 Compensation for clothing and glasses in the event of accident

The insurance pays compensation
- for costs for normally worn and damaged clothing, glasses, contact lenses, helmets, hearing aids, and other medical aids worn by the child at the time of the accidental injury, according to the table below.
- for the cost of repair if a damaged item can be repaired.

The insurance does not pay compensation:
- for personal clothing or other equipment specially designed for sporting activities such as motorsports, horseback riding, downhill skiing and similar activities.
- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- more than once per accidental injury.

How much compensation the child will receive
We pay compensation up to the maximum amount indicated in the insurance certificate.

When the child has the right to receive compensation
The child has the right to receive compensation when the child needed to visit a doctor or dentist and the accidental injury required treatment.

How we assess the compensation
The table below is used for calculating amounts. The table shows compensation as a percentage of the new price, depending on the age of the item.

Age (years)	0–1	1–2	2–3	3–4	4–5	>5
%	100	80	65	50	35	20

We pay compensation up to the maximum amount stated on the insurance certificate.

What, and who, is paid
We pay compensation for necessary and reasonable costs to the guardian with whom the child is registered if the child has not yet turned 18. We pay compensation to the child from the age of 18.

10 Accident-related additional expenses

The insurance pays compensation

- for unavoidable additional expenses resulting from the accidental injury that arose during the critical treatment and healing period. One condition is that the accidental injury required medical or dental treatment.
- for additional expenses incurred by the child as a private individual.

The insurance does not pay compensation:

- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- for additional expenses pertaining to business operations
- after we have paid disability compensation.
- for expenses outside the Nordic region.

How much compensation the child will receive

We pay compensation up to the maximum amount indicated in the insurance certificate.

When the child has the right to receive compensation

We must approve the expenses in advance.

What, and who, is paid

We pay compensation for necessary and reasonable costs to the guardian with whom the child is registered if the child has not yet turned 18. We pay compensation to the child from the age of 18. We calculate compensation for expenses abroad as if the injury had been treated in Sweden.

11 Accident-related rehabilitation and aid expenses

The insurance pays compensation

- for expenses for rehabilitation, such as work practice, work training and retraining for a limited period of time. The aim is for you to regain maximum functional capacity and be able to lead as normal a life as possible.
- for expenses for special aids designed to increase mobility and reduce any future disability as a result of the accidental injury that arose after the critical treatment and healing period.
- for care and treatment as referred by the treating doctor.
- one condition is that the accidental injury required medical or dental treatment.

The insurance does not pay compensation:

- for treatment acquired after the accident aimed at maintaining functional capacity (maintenance treatment) for additional expenses pertaining to business operations
- for continuous or recurring costs for clothing or board or for costs for health and treatment travel, even if the aim of such travel is to relieve the disorder.
- for expenses that can be reimbursed from motor third-party liability insurance, Industrial injury insurance (TFA), collective agreements, contracts, conventions, statutes or by a regional authority, county council or the government.
- if the need for rehabilitation arose through an accident at work.
- for expenses incurred by retraining designed for skills enhancement
- for expenses for aids intended to ease an already compensated disability after medical and financial disability have been paid
- for expenses to raise standards
- after we have paid disability compensation.
- for expenses outside the Nordic region.

How much compensation the child will receive

We pay compensation up to the maximum amount indicated in the insurance certificate.

When the child has the right to receive compensation

The expense must have been approved by us in advance.

What, and who, is paid

We pay compensation for necessary and reasonable costs to the guardian with whom the child is registered if the child has not yet turned 18. We pay compensation to the child from the age of 18. We calculate compensation for expenses abroad as if the injury had been treated in Sweden.

12 Death benefits

The insurance pays compensation

at one price base amount in the event of death.

What, and who, is paid

We pay the insurance amount to the estate of the deceased child.

C Continued coverage when the policy expires

Post-cover

If you have been insured for at least six months, you have the right to extended insurance protection, known as post-cover, for three months after your insurance ceases.

Post-cover does not apply:

- if you have personally chosen to cancel the policy but belong to the group entitled to insurance.
- if you have reached retirement age or the final age applicable to the group policy. If you reach the final age during the post-cover period, the post-cover will expire.
- if you have stopped paying for the insurance policy
- if you have received, or obviously could receive, the same type of insurance protection through, for example, another group or continuation insurance.
- if the group policy has been wholly or partially cancelled by the company or organisation, or if we cancelled the insurance policy.

Co-insured parties are also entitled to post-cover if:

- the group member leaves the group before the final age
- their marriage, registered partnership or cohabitation with the group member is dissolved.
- the group member dies

Continuation insurance

If you had been covered by group insurance for at least six months, you have the right to take out statutory continuation insurance without a health requirement if the group policy:

- was cancelled by the group; or
- was cancelled by us.
- for compulsory group insurance is cancelled due to outstanding payment.

The co-insured is also entitled to continuation insurance if the group insurance is cancelled due to the group member not having paid the premium.

Entitlement to continuation insurance does not apply

- if you have received, or obviously could receive, the same type of insurance protection through, for example, another group or continuation insurance.

To obtain uninterrupted insurance protection, you should apply for continuation insurance before the group insurance expires. You should apply to us within three months of the date the group insurance expired. The content or amount of the insurance may not exceed the amount you had in the group insurance. We calculate the price in accordance with a special tariff, and you can pay for the insurance starting from the date your group insurance expired.

The continuation insurance will be valid until you turn 67. Child insurance under the continuation insurance is valid not longer
than until the end of the calendar year in which the child turns 25.

Special conditions apply to continuation insurance. Terms and conditions, Continuation insurance.

Individual insurance

If you had been covered by group insurance for at least six months, you have the right to take out individual insurance without a health requirement if the group policy:

- expire owing to you having terminated your employment or your membership.
- you no longer belong to the group entitled to the insurance that can be insured.

Co-insured parties are also entitled to individual insurance if:

- the group member leaves the group before the final age, or reaches the final age in the group policy
- their marriage, registered partnership or cohabitation with the group member is dissolved.
- the group member dies

Entitlement to individual insurance does not apply if:

- you are not registered and permanently domiciled and Sweden when the group insurance terminates
- you have received, or obviously could receive, protection of the same type through, for example, another group or continuation insurance.
- you have not paid your voluntary group insurance on time
- you personally chose to cancel the policy for you and/or the co-insured
- the insurance amount was reduced, or the content was otherwise impaired owing to your age
- you changed the content of the group insurance
- you reached the final age in the group policy.

For uninterrupted insurance protection, you should apply for Individual insurance before the group insurance expires. You should apply to us within three months of the date the group insurance expired. The content or amount of the insurance may not exceed the amount you had in the group insurance. We calculate the price in accordance with a special tariff, and you can pay for the insurance starting from the date your group insurance expired.

The individual insurance will be valid until you turn 67. Child insurance under the individual insurance is valid not longer
than until the end of the calendar year in which the child turns 25.

Special conditions apply to individual insurance: Terms and Conditions, Individual insurance

Seniors Insurance

If you had been covered by group insurance for at least six months, you have the right to take out seniors' insurance
without a health requirement.

For uninterrupted insurance protection, you should apply for Seniors insurance before the insurance policy expires. You should apply to us within three months of the date the insurance policy expired. The content of the insurance may not exceed the amount you had in the group insurance. We calculate the price in accordance with a special tariff, and you can pay for the insurance starting from the date your group insurance expired.

Seniors insurance is designed differently, and specific terms and conditions apply; refer to Terms and Conditions for Seniors insurance.

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Contact Länsförsäkringar or your insurance broker.

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