

Accident Insurance

Applies to insurance taken out from 1 September 2021

Hedvig

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Hedvig is regulated by the Swedish Financial hedvig@hedvig.com Supervisory Authority as an insurance distributor under the Swedish Insurance Distribution Act. Exclusive insurer for Hedvigs insurance is Hedvig Försäkring AB org. nr. 559245-5223. Hedvig AB has a qualified holding in Hedvig Försäkring AB.



These are your insurance terms and conditions

These are the insurance terms and conditions that Hedvig has attempted to draw up in a way that makes our insurance as comprehensive as possible for our members. Having said that, an insurance policy unfortunately cannot cover everything that happens to you, as this would make it far too expensive. We have tried to present our terms as simply and comprehensibly as possible, but if there is anything that still seems difficult to understand, we are here to answer your questions. Read these terms and conditions together with your insurance policy so you know what applies.

Hedvig's principles: It's your money, not ours

Hedvig works slightly differently to other insurance companies. We only take a fixed commission out of what you pay us. The rest is earmarked for compensation. If there is anything left over after all claims are paid, it is donated to charities chosen by you and other users. This means that the money paid to Hedvig belongs to you, not us. We think it's fairer that way.



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Glossary of terms

What is an accidental injury?

Accidental injury refers to an involuntary injury to the body that you suffered due to a sudden external force on the body requiring medical treatment

Accidental injury also includes:

- Rotational force on the knee and rupture of the Achilles tendon.
- Infection due to tick bites.
- Injury due to frostbite, heat stroke and/or sunstroke*.

A total of four criteria must be met in order for an accidental injury claim to be approved under the insurance terms and conditions: bodily injury, sudden, involuntary and external event. This may mean that events sometimes referred to as accidents do not always constitute a claimable injury under the applicable insurance terms and conditions, in which case compensation cannot be paid.

What is not an accidental injury?

- Physical injury resulting from overwork, unilateral movement or wear and tear.
- Injuries due to infection by bacteria, viruses or other infectious agents.
- Deterioration of an existing health condition if the condition would have existed irrespective of whether or not the accident occurred.
- Injury caused by the use of medical preparations, procedures, treatment not related to accidents covered by the insurance.
- · Food poisoning

Medical disability (Permanent injury)

Medical disability is impairment of the insured person's physical and/or mental functions established independently of their profession and working conditions or hobbies. Medical disability also includes chronic pain, loss of internal organs and loss of sensory organ.

Financial inability (Loss of fitness for work)

Financial inability refers to a future loss of fitness for work by at least 50 percent due to the injuries sustained in an accident being so bad that you cannot work to the same extent as if you had not been injured.

Necessary and reasonable costs

"Necessary and reasonable costs" refers to the costs that can reasonably be expected for provision of treatment or care at the place where the cost was incurred with consideration to the circumstances of the case.

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Glossary of terms

Close relative

Close relatives are the spouse or cohabiting/registered partner, children, stepchildren, siblings, parents, step-parents, grandparents, parents-in-law, grandchildren, son-in-law, daughter-in-law, brother-in-law and sister-in-law or a person registered at the same address as the insured person. According to our insurance terms and conditions, the parents and siblings of cohabiting and registered partners are equal to parents-in-law, brother-in-law and sister-in-law.

Medical treatment

Medical treatment refers to, for example injuries that must be sewn, taped or glued. It is not enough for a doctor to have examined the injury without having to provide any treatment.

Nordic countries

The Nordic countries include Sweden, Norway, Denmark, Finland, Iceland and the Faroe Islands.



What does the insurance cover and when?

What compensation can be paid

Necessary and reasonable costs for medical care, travel expenses, additional costs and rehabilitation

Maximum SEK 20,000 per claim

Dental injury

Maximum SEK 20,000 per claim

Compensation in cases where you need to be admitted to hospital for treatment.

SEK 300 per started day

Compensation in the event your injury leaves residual scars

According to our scar table at www.hedvig.com/se/villkor

Compensation for treatment by a licensed psychologist if you have suffered a crisis reaction

Maximum SEK 10,000

Compensation for medical disability (Permanent injury)

Maximum compensation SEK 1,000,000 see tables at www.hedvig.com/se/villkor*

Financial inability (Loss of fitness for work)

Maximum compensation SEK 1,000,000*

Compensation in the event of death

SEK 50,000



Compensation due to an accident

Necessary and reasonable costs for medical care, travel expenses, additional costs and rehabilitation

The insurance provides compensation for:

- Necessary and reasonable costs for medical care and other treatment by doctors together with aids prescribed by them for healing of the injury.
- Travel to and from treatment as well as other travel expenses
 prescribed by your doctor between your workplace and your permanent
 residence.
- Clothing, glasses, helmet or disability aids damaged in the accident.
 See valuation table for valuation.
- For treatment and aids prescribed by a doctor for healing of the injury for a maximum of five years after the date of the accident.

A prerequisite for receiving compensation is that the injury requires/required medical treatment. Compensation will only be paid for costs at an amount corresponding to the compensation that would have been received if the insured person were signed up to public insurance in Sweden.

The insurance does not cover:

- Costs outside the Nordic countries.
- · Loss of earnings.
- Costs for private hospital care.
- Costs for accidental injuries incurred during periods or activities not covered by the insurance.
- Costs reimbursed from elsewhere, e.g. municipality, region or other insurance.

Dental injury

The insurance covers necessary and reasonable costs for dental care and other treatment by dentists together with aids prescribed by them for healing of the injury. You should see a dentist as soon as possible in connection with a claim injury. Compensation is paid on the basis of reference prices in the Swedish National dental care subsidy and is paid for the part not covered by the Swedish social insurance system through Försäkringskassan's high-cost protection.

Reasonable costs for necessary emergency treatment are covered, even if approval from Hedvig has not been obtained. Damage to permanent dentures is covered according to the corresponding rules on natural teeth, and this also applies to removable dentures worn at the time of the injury.



Compensation due to an accident

Dental Injury (cont.)

If treatment needs to be postponed more than three years after the accident due to the age of the insured person (under 23 years), the insurance will instead pay out a flat-rate compensation amount of SEK 15,000. In these cases, the dentist certifies that treatment needs to be postponed more than three years from the time of injury.

Treating dentists must be affiliated with public insurance in Sweden and signed up to the national dental care subsidy.

The insurance does not cover:

- Injuries from biting or chewing.
- · Costs outside the Nordic countries.

Hospitalisation

The insurance covers accidental injuries that require the insured person to be admitted to hospital overnight. The insurance covers each started day that the insured person is in hospital

Compensation is paid for a maximum of 200 days of healthcare under any one claim.

Compensation for scar injuries

The insurance covers scars or other permanent changes to appearance as a result of accidental injury requiring medical treatment.

The insurance does not cover:

• Scars that originated before the insurance came into effect.

Crisis help

The insurance covers the costs for two years of treatment and travel expenses related to crisis therapy with a licensed psychologist as a result of:

- Approved accidental injury claims.
- Death of a close relative.
- Attack, assault and battery, intimidation, robbery or rape reported to the police.

Treatment should have started within one year of the event that caused the crisis.

Medical disability (Permanent injury)

The insurance covers confirmed future permanent damage to physical function. Permanent, but assessed as a degree of medical disability determined in accordance with the medical tables established by the Insurance Sweden branch organisation.

The right to compensation exists when the disability condition arises and future medical disability has been confirmed.

The claim is assessed independently of the degree to which fitness for work is impaired.

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Compensation due to an accident

Mental disability (Permanent injury) (cont.)

The insurance amount will be gradually reduced by SEK 50,000 per year from the year the insured person turns 46 in order to be removed completely on reaching the age of 65.

Compensation is paid out according to the proportion of the insurance amount corresponding to the degree of medical disability.

The total compensation paid, together with financial inability, cannot exceed 100% of the insurance amount.

The insurance does not cover:

- Permanent injury that existed before the accident.
- A corresponding degree of disability is deducted for any permanent injury that existed before the accidental injury claim.

Financial inability (Loss of fitness for work)

The insurance covers future permanent impairment of your fitness for work.

The impairment of your fitness for work is assessed as a degree of financial inability and compensation will be paid in cases where an accident results in a minimum of 50% impairment of fitness for work.

The impairment of fitness for work is assessed in relation to your fitness for work before injury.

- A prerequisite is that the accident impairs fitness for work by no less than half, and a minimum of half sickness benefit (with no time limit) has been awarded by Försäkringskassan.
- The accident must also have resulted in medical disability of at least 5% permanent injury.
- Compensation for financial inability is paid when all options for work training and rehabilitation have been investigated.
- The compensation amount for financial inability is paid as a lump sum.
 Compensation is paid according to the proportion of the insurance amount corresponding to the degree of financial inability

The total compensation paid together with medical disability cannot exceed 100% of the insurance amount.

The insurance amount will be gradually reduced by SEK 50,000 per year from the year the insured person turns 46 in order to be removed completely on reaching the age of 65.

Death

In the event of an accident leading to death, the insurance will pay compensation of SEK 50,000. The compensation will be paid to your estate unless we have been notified of a special benefit order.

Special benefit orders can be made from the age of 18.



What the insurance does not cover (limitations)

Sports and activities

The insurance does not cover accidental injury when participating in:

- · Criminal acts under Swedish law.
- Free diving at depths greater than 10 meters and all scuba diving.
- Boxing or other martial arts involving punches/kicks or equivalent.
- Competition or training with motor vehicles.
- Sports, sports competition or organised training as a professional athlete*.

Longer-term stays outside the Nordic countries

The insurance does not cover accidents that have occurred during stays outside the Nordic countries lasting more than 12 months. Temporary stays within the Nordic countries do not affect the total period spent outside the Nordic countries. This restriction does not apply if the insured person is in the Swedish foreign service.

War or warlike situations

The insurance does not cover accidental injuries due to war or warlike events, civil war, revolution or rebellion. If war or violent political unrest breaks out during stays in areas outside Sweden, the insurance remains valid during the first three months provided that you do not participate in the war or unrest.

Atomic nuclear process

The insurance does cover accidental injury caused directly or indirectly by atomic nuclear process.

Acts of terrorism

The insurance does not cover accidental injury caused by the spread of biological, chemical or nuclear substances in connection with acts of terrorism.

Intentional damage

The insurance is not valid if the injury was intentional.

Force Majeure

The insurance does not cover any potential losses in cases where claim investigation or payment is delayed due to war, warlike event, civil war, revolution, rebellion, government action, strike, lockout, blockade or similar event.

Sanction provisions

The insurance does not cover claims or pay any form of benefits to the extent that the terms and conditions of such cover, payment of such claim or conditions of such benefit would expose Hedvig to any sanctions, prohibition or restriction pursuant to a UN resolution or trade or economic sanctions, laws or regulations of the EU, United Kingdom, Northern Ireland or USA.



What is applicable when buying insurance

Who can take out insurance?

The insurance can be taken out by anyone aged 18 or over who is registered and permanently resident in Sweden.

How long does the insurance last

The insurance is valid for one year at a time and can be retained for life.

Who does the insurance cover

The insurance covers the amount of people listed as insured in the insurance documents.

When and where is the insurance valid

The insurance is valid 24/7 worldwide.

Excess

The insurance cover has no excess.

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Information about your insurance

Who is the insurer provider

The insurance provider under these terms and conditions is Hedvig Försäkring AB (org.nr 559245-5223), Valhallavägen 117 K, SE-115 31 Stockholm, www.hedvig.com/se. Hedvig Försäkring AB is licensed by the Swedish Financial Supervisory Authority to issue accident insurance and is also under the supervision of the Swedish Financial Supervisory Authority, Box 7821, SE-103 97 Stockholm, tel. +46 (0)8-787 80 00, www.fi.se or email finansinspektionen@fi.se. Hedvig Försäkring AB's licence can be checked by contacting the Swedish Financial Supervisory Authority.

Hedvig as insurance broker

The insurance broker for this insurance is Hedvig AB (org.nr 559093-0334) postal address Valhallavägen 117 K, SE-115 31 Stockholm, www.hedvig.com/se.

Hedvig AB is registered with the Swedish Companies Registration Office for the brokerage of non-life insurance.

Hedvig AB does not advise on this insurance on the basis of an impartial analysis. As an insurance broker, Hedvig AB is under the supervision of the Swedish Financial Supervisory Authority, Box 7821, SE-103 97 Stockholm, Tel. +46 (0)8 787 80 00, www.fi.se or email finansinspektionen@fi.se.

Hedvig AB's insurance broker licence and our individual employees' insurance broker licences can be checked by contacting the Swedish Financial Supervisory Authority.

Insurance policy and terms and conditions

It is important that you read the terms and conditions along with your insurance policy to see what applies for your particular insurance. The insurance policy contains information about who is insured, the scope of the insurance, the insurance amount and policy duration. The insurance policy together with the terms and conditions constitute the contract.

What does the insurance cover

The insurance covers accidents. It does not cover illness. You can read more about when compensation from difference areas of cover may become applicable in the terms and conditions. The date on which the injury occurred determines which terms apply.

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General provisions

Below is a summary of some of the rules in the Swedish Insurance Contracts Act that apply to your insurance. We have also collated other important information relating to your insurance here.

Laws

The insurance is subject to Swedish law. Disputes associated with this insurance will be settled in a Swedish court pursuant to Swedish law.

Insurance period

The insurance comes into effect at the time it is taken out, and is valid provided that the premium is paid no later than the due date. Your insurance will automatically be renewed for another year unless cancelled by you or from our side. When it is time to renew, you will receive a new insurance policy with information on the price.

If the policyholder dies, continued insurance is offered to other members co-insured under the insurance documents.

In accordance with Chapter 19, Section 13 of the Swedish Insurance Contracts Act, any coinsured persons are covered for three months following the event of the policyholder's death, among other things.

Changes to the insurance

The same provisions apply to changes to or extension of insurance cover as in the case of new insurance.

Termination

You can cancel the insurance at any time with immediate effect or from a specified date in the future.

During the insurance period, we can only cancel the insurance if there are exceptional reasons, such as those set out in the Swedish Insurance Contract Act. We can cancel the insurance contract on the annual maturity date if there are specific reasons that mean we can no longer provide insurance. We can also cancel the agreement if you have not paid on time.

Payment of premiums

The premium is charged monthly in arrears. Delay in payment of premiums may result in the insurance ending in accordance with the rules in the Swedish Insurance Contracts Act.

The insurance provider reserves the right to change the annual premium. The change will enter into effect on the annual maturity date, which will occur no earlier than 14 days after notification of the change.

Duty of disclosure

When you apply for insurance, you are obligated to provide information when requested that may have an impact on whether or not we can provide the insurance. The same applies to extension or renewal of an insurance policy. You must also provide correct answers to our questions during the insurance period. If the information provided is incorrect or incomplete, it may mean that the insurance cover is not valid, and we are not liable for any claims that arise.



General provisions

Duty of disclosure (cont.)

If we become aware that a not-insignificant breach of the obligation to provide information has occurred through either intent or negligence during the insurance period we may cancel the insurance before it expires or is amended. This cancellation takes effect three months after we have notified you of cancellation of the insurance. No refund is made.

When an injury has occurred

Hedvig must be notified of accidental injury that may entitle you to compensation as soon as possible. The claimant must submit a medical certificate and other documents relevant to the provision of the right to compensation when requested by Hedvig. The costs of medical certificates and other documents are reimbursed by Hedvig. Consent for Hedvig to obtain information from doctors, hospitals, other healthcare establishments, general social insurance funds or other insurance establishments for the assessment of entitlement to compensation must be given when requested by Hedvig.

Hedvig will pay compensation for insurance claims no later than one month after the entry into force of the right to compensation and the claimant has fulfilled all requirements under "When an injury has occurred" in these terms and conditions. If it is obvious that the claimant is entitled to a specific minimum amount, this will be paid immediately and deducted from the final compensation amount

Valuation table

VALUE AS A PERCENTAGE OF THE NEW PRICE AT THE TIME OF INJURY

OBJECTS
Clothing and shoes
Glasses
Helmet*

<6 m	6 m-1 yr	1-2 yrs	2-3 yrs	3-4 yrs	4-5 yrs	5 yrs
100	80	60	50	30	20	10
100	100	90	80	70	60	50
100	100	95	90	80	60	40

Double insurance

If you are insured with several insurance companies for a single claim, each insurance company is liable to you as though the company were alone in providing insurance. However, the total compensation amount you receive from the companies may not be greater than the amount relating to costs associated with the injury or loss. If the total insurance amount from all companies exceeds the insurance amount for the costs, injury or loss, the insurance companies share total liability according to the ratio between the liability amounts.

How long do you have to claim (statute of limitation)

The right to insurance compensation or other insurance cover ceases if the claimant does not bring an action against us within 10 years of the date on which the situation entitling them to cover under the insurance contract occurred. Situation refers to the conditions in the insurance contract, the insurance statement and the insurance terms and conditions that must be fulfilled in order for the right to compensation to exist.

The statute of limitation starts to run when the right to compensation from the insurance exists. However, any person that has presented a claim to us within the time limit set out here always has at least six months to bring an action against us from the date on which we make our final position on the claim clear.



General provisions

Processing of personal data

The personal data provided to Hedvig is processed in accordance with applicable data protection legislation and the company's guidelines. Information on how personal data is processed can be found at www.hedvig.com/se



What do you do if you don't agree with us

If you are not satisfied

If you are not satisfied with a decision or the handling of your case, we are naturally prepared to reassess it. Start by contacting the person you have been in contact with or our complaints manager.

More information can be found on our website. If you are still dissatisfied, you can contact the Board for Insurance of Persons in relation to medical disputes, info@forsakringsnamnder.se, +46 8 522 787 20.

If the dispute concerns other issues, you can contact the National Board for Consumer Disputes (ARN) at arn@arn.se, +46 8 508 860 00. The hearing is free of charge for you.

You can also go to court to have your case heard. Your representation costs can usually be reimbursed if you have legal expenses insurance. You will then only pay the excess.

If you want free advice on insurance issues, you can also contact the Swedish Consumers' Insurance Bureau, konsumenternas.se/kontakta-oss, 0200-22 58 00 (+46 8 22 58 00). The municipal consumer advisor can also provide advice and information.