

Safely Payment Protection Insurance terms

1. Introduction

This insurance can provide compensation for your fixed costs, such as rent and electricity, in the event of loss of income due to involuntary unemployment, incapacity for work as a result of an accident or illness and hospitalisation for more than 14 days. If you are on sick leave due to an accident, illness, or involuntary unemployment, the insurance can provide compensation for your monthly fixed costs for up to 12 months, depending on the conditions stated in these terms. If you are hospitalised for at least 14 days, a one-off compensation amount is paid. In addition to the insurance terms, the provisions of the group contract also apply to the insurance.

2. Glossary

Glossary – Definitions

Safely

Safely AB, corporate identity number: 559310-0331 and address Västmannagatan 66, 113 24 Stockholm. Web: www.safely.se, email: kundservice@Safely.se.

Complete incapacity to work

This means that your ability to work is completely suspended due to accidental injury, illness leading to full sick leave (100%) and payment of social insurance benefits. To assess whether you are entitled to compensation, the insurer may require you to be examined by a doctor.

The insured person

This refers to the person whose interests the insurance applies to.

Optional group insurance

This refers to insurance that the person who belongs to a special group has the right to join through their own registration.



Fully fit to work

This means that you can perform your normal work without exception and are not on sick leave wholly or partially, receive social insurance benefits or have such benefit suspended due to incapacity for work. You may also not receive an ongoing or delayed annuity due to an occupational injury, or have wage subsidy employment for medical reasons.

Insurance contract

The contract that applies to each individual's insurance and which includes the application for insurance, applicable insurance terms, the latest insurance notice and additional mandatory rules in the Insurance Contracts Act and Swedish law in general.

Insurance amount

For complete incapacity for work and involuntary unemployment, the insurance amount is the selected monthly insurance amount agreed with Safely, however not more than SEK 10,000 per month.

In the event of hospitalisation of at least 14 days, compensation corresponds to the chosen monthly insurance amount as a lump sum. The monthly insurance amount is shown on your insurance statement. However, the highest insurance amount that can be provided from the insurance is a total of SEK 10,000 per month, regardless of whether the insured person has one or more insurances with the insurer. The selected insurance amount may not exceed 60% of the policyholder's gross salary. If the compensation from this insurance affects the payment from other insurance (private or public), the insurer has no responsibility for this.

Insurance notice

This refers to a written statement that is issued as soon as an insurance policy has been notified or changed and which contains information about which insurance elements you have chosen, basic rights and obligations for the insurance as well as important limitations of the insurance coverage.

Insurer

The insurer is Maiden General Försäkrings AB, corporate identity number 516403-1003.

Policyholder

The policyholder is the group member who has applied for and been granted the insurance.



Group entitled to insurance

The persons who are part of a predetermined group and who are entitled to join or apply for group insurance. The structure of the group entitled to insurance is determined in the group insurance contract (see below).

Group insurance contract

The contract between the insurer and the group representative that regulates the coverage that the group members can apply for. A valid group insurance contract is a prerequisite for it to be possible to enter individual insurance contracts. The group insurance contract contains provisions on the time when the insurance begins and expires, how the premiums are to be paid, who provides information about the insurance to the insured group, and so on.

Group representative

This refers to the party who has entered the group insurance contract with the insurer. The group representative for this insurance is Safely.

Group member

Group members are all persons who belong to the group that is entitled to insurance according to the group insurance contract.

Waiting period

The period for which the insurance must be valid and an uninterrupted period of incapacity for work or involuntary unemployment which must pass before an insured person is entitled to insurance compensation. The waiting period is 30 days both for complete incapacity for work and for involuntary unemployment.

Qualifying time

The period for which the insured person must have been covered by the insurance and have paid an insurance premium to be entitled to insurance compensation in the event of incapacity for work or involuntary unemployment. For incapacity for work, the qualifying period is 30 days and for involuntary unemployment, it is 120 days. This means that no compensation is paid if unemployment or incapacity for work begins during the qualifying period or if notice of termination of employment is received before the qualifying period is over.

Involuntary unemployment

This means that you become unemployed without it being your fault, i.e., termination may not take place due to misconduct. You must also be entitled to compensation from the unemployment insurance fund after the statutory waiting period has expired. Your

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employment must have ceased completely and you may no longer perform any work for remuneration, which also means that unemployment must be full-time. Unemployment is not involuntary if you yourself have terminated your employment, or if it has otherwise ceased with consent.

Accidental injury, accident

This refers to a bodily injury that occurs through sudden, involuntary and external violence against the body at an identifiable time and place.

Price base amount

This refers to the price base amount determined each year by law.

Illness

A deterioration of your health that cannot be considered an accidental injury and that has demonstrably impaired your physical and/or mental function. Illness does not include voluntary bodily harm. The illness is considered to have occurred on the day when the deterioration can be detected and has been determined by a doctor.

Final age

The insurance ends when the insured person reaches the final age in the insurance, which is 67 years.

Symptom clause

Insurance compensation is not granted for any illness, suffering, injury or disability that was present or caused symptoms within twelve months before the start of the insurance period, even if a diagnosis or reason could not be determined until during the insurance period. If you or your close relative has not been treated or had any symptoms for a continuous period of at least twelve months immediately before the insured event, you can receive compensation for any injury that had not previously been awarded compensation under this provision.

3. General provisions

3.1 Group entitled to insurance

You who are part of the group entitled to insurance and who as a group member can apply for Safely Payment Protection. Safely is the group representative for this Payment Protection.

These insurance terms describe in detail different parts of the insurance contract and contain information about the scope of the insurance cover, when the insurance comes into force, how the insurance can be extended, when it can be terminated and when and how the



premiums are to be paid. Once the insurance has been taken out, you will receive an insurance letter describing which parts of the insurance you have coverage for.

3.2 Requirements for taking out an insurance

The following requirements need to be met in order for you to take out insurance:

- You are at least 18 but under 64 years of age.
- At the time of the application, you have been permanently employed for a continuous period of at least six months with a working time of at least 17 hours per week.
- You are fully fit to work.
- You are resident and registered in Sweden and are entitled to social insurance benefits from the Swedish Social Insurance Agency if necessary, and at the time of application, you are not aware of any notice of termination or future unemployment.

3.3 Right to withdrawal

After you have received the insurance statement, you have the right to cancel your insurance within 30 days. In that case, you must notify Safely or the insurer of this within the thirty-day period.

If you exercise the right of withdrawal, you do not have to pay any premium and if you have paid the premium, this will be refunded to you after the right of withdrawal has been exercised. If you exercise the right of withdrawal, it means that you have never had any insurance cover.

3.4 When the period of the insurer's liability begins and the insurance takes effect

The insurer's liability is calculated from the day after your application to join the insurance has been received by Safely as a group representative, provided that your application to join the insurance is approved. This, in turn, requires that fully completed application documents have been received and that all accession requirements according to point 3.2 above are met. The time when the insurer's liability begins is also stated on the insurance statement, which is also when you start to be covered by the insurance cover and an insurance contract is entered into.

3.5 Renewal

The insurance period is one month and the insurance is renewed every month if the insurance is not terminated by you or the insurer.

3.6 Changes to the insurance contract

In connection with the renewal of the insurance, the insurer has the right to change the insurance terms and also the premium.



Changes to insurance terms and premiums shall be made with 30 days written notice. If changes in the provisions are caused by a change in law, ordinance or government regulation, the insurer has the right to change the provisions during the insurance period. Any change that is due to a change in law, ordinance or government regulation may be implemented with immediate effect.

3.7 Premium and premium payment

The premium is calculated for one month at a time and is determined with regards to your age and the composition of the group, such as gender, average age, current premium fees and relevant rules for risk assessment. The size of the premium is stated in your insurance statement. The premium is announced monthly in advance.

If the premium is not paid on time, and the delay is not of minor importance, the insurer has the right to terminate the insurance. The termination shall take effect 14 days after the written notice of termination has been sent, if the premium is not paid within this time.

The insurer may change the premium in connection with renewal (see above, 3.5). The change shall take effect for the monthly payment that occurs at least 30 days after the insurer or Safely informed you of the change.

3.8 Reactivation

If the insurance has ceased to apply, it can be resumed to its previous extent if the premium is paid within 3 months from the day the insurance ceased to apply due to non-payment of premiums. The insurance will then again apply the day after the day on which the premium was paid. The insurance cannot be reactivated if it is the first premium that has not been paid; this only applies to subsequent premium periods or renewed insurance.

If the insurance is reactivated, it does not cover insurance matters that occurred during the time when the insurance was not valid. Neither does it apply to insurance matters that arise after the insurance has been reactivated but which have been caused by events that occurred when the insurance was not valid. The insurer's liability does not begin until the day after the day on which the premium was paid.

3.9 Duty of disclosure

You have an obligation by law to state in the application all information that may be important for the insurance to be announced or renewed, as well as to provide complete and correct answers to all questions asked during the application process.

3.10 Transfer

The insurance cannot be transferred or pledged.

3.11 When the insurance expires

The insurance expires

- on the first day of the month following the month you turn 67
- when you retire or start retirement and work less than 17 hours a week
- if you receive an annuity or similar compensation
- after the insurer has paid a total of 36 months' compensation for incapacity for work or involuntary unemployment,
- if you die
- if the insurance is terminated by you or by the insurer, or if the group representative terminates the group contract, see below point 3.12
- if you move abroad and/or cease to be covered by Swedish social insurance and/or are no longer registered in Sweden.

3.12 Termination of the insurance

You have the right to terminate the insurance at any time.

The insurer has the right to terminate the insurance during the insurance period only due to non-payment of premiums or if you have provided incorrect information that has led to you joining the insurance on incorrect grounds.

The insurer also has the right to terminate the insurance until the end of the insurance period, with 30 days' notice.

The insurer's termination must always be in writing.

The group representative has the right to terminate the group contract in accordance with what has been agreed in the group contract. Such termination means that all insurances expire on the day specified in the termination, but not earlier than one month from the date of termination.

3.13 Post-coverage

Due to the nature of the insurance, there is no right to post-coverage.

3.14 Continuation insurance

Due to the nature of the insurance, there is no right to continuation insurance.

3.15 Prescription

If you want to claim insurance compensation or other insurance cover, you must bring an action no later than ten years from the time when the relationship that according to the insurance contract entitles to such compensation or such protection occurred.



If you have submitted the claim to the insurer within the time specified above, the time limit for bringing an action is always six months from the insurer's declaration that it has taken a final position on the claim.

4. Special provisions on insurance

4.1 The purpose of the insurance and the insurance amount

The purpose of the insurance is to reimburse fixed costs in the event that you suffer from complete incapacity for work, involuntary unemployment or in the event of a hospital stay of at least 14 days, up to an agreed maximum amount, for expenses as follows:

- rent, or interest on loans, relating to the house or apartment where you live
- home insurance
- telephone, internet and TV
- electricity
- waste collection
- water/heating
- fees to a tenant-owner association or community association
- parking space/garage
- motor insurance and tax

Fees or expenses related to late payment are not reimbursed.

You should carefully calculate and choose the monthly amount you insure and review it regularly so that the insured amount covers your fixed costs. The insurance reimburses you with an amount corresponding to the above expenses, insofar as you had them when the insured event occurred. The maximum monthly amount you can insure is SEK 10,000.

When settling an insurance case, the insurer has the right to check that you have the expenses listed above and that they correspond to at least the insured monthly amount each month.

If you wish to increase or decrease the insured monthly amount after you have been granted insurance cover, contact Safely.

Provided that your fixed costs have increased, you can apply for an increase in the insurance amount. In order to be granted such an increase, the connection conditions set out in point 3.2 above must be met at the time of the application for the increase. A new qualifying period applies for the increased insurance amount.

The insurance compensation is paid to your bank account monthly in arrears and you pay your fixed expenses stated above. You do not have the right to transfer or otherwise dispose of the insurance.

4.2 Events covered by the insurance

The insurance covers the following events:

- Complete incapacity for work
- Involuntary unemployment
- Hospitalisation of at least 14 days

Complete incapacity for work and involuntary unemployment are defined in the glossary above.

The insurance is a complete insurance even if it covers different types of events, and therefore it is not possible to exclude any of the events from the insurance.

4.3 Right to compensation

4.3.1 Complete incapacity for work

Provided that you are covered by the insurance for at least 30 days (qualifying period), you are entitled to compensation if you suffer from complete incapacity for work. For each continuous period of complete incapacity for work, compensation is paid every month for a maximum of twelve months.

Provided that you have been incapacitated for work for 30 days (waiting period), compensation is paid from the 15th day of your incapacity for work. The compensation for each day that you are unable to work is 1/30 of the insurance amount, however, a maximum of SEK 10,000 per month. During the period of illness, you must be under constant medical supervision and follow the doctor's instructions and recommendations.

If, during a period when you are entitled to compensation, you make an attempt to return to work and start working again, this does not affect your right to insurance compensation if the attempt lasts for less than a month. It is considered the same period of illness and no new waiting period is applied. However, you are not entitled to compensation during the time you receive your salary. You can make a maximum of one attempt to return to work during a compensation period.

If you have been affected by incapacity for work for at least 30 days and then regain your capacity for work, the precondition for you to be entitled to additional compensation is:

- You must be fully able to work for at least 30 consecutive days if the cause of the new incapacity for work is different from the cause of the original incapacity for work
- You must be fully fit for work for at least 180 days if the cause of the new incapacity for work is the same as the cause of the original incapacity for work,



with the exception of periods of illness shorter than two weeks, calculated from the time when the most recent period of illness ended. This also applies if you suffer from incapacity for work during the qualifying period of 30 days from the beginning of the insurance period.

Special exceptions:

Compensation is not provided for incapacity for work due to

- mental illness or disorder, stress-related illness such as depression or stress reaction
- pregnancy-related conditions during any pregnancy which a specialist doctor considers to be a normal pregnancy
- consequences of a medical treatment that is not medically justified or has not been called for by licensed healthcare professionals, such as plastic surgery that is not reconstructive surgery
- Insurance compensation is not granted for illness, discomfort, injury, or disability if the symptoms existed within twelve months before the insurance came into force, even if the diagnosis or cause could not be determined until after the insurance has become valid (symptom clause). If you or your close relative has not been treated or had any symptoms for a continuous period of at least twelve months immediately before the insured event, you can receive compensation for any injury that had not previously been awarded compensation under this provision.

4.3.2 Involuntary unemployment

Provided that you meet the following conditions, you are entitled to compensation if you become unemployed.

You must have been notified of the termination of employment and/or ceased your activities at least 120 days (qualifying period) after the insurance period began and the involuntary unemployment must have begun before the insurance period expired.

The conditions vary depending on the type of employment you had before you became unemployed: if you have had a permanent employment contract, a fixed-term employment contract or if you have been self-employed.

- For those of you who were permanently employed, compensation is paid if you have lost your job due to redundancy or termination due to lack of work, provided that the dismissal did not take place due to personal reasons. Your employment must have been for at least 17 hours per week for at least six months.
- For anyone who has had a fixed-term employment that has covered at least 17 hours per week, compensation is paid if your employer terminates you before the end of the

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employment period, or does not extend your employment if the intention was originally to extend it, and either:

- the employment period according to the employment contract that applied when you joined the insurance was at least 12 months and the employment period was subsequently extended by at least 12 months or
 - you have previously been permanently employed by the same employer.
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- Compensation is paid only if your employment was terminated prematurely and if you lost your job due to redundancy or dismissal due to lack of work, provided that the dismissal did not take place due to personal reasons. Compensation is not paid longer than the day on which the period of employment would have ended.
 - No compensation is paid in the event of part-time unemployment or in the event of unemployment as a result of probationary employment, general fixed-term employment, temporary work, seasonal work or other fixed-term employment period expiring.
 - For anyone who was self-employed, compensation is paid if you have ceased your business due to the fact that you have not been able to get enough work to meet your reasonable cost of living and have reported to the relevant authority that your business is dormant and/or that your approval for F tax is to be revoked.

Provided that you have been involuntarily unemployed for 30 days (waiting period), compensation is paid from the 15th day of your involuntary unemployment. The compensation for each day that you are unable to work is 1/30 of the insurance amount, however, it is a maximum of SEK 10,000 per month.

When compensation has already been paid for involuntary unemployment for at least 30 days, you are again entitled to compensation for involuntary unemployment, provided that you have worked full time for at least 180 consecutive days since you last received compensation due to involuntary unemployment. However, a new waiting period of 30 days is applied (see above). This also applies if you become unemployed during the qualifying period of 180 days from the beginning of the insurance period. Probationary employment that is transferred to permanent employment is included in the 180 days required for re-qualification.

If you receive parental benefit during a period when you receive insurance compensation for unemployment, your right to compensation is paused until you no longer receive parental benefit, but no longer than 18 months from the day you became unemployed. During the time you receive parental benefit, you will not receive insurance compensation.

4.3.3 Hospitalisation

Provided that you are covered by the insurance for at least 30 days (qualifying period), the insurance provides a one-off compensation amount if you are hospitalised continuously for at least 14 days. The one-off compensation amount corresponds to the selected insurance amount.

When compensation has already been paid for a hospital stay, you are again entitled to compensation for a hospital stay, provided that you have worked full time for at least 180 consecutive days since you last received compensation due to a hospital stay.

Specific exceptions

Insurance compensation is not granted for illness, discomfort, injury, disability if the symptoms existed within twelve months before the insurance came into force, even if the diagnosis or cause could not be determined until after the insurance has become valid (symptom clause). If you or your close relative has not been treated or had any symptoms for a continuous period of at least twelve months immediately before the insured event, you can receive compensation for any injury that had not previously been awarded compensation under this provision.

4.4 Multiple insurance periods

In total, compensation can be provided for a maximum period of 36 months for several periods of incapacity for work and unemployment.

4.5 How to claim compensation

On behalf of the insurer, TPA claims & admin AB (TPA) will handle your claim. You therefore need to notify TPA in writing as soon as possible with your claim for compensation. You can report your injury on TPA's website www.tpaclaims.se. You can also order a claim form from TPA by telephone at +46 (0)31-10 58 83. You must submit all documents that TPA requests on behalf of the insurer, in order to be able to assess the right to compensation. The documents must be sent in the manner specified on the website or sent by post to: TPA claims & admin AB, Södra Gubberogatan 20, 416 63 Gothenburg, email: skada@tpaclaims.se.

5. Limitation of the insurer's liability

5.1 Incorrect or incomplete information

If you or someone else who claims compensation from the insurer after an insured event has intentionally or through gross negligence incorrectly stated, concealed or hidden something of significance for the assessment of the right to compensation from the insurance, the

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compensation that would otherwise have been paid may be reduced according to what is reasonable in the circumstances.

5.2 Validity abroad

The insurance regarding incapacity for work and unemployment applies when you stay outside the Nordic countries (Sweden, Norway, Finland and Denmark) for a limited time. If you move to a country outside the Nordic region, the insurance will cease to apply. Stays outside the Nordic countries are not considered to be interrupted due to temporary visits to the Nordic countries for doctor's appointments, hospital care, business trips, holidays or the like.

5.3 Making an insurance claim

If you have evoked an insurance event intentionally or through gross negligence or have aggravated the consequences thereof, the insurer is free from liability.

5.4 High-risk activities

The insurance does not apply to insurance events that occurred when the insured person was active in

- motorsports, including training
- rock climbing
- boxing at the elite level
- diving at a depth of more than 18 metres, solitary diving, diving under ice, in caves or in shipwrecks
- extreme sports, adventure sports or expeditions, or adventure activities in polar regions or tropical areas
- military aviation, advanced aviation, aerial sports including ballooning, motor flying, gliding, skydiving, gliding or kite flying
- as a stunt performer, aerial acrobat or the like
- clinical drug trial
- particularly high-risk occupations such as a security guard, soldier, bodyguard or the like
- activities requiring special protective equipment if proper equipment has not been worn
- sporting events for which the insured person has received compensation in excess of a price base amount.

5.5 Gross negligence

If your injury was caused by or its consequences were aggravated by you being grossly negligent, for example by the influence of alcohol, other intoxicants, narcotic drugs or doping

substances or by the influence of drugs that have not been used for medical purposes as prescribed by a doctor, the insurance compensation can be reduced in whole or in part.

The insurance compensation can also be reduced in whole or in part if it must be assumed that you undertook a document or failed to act with the knowledge that the act or failure to act entailed a significant risk that the injury would occur.

If the injury was caused by or aggravated by the fact that you participated in or committed a criminal act, which according to Swedish law can lead to imprisonment, the insurance compensation can be reduced in whole or in part.

5.6 Force majeure

The insurer is not liable for financial damage that may occur if an analysis of the insured event or a payment is delayed due to war, political unrest, law, government action, conflict in the labour market or other event beyond the insurer's control and the consequences of which the insurer cannot reasonably predict or prevent.

5.7 Participation in war or stay abroad in the event of war or political unrest

The insurance does not apply when the insured person travels to a country or area to which the Ministry for Foreign Affairs advises against travelling. The insurance also does not apply to insurance cases that arise within one year of such a trip or stay and that can be considered a result of war or unrest.

If war or unrest breaks out in an area where the insured person is located, the insurance applies during the first month, if the insured person does not voluntarily participate in the war or the unrest.

5.8 War in Sweden

If war breaks out in Sweden, a special law applies to certain insurance cases, which means, among other things, that an additional premium (war premium) can be taken out.



6. If you do not agree

If you are dissatisfied with a decision, you should in the first instance turn to TPA claims & admin AB, Södra Gubberogatan 20, 416 63 Gothenburg) and request a reconsideration. If you are not satisfied after such a review, you can send a complaint to the insurer:

Maiden Life & General
Klarabergsviadukten 70
Box 70396
107 24 Stockholm
Sweden
Email: customer.relations@maideniis.com

If you are still not satisfied after contacting the insurer, there are several options to have the case reconsidered.

The insurer's review board

A final decision in an insurance case can be reviewed by the insurer's review board. The board consists of an independent expert with many years of experience from the personal insurance area, a qualified lawyer and the insurer's claims manager and risk assessment manager. Försäkringsgivarens Prövningsnämnd, c/o First Insurance AB, Södra Gubberogatan 20, 416 63 Gothenburg.

General Complaints Board (ARN)

You can also turn to ARN to have your case tried. The Board does not consider cases concerning amounts below SEK 2,000 or medical assessments. Address: ARN, Box 174, 101 23 Stockholm.

The Personal Injury Board (PFN)

PFN examines medical issues where a statement from a doctor is needed. Address: Personskadenämnden, Box 24067, 104 50 Stockholm.

Consumers' Insurance Bureau (Konsumenternas försäkringsbyrå)

General information and advice on insurance issues can be obtained from: Konsumenternas försäkringsbyrå, Box 24215, 104 51 Stockholm.

Municipal consumer guidance

Each municipality has a consumer guide that helps consumers with general information and advice.



ADR (Alternative Dispute Settlement)

You can also use www.ec.europa.eu/consumers/odr for dispute resolution.

Court

Disputes over insurance contracts can be tried by a general court.

Representatives

Representative costs are not reimbursed through the insurance.

Choice of law and language

Applicable Swedish law applies to these insurance terms. All communication regarding the insurance, such as the insurance statement, terms and conditions and claims settlement, takes place in Swedish.

Address: Västmannagatan 66, 113 25 Stockholm Phone: 08-121 185 31 Email: kundservice@safely.se