

Group accident insurance

Product guide, valid as of 1 April 2020



A group accident insurance is a voluntary insurance policy that can be taken out, for example, for:

- company staff
- visiting group
- members of association or corporation
- the duration of an event such as a concert, exhibition or camp.

If an accident occurs, the insured person can seek treatment at our partner doctors or any other hospital clinic of their choice. Our objective is to get the insured person back to health and working again.

This brochure will give you a general idea about Pohjola Insurance Ltd's group accident insurance. The details are found in the policy document and the Group Accident Insurance (RT01) terms and conditions of 1 January 2018, which are applied to claims.

Comprehensive cover for accidents

You can insure a group or an individual person. Taking out an insurance is easy, because you do not have to list the persons or submit their health information. The insured persons must be domiciled in Finland.

Validity

The insurance fits many uses and can be tailored to your needs.

The insurance may be chosen to be valid for both during work and off-duty (24/7) or only for off-duty. The insurance's validity may also be tailored to only concern specific activities such as club events, communal work, working in a position of trust or volunteer work.

The insurance is also suited to schools, colleges and kindergartens and event organisers as cover for any personnel risks involved.

The insurance can also be used to provide cover for people working from home for situations immediately related to work that are not covered by the statutory workers' compensation insurance.

The insurance is valid throughout the country unless otherwise specified in the insurance policy.

Validity in sports and certain other activities

Certain sports and activities have been excluded from coverage. You can extend the insurance to cover the sports and activities referred to in the insurance terms and conditions. However, the insurance does not cover accidents that have occurred in competitive sports, unless this has been specifically agreed and entered in the insurance policy.

By competitive sports we mean sports games or matches arranged by a sports association or sports club and training arranged according to a training programme or other training typical of the sport, regardless of the level of competitiveness or the age

of the insured person. However, non-competitive or senior leagues organised by a sports federation or club are not considered competitive sports.

Sports referred to in the insurance terms and conditions for which you will need an extension include:

- Combat, contact or self-defence sports
- Motor sports
- Air sports
- Climbing sports, such as mountain, rock or ice climbing
- Scuba diving or free diving
- Freestyle skiing, speed and downhill skiing, or skiing on unprepared slopes or outside marked slopes.

The insurance coverage you can choose are

Medical Treatment Cover

- Ensures quick and high-quality accident treatment.
- Speeds up your recovery.

Daily Allowance Cover (not granted until you have taken out some other insurance)

- Gives the insured person financial stability in case of disability..

Disability Cover

- Gives the insured person financial stability in case of permanent physical handicap.

Death Cover

- Provides financial stability to the next of kin if the insured person dies.

You can choose from alternative sums insured and deductibles when you take out the policy.

Medical Treatment Cover

We compensate examination and medical treatment expenses caused by an accident. The insured person may get treatment at a private or public health care facility anywhere in the world.

We compensate the following medical treatment expenses caused by accidents:

- daily hospital charges

- fees for examination and treatment procedures carried out by physicians or healthcare professionals
- expenses for physiotherapy prescribed by a physician to recover from an accidental fracture or surgery or cast treatment. Physiotherapy is also covered in knee and shoulder injuries in which the physiotherapy is applied instead of surgery. However, physiotherapy is only covered for a maximum of 10 sessions per injury
- costs for medicinal products and wound dressings sold in pharmacies
- reasonable travel expenses to a local physician, dentist or nursing institution, or to a medical institution designated by the insurance company
- necessary extra costs of travel to and from school by an insured person of under 18 years of age using a vehicle that entails extra cost and which is used on a physicians order because of an accident
- necessary costs of repairing or replacing spectacles or contact lenses, a hearing aid, dentures or a safety helmet in use and broken when the accident occurred, provided that the accident called for medical treatment
- costs of an orthopaedic brace if it was the first orthopaedic brace that was acquired after a coverable operation or accident. These expenses are only covered up to EUR 500 per operation or accident.
- costs of dental injury examinations and treatments
- rental costs of forearm or underarm crutches.

Treatment expenses are only covered insofar as they are not or would not have been coverable under the Health Insurance Act or under some other legislation.

Daily Allowance Cover

A daily allowance is paid for the days that the insured person is unable to work because of an accident. The allowance is paid for up to 360 days and it is taxable income.

The allowance is paid for the days that the insured person is unable to work.

Compensation will not be paid until the end of any qualifying period following the date when a doctor stated the disability to begin.

Daily allowance cover expires at the end of the insurance period during which the insured reaches 70 years of age.

Disability Cover

We will pay compensation to the insured person if an accident results in a permanent disability.

The degree of disability is determined in accordance with the Government Decree on disability categories,

issued on the basis of the Workers' Compensation Act and valid at the time when the accident occurred. Injuries are divided into 20 handicap classes, with class 20 corresponding to full handicap and class 1 to the smallest coverable handicap.

The handicap class is only determined by the nature of the handicap disregarding occupation, hobbies or any other individual circumstances. Permanent handicap is determined three months after the accident at the earliest, and three years after the accident at the latest.

Death Cover

We will pay a death benefit to the insured person's next of kin or a designated beneficiary if the insured person dies in an accident or of injuries sustained in an accident within three years of the accident.

What constitutes an accident?

An accident is a sudden, external occurrence which is beyond the control of the insured person and which causes bodily injury.

Accidents also include, for example, drowning, frost-bite, heatstroke or sunstroke.

Exertion and movement

In addition to accidental injuries, the insurance covers strains or ruptures of a tendon or muscle diagnosed by a doctor that were directly caused by a sudden, particular and singular exertion and movement, for which medical treatment was given within 14 days of the occurrence of the injury. Indemnity is paid for a maximum of six weeks from the occurrence of the strain injury. No more than one MRI scan will be indemnified following a strain injury caused by sudden exertion and movement. Coverable expenses do not include physiotherapy or surgical operations.

We pay compensation for accidents that take place during the validity of the insurance.

What does the insurance not cover?

Only injuries which are the consequences of an accident are covered.

The concept 'accident' does not include injury caused by

- an event arising from an illness, defect or injury
- operation, treatment or other medical procedure, unless the procedure is undertaken for the treatment of an injury coverable under this insurance
- poisoning due to medicine, alcohol or other intoxicant or due to a substance taken as food
- biting to a tooth or dental prosthetic
- suicide or attempted suicide.

The following are not coverable as accidents:

- hernia of the intervertebral disk, abdominal or inguinal hernia, a rupture of an Achilles tendon, long head of biceps tendon or rotator cuff, or recurrent dislocation unless the injury was caused by an accident that would also cause injury to healthy tissues
- infectious diseases caused by a bite or sting
- the psychic consequences of an accident
- illness, defect, injury, or degeneration of the musculoskeletal system, which are not related to an accident, even if they had been symptomless before the accident
- slower recovery from accidental injury owing to illness, defect, injury or musculoskeletal degeneration.

What affects the insurance premium?

The amount of the insurance premium depends on the following choices:

- The cover you have chosen for the insurance and their sums insured and deductibles
- What kind of group or activity are you insuring?
- Scope of insurance
- Have you chosen a sports extension?
- Number of persons to be insured or the number of events
- Age of the persons to be insured.

We will review the premium levels annually on the basis of the claims expenditure. The minimum premium is 50 euros.

Effect of the person to be insured on the premium and the insurance's validity

The insurance premium increases as the insured person gets older. We divide insured persons into the following age categories:

- Under 18 years
- 18 to 69 years
- Over 70 years.

Validity of the insurance ends for persons who are under 18 or under 70 years of age at the end of the insurance period when the person turns that age, unless the following age category has been included in the policy. If so, the policy continues, with the premium being what is specified for the following age category.

Insurance premiums and compensation in taxation

As a rule, the insurance premium for group accident insurance is not a taxable benefit to the insured person.

- Compensation paid under medical treatment cover is tax-exempt.
- Daily allowance paid under Daily Allowance Cover is taxable income to the insured person.
- A lump-sum compensation paid under Disability Cover is tax-exempt income to the insured person.
- Death benefits are subject to inheritance tax to the next of kin that are the insured person's beneficiaries. If the beneficiary is other than your next of kin, the compensation is fully taxable income.

Bear in mind that taxation issues are based on the current legislation.

In case of loss or damage

If you have an accident, we recommend that you go to Pohjola Hospital or some other Pohjola Insurance partner doctor. In urgent cases involving an accident you can go to any doctor on duty. Clear instructions and the contact information of our partner doctors are found easily in OP Claim Help at vahinkoapu.op.fi and in the OP-mobile application.

Phone Pohjola's Health Advisor service on 0100 5225 to get a professional opinion on whether you should see a doctor or what would be the best treatment for an injury.

Filing a claim

Claimant should file a claim for each accident as soon as possible and no later than 12 months after the accident. You can make a claim online at op.fi.

Processing of personal data

Pohjola Insurance processes customers' personal data in accordance with regulations in force and in a manner described in greater detail in the Privacy Statement and the Privacy Policy. It is recommended that the customer read such privacy protection information. The Privacy Statement and the Privacy Policy are available at op.fi and the Pohjola Insurance's customer service outlets.

Insurance sales commissions

The insurance company will pay a commission that is either a percentage of the insurance premium or a fixed fee based on the number of policies sold.

The commission and its amount is affected by the insurance product and sales channel.

The commission is paid to the agent or insurance company employee.



Our services

Manage your insurance matters at op.fi

Login to op.fi using the user identifiers for your own bank.

Once logged in, you can

- report a loss and file claims
- make changes to your company's policies
- order a Green Card
- print out certificates of insurance

Pohjola Claim Help at your assistance 24/7

Pohjola Claim Help provides clear instructions for all types of accidents and losses. In the event of loss or damage, Pohjola Claim Help also lists the contact details of our doctor, repair shop and other partners.

Pohjola Claim Help is available at claimhelp.pohjola.fi and the OP Business mobile app.

Our telephone services

Pohjola Insurance

- Insurance and Claims Settlement 0303 0303*

Service numbers for statutory insurance**

- Motor third party liability accidents 030 105 502
- Work-related accidents 030 105 503
- Motor third party liability and occupational accident insurance 030 105 501

* From mobile phones and landline networks in Finland, EUR 0.0835 per call plus EUR 0.12 per minute. The price includes VAT.

** Call charge: local/mobile network rate (lnr/mnr).

We record customer calls to assure the quality of customer service, among other purposes.

Advice on claims and insurance policies

Our insurance and claims advisors provide personal assistance in our telephone service. You can also file a complaint or appeal an insurance or claim settlement decision with our customer ombudsman. For more information on filing an appeal, visit op.fi/filing-a-complaint

For independent advice, contact the Finnish Financial Ombudsman Bureau (FINE), tel. +358 9 685 0120, www.fine.fi/en

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Domicile: Helsinki, main line of business: insurance

Regulatory authority: Financial Supervisory Authority, finanssivalvonta.fi/en

