If’s child insurance guide

Guide for insurance buyers

Valid as of 1 January 2026

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Why take out insurance for your child from If?

For the benefit of your child

1 **Access to treatment quickly and without queuing**
If your child is ill, If's 24/7 Health Advice Service helps you find the right treatment quickly and easily. You have access to a nurse, virtual doctor and If's extensive network of partners. You can find the service on your My Pages and at if.fi/terveysapu (in Finnish).

2 **Lifelong coverage for your child**
Accident Insurance provides security until the age of 100, and a child's health insurance is valid until the age of 80.

3 **Cover for sports**
The insurance is valid in all sports activities until the age of 12 years. After this, the insurance can be supplemented with sports cover, which is valid during competitive sports and high-risk sports.

4 **As If's customer, your child gets fast and easy access to treatment**
Our partners apply for direct compensation on your behalf and you usually only need to pay the deductible.

More information about child insurance if.fi/lapsi or about baby insurance if.fi/vauva

This guide is not a complete account of If's child insurance. In addition to this guide, please also read the insurance terms and conditions and the general terms and conditions carefully. Any loss or damage will be compensated in accordance with the insurance terms and conditions.

Children's insurance policies in a nutshell

The most important cover for your child

If's child insurance ensures that your child has quick access to high-quality medical care for both illnesses and accidents long into adulthood. If you take out Child Insurance during pregnancy, the insurance also includes cover for the expectant parent and the newborn baby. You can also choose a insurance for your child that only covers accidents.

You should take out Child Insurance as early as possible, even before the child's birth. This will provide you with comprehensive insurance cover without any exclusions relating to the child's health. An insurance policy taken out for an unborn baby also covers any long-term hospital care of the expectant parent and the newborn baby as well as any serious congenital diseases or defects in the baby. It provides cover for treatment expenses right from birth and also covers permanent disability or death caused by an accident.

If your child has already been born, you can take out child insurance when the child is at least 7 days old but under the age of 14. The insurance will provide cover for your child into old age for treatment expenses arising from an illness or accident or permanent disability or death caused by an accident. Insurance taken out for a child who has already been born requires a health declaration for the child. This may result in insurance exclusions or insurance being refused due to the child's state of health.

We also use the name baby insurance for child insurance taken out before the child's birth.

You can easily file a claim on My Pages or via If Mobile. You can also follow the processing of your claim on My Pages.

My Pages are currently provided only in Finnish and Swedish.

Read more about our services on our Customer service web page.

You can supplement Child Insurance with Family Readjustment Cover. This additional cover provides coverage if your child falls seriously ill or is seriously injured. The cover helps the family adjust to the changed life situation.

Accident Insurance

You can insure your child against accidents either with a normal or extensive accident insurance policy. Extensive Accident Insurance is an excellent choice for a child who exercises and practices sports actively. It covers physical therapy more extensively than normal accident insurance. Both options cover the treatment expenses of accidents without a deductible.

Sports Cover (optional)

Child Insurance and children's Accident Insurance policies cover accidents incurred in sports activities until the child is 12 years old. After this, the insurance does not cover accidents incurred in competitive sports or high-risk sports. If's customer benefit program customers, however, can supplement Child Insurance and Extensive Accident Insurance with sports cover for an additional fee.

What do children's insurance policies include?

Wide and comprehensive coverage for your child

In the following, we will briefly describe the main grounds for granting Child Insurance and Accident Insurance and the covers they provide.

Grounds for granting insurance

Child Insurance for an unborn baby	
Time at which can be granted	From pregnancy week 12, no later than 2 months before the due date
Expires at the age of	80 years
Health declaration is required	Yes (mother's health declaration)
Expectant parent's age	Under 46 years of age at the child's due date
Ultrasound scan	An ultrasound scan performed after pregnancy week 9 is required
Twin pregnancy	If you are pregnant with twins, a separate insurance policy is made for each baby
Child Insurance for a baby who has already been born	
Age at which can be granted	7 days – 14 years
Expires at the age of	80 years
Health declaration is required	Yes
Extensive Accident Insurance	
Age at which can be granted	7 days – 14 years
Age at which expires	100 years, additional cover for treatment expenses arising from an accident: 80 years
Health declaration is required	No

Accident Insurance	
Age at which can be granted	7 days – 14 years
Expires at the age of	100 years
Health declaration is required	No

The common grounds for granting insurance are described later in this guide.

Validity of the insurances

All the above-mentioned insurance policies are valid 24 hours a day worldwide. However, compensation under the cover for treatment expenses arising from an illness or the additional cover for treatment expenses arising from an accident is only paid for treatment expenses incurred in Finland. (You can supplement the cover abroad with travel insurance.)

We will provide more details on the validity of insurance during sports in connection with the description on sports cover.

Covers included in Child Insurance taken out during pregnancy

Cover for hospital care of mother
Compensation for a longer period of hospital care of the expectant parent (mother) during pregnancy and in the first three (3) months after the child's birth: EUR 2,000. Qualifying period 30 days.

Cover for a serious congenital disease or defect
Compensation EUR 10,000.

Cover for hospital care of new-born baby
Compensation for a longer period of hospital care of the new-born baby, EUR 2,000. Qualifying period 30 days.

Covers always included in Child Insurance

Cover for treatment expenses
Compensation for treatment expenses arising from an illness or accident. Also includes additional cover for physical therapy.
Sum insured EUR 50,000, EUR 100,000, EUR 150,000 or EUR 200,000 during the validity of the cover. Deductible EUR 200, EUR 300 or EUR 500 per insurance period.

Cover for permanent handicap caused by an accident
Sum insured EUR 100,000, EUR 150,000, EUR 200,000 or EUR 250,000.

Cover for death caused by an accident
Sum insured EUR 10,000.

Family Readjustment Cover (optional)
Compensation if the child falls seriously ill or is seriously injured.
Sum insured EUR 10,000 or EUR 20,000. Expires at the age of 18 years.

Covers included in Accident Insurance

Accident Insurance is an excellent insurance option for a child against accidents in daily life. In addition to accidents, Extensive Accident Insurance covers illness- or strain-related injuries, such as sprains, distensions, tears and dislocations of a joint. Extensive Accident Insurance is a sensible choice for a child who exercises and practices sports actively and does not need insurance for illnesses.

Cover for treatment expenses arising from an accident
Sum insured up to EUR 100,000, during the validity of the cover.
No deductible.

Cover for permanent handicap caused by an accident
Sum insured EUR 50,000, EUR 100,000, EUR 150,000, EUR 200,000 or EUR 250,000.

Cover for death caused by an accident
Sum insured EUR 10,000.

Additional cover for treatment expenses arising from an accident (only Extensive Accident Insurance)
Covers illness- or strain-related injuries and provides more extensive cover for physical therapy. Expenses are paid from the cover for treatment expenses arising from an accident and reduce its sum insured.

Additional cover for Child Insurance or Extensive Accident Insurance

Sports Cover
Provides cover for your child over 12 years of age in competitive sports and high-risk sports.

Detailed description of insurance covers

What cover does your child need?

Child insurance comprises a variety of covers. What coverage do we provide for an expecting mother and new-born baby? Which insurance cover is suitable for a child who is active in sports?

In the following, we provide more information on the scope of the insurance covers. We will first describe Child Insurance covers and then child Accident Insurance covers.

If you want to learn more about the scope of our insurance policies, you can find more detailed information in the insurance terms and conditions.

Cover for hospital care of mother

The life or finances of a family can change dramatically if the expectant parent (mother) is hospitalised for a longer period of time. This cover pays out a tax-free lump sum of EUR 2,000 to the expectant parent if she spends a total of at least 30 days in hospital during pregnancy or in the first three (3) months after the child's birth while the insurance contract is in force. The family can use the lump sum to ease their daily life in whatever manner they prefer. Please note that this policy does not cover the cost of the expectant parent's medical care.

Cover for a serious congenital disease or defect

A congenital disease or defect of a new-born baby causes unexpected expenses to the parents, such as loss of income due to the child's hospital care, additional travel and accommodation expenses or care arrangements for the family's other children.

This insurance covers a tax-free lump sum compensation of EUR 10,000 if the child is diagnosed as having a congenital disease or defect within six months of his or her birth. The congenital diseases and defects listed in the insurance terms and conditions include a severe or deep mental disability, severe CP syndrome, Down syndrome, missing extremities, blindness and the heart conditions and defects mentioned in the terms and conditions.

Cover for hospital care of new-born baby

The purpose of this insurance is to cover financial loss incurred to the parents due to long-term hospital care of their new-born baby during the first months of his or her life. A tax-free lump sum compensation of EUR 2,000 is paid if the child receives at least 30 days of hospital care within three months of his or her birth. This requirement is often met in the case of premature babies, for example.

> ***Example:*** *Kaisa's pre-eclampsia symptoms began two months before the due date. Kaisa was treated at the hospital, but labour was eventually induced and the baby was born one month before the due date. Child Insurance taken out during pregnancy did not cover Kaisa's hospital care fees or outpatient clinic fees, but we paid her a tax-free compensation of EUR 2,000 under the cover for hospital care for mother after she had been in hospital for 30 days. Kaisa's baby was also initially placed in intensive monitoring and spent a total of over one month in the hospital immediately after birth. We paid the child's hospital care fees under the cover for treatment expenses as well as a separate tax-free compensation of EUR 2,000 under the cover for hospital care of a child.*

Cover for treatment expenses

The insurance covers treatment expenses arising from illnesses or accidents requiring medical treatment in private or public health care facilities. In addition, the insurance covers other physical therapy than therapy subsequent to surgery or a plaster cast.

Compensable treatment expenses include:

- Medical fees
- X-ray and comparable examination expenses, laboratory examination expenses
- Medicines sold under a licence from the Finnish Medicines Agency Fimea and emollients included in Kela's reimbursement system
- Hospital care fees up to the maximum daily amount of compensation (EUR 700)
- Physical therapy expenses for no more than five treatment sessions per injury, and however, no more than ten sessions per insurance period

The maximum total compensation for treatment expenses during the validity of the insurance contract is the sum insured. The insurance period-specific deductible is deducted from the compensation once during each insurance period. Compensation requires that the insurance is valid at the time of the occurrence of the expenses and the accident. Compensation can only be paid for treatment expenses arising after the child's birth.

If is entitled to refer the Insured for examination or treatment to a service provider of its choice. However, if the Insured uses a service provider of their choice, the Insurance Company is entitled to reimburse only the part of the examination and treatment expenses which would have been payable by Insurance Company at a service provider chosen by the Insurance Company.

Example of specialist's appointment: *One-year-old Topi complained of earache and visited an otologist. As Topi has Child Insurance, he can see a specialist directly, without a separate referral by a general physician.*

Example of the sum insured: *During the validity of the insurance, Venla suffers from recurrent ear infections. A total of EUR 1,000 is paid as compensation for costs caused by this. In addition, Venla falls down while playing outside and fractures her arm. A total of EUR 500 is paid as compensation for treatment expenses arising from the accident. After these amounts are paid, Venla still has a sum insured of EUR 98,500 left for treatment expenses arising from an illness or accident.*

Example of deductibles: *Väinö has a cover for treatment expenses with a sum insured of EUR 100,000 and a deductible of EUR 300. Väinö sprains his foot while playing in the yard. A total of EUR 370 for compensable medical fees, medication and examination expenses arises from the treatment of the sprain injury. The deductible, EUR 300, is deducted from this amount. The amount of compensation is thus EUR 70.*

When Väinö falls ill with flu during the same insurance period, and this causes a total of EUR 130 of compensable medical fees and medication expenses, no deductible is deducted. The amount of compensation paid due to the illness is EUR 130.

During the following insurance period, Väinö falls off a climbing frame and fractures his leg. A total of EUR 1,500 of compensable expenses arises from the treatment of the fracture, and the deductible, EUR 300, is deducted from this amount. The amount of compensation is thus EUR 1,200. The sum insured left under the cover for treatment expenses is EUR 98,600.

Exclusions

The cover for treatment expenses does not cover all treatment expenses arising from an illness or accident.Compensation for treatment expenses is not paid for the following, for example:

- Expenses that are or would have been compensated on the basis of any law
- Dental care (excluding expenses for the treatment of dental injury caused by an accident)
- Rehabilitation or various therapies
- Travel and accommodation costs
- Purchase of micronutrient, mineral, nutritive and vitamin preparations, such as iron and potassium, or examinations relating to the need to use such preparations
- Treatment expenses arising from pregnancy

> ***Example of treatment expenses compensated on the basis of legislation:*** *In the event of a traffic accident, treatment expenses are compensated on the basis of the statutory motor third party liability insurance.*

Cover for permanent handicap caused by an accident

Under this insurance, a lump sum compensation is paid for a permanent handicap caused by an accident based on the medical degree of disability. Such a permanent handicap may result from the child falling from a height or from hot liquid falling on him or her, for example. The percentage corresponding to the medical degree of disability shows the proportion of the sum insured at the time of the accident accounted for by the tax-free lump sum compensation. Compensation requires that the medical degree of disability is at least 10%, in the case of injuries to the eyes or fingers at least 5%.

What does permanent handicap and medical degree of disability mean?

Permanent handicap refers to a medically estimated general handicap caused by an injury. The medical degree of disability of the handicap is expressed as a percentage. The degree of disability is determined at the earliest after one year has passed after the occurrence of the accident.

Compensation requires that the accident has occurred during the validity of the insurance contract and that the permanent handicap is confirmed within three years of the occurrence of the accident.

> ***Example:*** *A physician determines that the severity of the permanent handicap caused to the Insured by an accident is 25% (disability category 5). The sum insured is EUR 100,000. The compensation paid is 25% x EUR 100,000 = EUR 25,000.*
>
> ***Example:*** *A child who plays the piano as a hobby and a student in a teacher-training program lost the fingers of their left hand in an accident. They were both paid compensation for permanent handicap according to the same medical degree of disability. Profession and hobbies do not affect compensability.*

Cover for death caused by an accident

The purpose of the sum insured paid under this insurance is to cover expenses arising from the accidental death of the Insured, such as funeral expenses. The sum is paid to the Insured's relatives, unless the Policyholder has informed in writing of any other beneficiary in advance. Compensation requires that the accident has occurred during the validity of the insurance contract.

Family Readjustment Cover (optional additional cover for Child Insurance)

If a child is seriously injured or disabled, the family may incur unexpected and sudden expenses. The compensation paid under Family Readjustment Cover helps the family meet their immediate needs in such unexpected situations. The tax-free lump sum compensation is paid if the insured child is injured or disabled during the validity of the insurance contract as specified in the insurance terms and conditions. Compensable illnesses, defects and procedures include a malignant tumour, type I diabetes, renal failure, amputation, severe brain damage, severe burns, benign tumour of the brain, organ transplants and juvenile rheumatoid arthritis. The cover ends when the child turns 18 years of age.

Covers in Accident Insurance

In the following, we will describe the Accident Insurance covers. Cover for treatment expenses, permanent handicap and death caused by an accident are included in both extensive and normal Accident Insurance.

Cover for treatment expenses arising from an accident

The insurance covers treatment expenses arising from accidents requiring medical treatment in private or public health care facilities.

Compensable treatment expenses include:

- Medical fees
- X-ray and comparable examination expenses, laboratory examination expenses
- Medicines sold under a licence from the Finnish Medicines Agency Fimea and emollients included in Kela's reimbursement system

- Hospital care fees up to the maximum daily amount of compensation (EUR 700)
- Physical therapy subsequent to surgery or a plaster cast for an accident

The maximum total compensation for treatment expenses during the validity of the insurance is the sum insured. If a deductible is selected for the cover, it will be deducted from the compensation for each insurance period. Compensation requires that the insurance contract is valid at the time of the occurrence of the expenses and the accident.

If is entitled to refer the Insured for examination or treatment to a service provider of its choice. However, if the Insured uses a service provider of their choice, the Insurance Company is entitled to reimburse only the part of the examination and treatment expenses which would have been payable by Insurance Company at a service provider chosen by the Insurance Company.

Exclusions

Accident Insurance does not cover all treatment expenses arising from an accident. Compensation for treatment expenses is not paid for the following, for example:

- Expenses that are or would have been compensated on the basis of any law
- Rehabilitation or various therapies
- Physical therapy other than the therapy mentioned above
- Travel and accommodation costs

Cover for permanent handicap caused by an accident

Accident insurance policies include the same cover for permanent handicap caused by an accident as child insurance policies. The scope of the cover is described in more detail in connection with Child Insurance covers.

Cover for death caused by an accident

Accident insurance policies include the same cover for death caused by an accident as child insurance policies. The scope of the cover is described in more detail in connection with Child Insurance covers.

Additional cover for treatment expenses arising from an accident (included in extensive accident insurance)

In addition to accidents, you will receive compensation for expenses for the treatment of strain- or illness-related injuries, diagnosed in connection with sudden movement or physical effort. Such injuries mentioned in the insurance terms and conditions include sprain or tear of a ligament, muscular distension and tear, umbilical and inguinal hernia, dislocation of a joint, or patellar dislocation, shin splints, stress fracture (does not refer to stress osteopathy) and Achilles tendon rupture. Compensation requires that the sudden movement or exertion occurred during the validity of the insurance cover.

As the additional cover for treatment expenses arising from an accident is an extension to the cover for treatment expenses arising from an accident, compensation will be paid in accordance with the regulations of the latter. The sum insured and the deductible of the cover for treatment expenses to which the additional cover has been attached shall also apply to the additional cover. If an injury has exhibited symptoms prior to the entry into force of this additional cover, expenses arising from the injury shall not be paid under this additional cover. In muscle and tendon sprain injuries, compensation is paid for a maximum of six weeks from the occurrence of the sprain injury.

As treatment expenses, the insurance also covers physical therapy expenses prescribed for injuries due to an accident as referred to in the insurance terms and conditions and the strain- or illness-related

injuries mentioned here, no more than five treatment sessions per injury, and however, no more than ten sessions per insurance period. This means that you will also be paid compensation for other physical therapy than therapy subsequent to surgery or a plaster cast.

Sports cover (additional cover for Child Insurance and Extensive Accident Insurance)

Child Insurance and children's Accident Insurance are valid during all sports activities until the child reaches the age of 12. After this, the insurance does not cover competitive sports, sports covered by a sports licence or high-risk sports. If's customer benefit program customers, however, can supplement Child Insurance or Extensive Accident Insurance with sports cover subject to an additional charge. Cover is available for most sports. The insurance covers your child in the sports of your choice and in other sports in the same or lower risk category. Additional cover is not available for normal Accident Insurance.

Sports cover will be made continuous and your child can engage in sports every day of the year without worries. If the child only needs sports cover for a short period of time, such as one weekend, this is also possible. In this case, however, we will charge a fee of EUR 50 on top of the premium for the cover's period of validity.

Does your child need sports cover?

Read the examples on child insurance policies and sports. They will clarify whether your child needs additional cover for sports activities.

> ***Example:*** *Sanni, 9, plays floorball in a sports club and has Child Insurance. Sanni's insurance is valid in floorball without Sports Cover or an additional premium.*

Example: *Tuomas, who is about to turn 12 years of age, takes part in competitive swimming and has Child Insurance, which includes an exclusion concerning sports activities that becomes valid at the age of 12 years. Tuomas needs Sports Cover so that his insurance will also continue to be valid in swimming.*

Example: *Mikko, 10, plays football and has Accident Insurance. Mikko's insurance is valid in football without Sports Cover or an additional premium.*

Example: *Kaisa, 13, takes part in athletics and has Extensive Accident Insurance. Kaisa's insurance is valid in athletics, as she has taken out Sports Cover against an additional premium.*

Example: *Sami, 16, and Mika, 19, do not take part in sports covered by a sports licence, but they play disc golf just for fun. Sami's and Mika's insurance policies, whatever their type of children's insurance, are valid in disc golf.*

Important information on children's insurance policies

The state of health may affect insurance

In following, we provide you with important information on granting insurance, exclusions and premiums.

Child Insurance for an unborn baby can be granted if the expectant parent (mother) is covered by the Finnish Health Insurance Act and has her permanent residence in Finland. The expectant parent must be a permanent resident of Finland for at least six (6) months of the calendar year and must give birth in a Nordic country.

Child Insurance for an unborn baby and child accident insurances can be granted if the child is within the scope of the Finnish Sickness Insurance Act and his or her domicile is in Finland. The child must live permanently in Finland, residing in Finland for, at least, six months per calendar year. The policyholder is the child's guardian, but the insurance can be paid by a grandparent, for example.

Effect of the state of health on granting insurance

The granting of Child Insurance is decided on the basis on the state of health of the expectant parent (mother) during pregnancy and, after the child is born, on the basis of the child's state of health. A health declaration is required for Child Insurance as the insurance does not cover such illnesses or injuries that have exhibited symptoms or begun prior to the taking out of the insurance. Children's Accident Insurance policies do not require a health declaration.

> ***Example:*** *In most cases childhood allergies exhibit symptoms such as dry skin, rash, runny nose, nasal congestion, eye symptoms or vague abdominal symptoms. Signs of atopic dermatitis include red, scaly and rough skin.According to medical experience, many children who suffer from atopic skin symptoms later develop various allergies and some also develop asthma. For this reason, such allergic symptoms and asthma are excluded from the insurance cover granted for those small children who have suffered from the above-mentioned symptoms repeatedly or whose skin symptoms have been treated with a pharmaceutical lotion. If the insurance was taken out during pregnancy, these exclusions are not included in the insurance contract.*

It is important that you answer the questions of the health declaration truthfully and completely. A pre-existing illness, injury or symptom does not necessarily prevent the granting of insurance, but it may result in the pre-existing illnesses and any future illnesses or injuries that can be predicted on the basis of the insured person's symptoms being excluded from the scope of insurance cover. If incomplete or incorrect information has been provided on the state of health, exclusions can be added to the insurance afterwards and no compensation will be paid. In some cases, an error in disclosure can even lead to the termination of the insurance contract.

Exclusions applying to all personal insurance covers

What is an accident?

Accident refers to a sudden and unforeseeable occurrence arising from an external factor and causing bodily injury against the intentions of the Insured, such as slipping, falling from a height or falling down. Typical injuries caused by accidents include fractures, sprains, tears and wounds.

> ***Example:*** *Nooa stumbles on the stairs and fractures his arm. This is an accident as referred to in the insurance terms and conditions.*

Pain caused by mere physical effort or motion or internal strain injuries are thus not considered accidents. Compensation for such injuries can only be paid under cover for treatment expenses that covers illnesses (cover for treatment expenses) or under Accident Insurance extended with an additional cover for treatment expenses arising from an accident.

Injury does not comprise, for example:

- Any injury or death resulting from an illness, injury or defect of the insured or by an event caused by these. If illness, defect, injury or an event caused by these unrelated to the accident has fundamentally affected the injury or death, no compensation will be paid
- Any illness, injury or defect unrelated to the accident, or a deterioration of the musculoskeletal system, even if no symptoms of these were present before the accident
- Poisoning due to the Insured's consumption of medication, alcohol or some other substance for intoxication purposes, or their consequences
- Any infectious disease or illness caused by an insect or tick bite or sting, or their consequences
- Damage caused to teeth or dentures through biting, even if an external factor had affected the damage
- An injury incurred before a baby is officially considered as born alive

The influence of other illness or defect

The Insured may have an illness or defect that affects the occurrence of an injury or the recovery from the injury. In this case, it must be assessed in connection with a claim which portion of the treatment expenses, for example, was caused by the accident and which was caused by the Insured's illness or defect. Compensation

for treatment expenses or handicap compensation is paid only insofar as the treatment expenses and permanent handicap can be considered to have been caused by the injury covered.

> ***Example:*** *Even in the case of young people, examinations carried out after an accident involving the back, shoulder or knee sometimes reveal structural abnormalities or degenerative changes that have not been caused by the accident but have developed during a longer period. Even though such conditions had not caused any symptoms before the accident, they may delay recovery from the injury. Compensation for accident is paid only insofar as the injuries, according to medical experience, correspond to those injuries that could have been caused to a healthy person.*

The insurance is not valid in a war or comparable situation. Nor is compensation paid for loss or damage caused by a nuclear weapon, nuclear accident or other comparable event. The insurances do not cover loss or damage that arise from the consumption of alcohol or an intoxicant or the misuse of drugs. Compensation can be denied or its amount reduced if the loss, damage or injury was caused intentionally or through gross negligence.

Calculation of the insurance premium

The aim of pricing is to ensure that the insurance premium corresponds to the risk of each insured person at any given time. Consequently, insurance premiums are distributed fairly between all insured persons.

Factors affecting the premium include the time of granting the insurance, the policyholder's age and place of residence, the sum insured, the amount of deductible, insurance and claims history, the scope of cover and whether the policyholder is a member of If's customer benefit program.

Factors affecting the premium will vary from one insurance cover to the next. Depending on the product and the scope of cover, Child Insurance premiums are calculated taking into account, for example, the age of the expectant parent (mother) and of the child and, after the age of 12 years, any sports activities. The premiums for the Child Insurance covers that are valid during pregnancy are fixed, and the duration of the covers does not affect the amount of premium.

In Personal Insurance, the Insured's age has a significant effect on the risk of loss, damage or injury. The insurance premium is adjusted at the turn of the insurance period when the Insured's age increases. The premiums will be adjusted in accordance with the risk of loss, damage or injury corresponding to the Insured's age.

The insurance company continuously examines the effect of age on the risk of loss, damage or injury and claims expenditure. Customer behaviour, the coverage of health care services, changes in legislation and changes in population age structure affect the correspondence between age and the risk of loss, damage or injury.

The premium may also be adjusted at the turn of the insurance period due to changes in the Insured's place of domicile or membership in If's customer benefit program. If the ratio between the Insured's age or residential area and the risk of loss, damage or injury changes, the premiums can be adjusted to better correspond to the risk.

Cover for treatment expenses at a lower price to If's customer benefit program customers

In addition to the benefit program discount, If's customer benefit program customers benefit from a lower-priced cover for treatment expenses. The annual premium for the cover for treatment expenses is 23% lower for customers who are members of the If Benefit Programme. Your contract is reviewed annually at the turn

of the insurance period, and any changes in your If's customer benefit program membership may affect the insurance premium.

> ***Example:*** *A 32-year-old mother living in Espoo (If's Benefit Program customer) purchases If's child insurance for her newborn child. She selects a 500-euro deductible per insurance period for the medical expenses cover for illnesses and accidents included in the insurance (with sum insured of 100 000 euros). She saves around 220 euros per year in premiums compared to if she had selected a deductible of 200 euros (in 2026).*

Index linking

The insured amounts, deductibles and premiums of covers for treatment expenses will be adjusted annually according to the consumer price index's health commodity group. The insured amounts and premiums of other covers will be adjusted according to the cost-of-living index. No index adjustment is made if the index decreases or the index value is below the value previously used in the adjustment.

No index adjustment is made to the insurance against a serious congenital illness or defect and the insurance against hospital care of a mother or child.

Insurance is a contract

Insurance is based on an insurance contract. The contract determines the scope of cover and the amount of deductible.

Paying the Premium

The insurance remains valid if the insurance premium is paid no later than the date due. If the insurance premium has not been paid, If will terminate the insurance, effective at the earliest 14 days from the date of dispatch of the notice of termination.

With e-invoicing, you can pay for your policy in 1, 2, 4 or 12 instalments without additional costs. Alternatively, you can receive a paper invoice by mail or a free invoice on your My Pages. If you want to pay your bill in more than one instalment, we charge 2.90 euros for each paper invoice. For further information, please visit if.fi/elasku.

Changes to and expiry of the insurance contract

Continuous children's insurance policies are valid for an agreed insurance period at a time. Any changes in the Insured Interest must be reported to our company.

The insurance company may amend the insurance terms and conditions and adjust premiums at the turn of the insurance period as provided in the terms and conditions. The insurance company may also make amendments to the insurance terms and conditions that do not affect the essential content of your insurance. We notify you of any amendments in advance.

Your insurance can expire:

- At a previously agreed date
- If you notify our company of termination in writing
- Upon the insurance company's decision during the insurance period if the insurance premium has not been paid
- Upon the insurance company's decision in other circumstances specified in the insurance terms and conditions and legislation

If's Health Advice Service

If you child falls ill or is injured, your insurance will help

If's Health Advice Service and the Direct Compensation service make life easier when your child falls ill. Contact us before your doctor's appointment so we can ensure the best help for your little one.

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1 Health Advice – report your child's illness or injury before seeing a doctor

What does my insurance cover, and how much of my annual deductible is remaining ? If these questions sound familiar, you're not alone. When you report an illness or injury on My Pages before your doctor's appointment, we can usually give you an immediate answer to both of these questions, and your child gets access to the treatment of your choice.

By using the service, you also get valuable benefits

- When you move from the Health Advice Service to a virtual doctor's appointment by chat, you pay no deductible on your child's virtual doctor's appointment. This is an annually confirmed benefit, the extension of which will be announced well before the end of the year at if.fi/terveysapu (in Finnish).
- In the event of an accident or illness, you have access to free advice from a nurse 24/7.

Read more (in Finnish): if.fi/terveysapu

2 **Direct Compensation makes doctor's appointments easier**
If you let the health clinic make the claim for compensation on your behalf, you will usually only need to pay the deductible yourself. The direct compensation service is available in all Terveystalo, Mehiläinen, Pikkujätti, Aava and Pihlajalinna locations, as well as in the Mehiläinen Digital Clinic, Pihlajalinna general practitioner chat service and Terveystalo Doctor Chat 24/7 service.

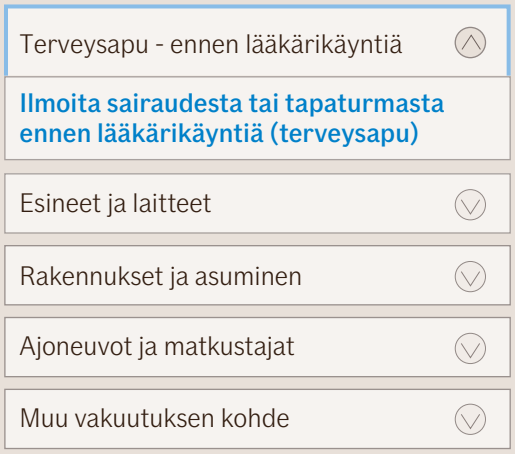
Sometimes in connection with accidents, for example, Direct Compensation cannot be used to cover expenses during the physician's appointment for your child. In such a case, you will first pay the expenses yourself. However, the health clinic will submit a claim for compensation on your behalf, and we will contact you by phone or via My Pages as soon as possible.

Read more (in Finnish): if.fi/suorakorvaus

3 You can easily file a claim on My Pages via If Mobile
On My Pages, you can claim compensation for medication and other expenses not covered by Direct Compensation. The easiest way to use My Pages is via the If Mobile application.

Within the limits of your insurance cover, you can also receive a payment commitment for more expensive procedures, such as surgeries. A payment commitment is granted on the basis of a medical statement, and we will send it directly to the provider treating your child.

Health Advice Service 24/7
Log in to If's My Pages and select Claims. Select "Terveysapu – ennen lääkärikäyntiä" (see image). By answering a few questions, you will receive information about reimbursements and can proceed to the treatment of your choice. (The service is only available in Finnish.)



Direct Compensation saves time
Be sure to take advantage of Direct Compensation at the clinic's cash desk.

If implements Health services together with its partners. The services are offered as customer benefits to specified customer groups and are, thus, additional and do not form part of the insurance contract. If can amend the contents of the services or the customer groups that they are offered to.

If's benefit programme

Join the benefit programme with just a Home or Casco Insurance

You can qualify for the benefit programme with just a Home Insurance for your home or Casco Insurance for a passenger car or a van. You will get a 10% continuous discount on almost all your insurance policies. When you have two qualifying policies, your discount is 15%.

You will be eligible to participate in the benefit programme by taking out qualifying insurance policies and receiving your insurance documents electronically on My Page.

- You qualify for the first level of the benefit programme with a Casco or Home Insurance
- You will reach the second level with two insurance policies, Casco and Home Insurance, Casco and Personal Insurance, or Home and Personal Insurance
- For full details of the benefit programme and the qualifying insurance policies, please visit if.fi/etuohjelma
- Join the programme today!

→ If Benefit Programme
→ If benefits
→ Electronic insurance documents
→ My Pages
→ Benefits for members or organisations

Information on the insurer

Insurer

If P&C Insurance Company Ltd (publ)
Branch in Finland

Registered domicile Stockholm
Business ID 1602149-8

Keilasatama 2
FI-02150 Espoo
Finland

Tel. +358 10 19 15 15 (switchboard)
If Customer Service, tel. +358 10 19 19 19

If Skadeförsäkring AB (publ)
10680 Tukholma Ruotsi
Org. nr. 516401-8102

The insurer or its agent do not make personal recommendations about insurance products as specified in the Insurance Contracts Act.

Customer protection

If you, as a policyholder or claimant, are not satisfied with the decision of the insurance company, If Customer Ombud will consider your case. Submit information concerning the case by email to asiakasvaltuutettu@if.fi or by post to If Customer Ombud, P.O. Box 2018, FI-20025 IF, Finland, within six months of the decision.

Recommended settlements of cases concerning the conduct of insurers and insurance agents are given by the Finnish Financial Ombudsman Bureau (fine.fi), the Consumer Disputes Board (kuluttajariita.fi) or, with respect to claims under the Motor Liability Insurance Act, the Traffic Accident and Patient Injury Board (liipo.fi). The case may also be submitted to a court of law by taking legal action in a district court.

More information and a contact form for the If Customer Ombud is available at if.fi/muutoksenhaku (in Finnish)

Processing of personal data

We process our customers' personal data in compliance with insurance and data protection legislation valid at any given time and also otherwise ensure the realisation of our customers' privacy protection in the processing of personal data. We process our customers' personal data to handle their insurance matters at various stages of the insurance life cycle, for example, when making the insurance contract, during the insurance period and during claims handling. We acquire information from the customer, from parties authorised by the customer, from public registers maintained by various authorities and from the credit information register. We also use our customer register to target marketing to our customers.

We do not disclose customer data to third parties without the customer's consent, unless said disclosure is based on law. We record insurance and claims telephone services calls to ensure the content of discussions conducted with the customer, for example, when making an insurance contract or providing advice on claims issues. We also use call recordings to improve the quality of our services. More information on the processing of personal data is available at: if.fi/handling-of-personal-data.