

If Child Insurance Guide

Guide for insurance buyers

Valid as of 1 January 2021



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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

When your child falls ill, you can use both public and private medical services. Your child can also receive specialist care directly without a referral.

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 Direct compensation saves time and effort

The health clinic will submit a claim for compensation on your behalf, and you usually only have to pay the deductible.

You can take out child insurance at

if.fi/lapsivakuutus or if.fi/vauvavakuutus or by calling
010 19 19 19

You can read about our loyal customer programme at
if.fi/etuohjelma

This guide is not a complete account of If 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 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 contains coverage for the mother and her new-born 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 long-term hospital care for the mother and newborn baby as well as the baby's serious congenital diseases or defects. 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.

You can easily file a claim on [My Pages](#) or via [If Mobile](#). You can also follow the processing of your claim there.

[My Pages](#) are currently provided only in Finnish.

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 Benefit Program customers, however, can supplement Child Insurance and Extensive Accident Insurance with sports cover.

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)
Mother'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 mother during pregnancy and within three months of the child's birth, up to EUR 2,000. Qualifying period 30 days.

Cover for a serious congenital disease or defect

Compensation up to EUR 10,000.

Cover for hospital care of new-born baby

Compensation for a longer period of hospital care of the new-born baby, up to 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 up to EUR 100,000. Deductible EUR 100, EUR 150, EUR 300 or EUR 500 per insurance period.

Cover for permanent handicap caused by an accident

Sum insured up to EUR 100,000, EUR 150,000, EUR 200,000 or EUR 250,000.

Cover for death caused by an accident

Sum insured EUR 5,000.

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 EUR 20,000 or EUR 40,000 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 or EUR 200,000.

Cover for death caused by an accident

Sum insured EUR 5,000.

**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 may change drastically if the mother is hospitalised for a longer period. This insurance covers a tax-free lump sum compensation of EUR 2,000 to the child's mother if she receives at least 30 days of hospital care during pregnancy or within three months of the child's birth during the validity of the insurance contract. The family can use the sum to ease their daily life in the manner they prefer. Please note that this insurance does not cover the mother's treatment expenses.

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 400)
- 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.

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 150. Väinö sprains his foot while playing in the yard. A total of EUR 320 for compensable medical fees, medication and examination expenses arises from the treatment of the sprain injury. The deductible, EUR 150, is deducted from this amount. The amount of compensation is thus EUR 170.

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 150, is deducted from this amount. The amount of compensation is thus EUR 1,350. The sum insured left under the cover for treatment expenses is EUR 98,350.

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 compensated on the basis of any law
- Dental care
- Rehabilitation or various therapies
- Travel and accommodation costs
- Purchase of micronutrient, mineral or nutritive preparations, or vitamins and examinations relating to these
- 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%. If the permanent handicap is at least of disability category 50% permanent handicap, the compensation is paid twofold.

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 $25\% \times \text{EUR } 100,000 = \text{EUR } 25,000$. If the degree of disability determined is 60% (disability category 12), the compensation would be $60\% \times \text{EUR } 100,000 \times 2 = \text{EUR } 120,000$.*

Example: *A child who plays the piano as a hobby and a student in a teacher-training programme 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 400)
- 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.

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 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 and Achilles tendon rupture.

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. Compensation for muscular distension or the sprain of a ligament requires that medical treatment begins within 14 days from the occurrence of the injury. 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 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 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.

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 mother is within the scope of the Finnish Sickness Insurance Act and her domicile is in Finland. The mother must live permanently in Finland, residing in Finland for, at least, six months per calendar year, and the childbirth must take place 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

During pregnancy, the granting of Child Insurance is decided on the basis on the mother's state of health, and after the child is born, it is decided 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 caused by an illness, injury or defect of the Insured. If an illness or defect 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 the If Benefit Program.

Factors affecting the premium will vary from one insurance cover to the next. Depending on the product and cover, the insurance premiums of child's insurance are calculated according to the age of the child's mother, the age of the Insured, the place of residence, the sum insured, the amount of deductible, and for persons who have turned 12 years of age, any sports activities practised. 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 the If Benefit Programme. 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 Benefit Programme customers

In addition to the Benefit Programme discount, If Benefit Programme customers benefit from a lower-priced cover for treatment expenses. After the first year, the annual premium for the cover for treatment expenses is 30% higher to customers who are not members of the If Benefit Programme. Your contract is

reviewed annually at the turn of the insurance period, and any changes in your If Benefit Programme membership may affect the insurance premium.

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, we can deliver your invoice via My Pages free of charge or as a paper invoice by post. If you want to pay in more than one instalment, we will charge EUR 1.90 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 Health services at your service

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

Virtual doctor's appointments and the Direct Compensation service make life easier when your child falls ill. You can easily claim compensation for medication on My Pages or via If Mobile.

1 Convenient remote services

You can easily get help at home, as most illnesses can be treated remotely through virtual appointments. Our partners' virtual doctor services are open 24/7 and you do not need to book an appointment. If Direct Compensation also applies to virtual doctor's appointments. Read more: if.fi/etälääkäri

When you have questions about health or the urgency of medical care, for example, you can ask a nurse for advice 24 hours a day at +358 10 19 18 55 (local network/mobile phone call rates).

Read more: if.fi/terveysneuvonta

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 at all Terveystalo, Mehiläinen, Pikkujättilä and Aava clinics and at Mehiläinen's Digital Clinic. Remember that you will need to have your child's Kela card with you to benefit from Direct Compensation.

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: 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 ear tube surgery or adenoid removal, for example, by calling us. In case of other surgery procedures, you can receive a payment commitment on the basis of a medical statement. We will send the payment commitment directly to your child's clinic.

Virtual doctor 24/7

Download the virtual doctor application on your phone now and activate the Direct Compensation service at the same time.

Direct Compensation saves time

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

If implements If Health together with its partners. The telephone service is provided by Luona Hoiva Oy. 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 Benefit Program rewards and serves

You will receive discounts on your insurance premiums every year

You can qualify for the If Benefit Program by taking out a single insurance policy. Take full advantage of our excellent customer benefits.

The benefits grow with your customer relationship. You will receive benefits and savings by merely taking out Home Insurance for your home or a Casco Insurance, if you agree to receive your insurance mail electronically on If's My Pages. This will provide you with smooth services and help save nature and your own time.

- At the highest level, you can receive as much as 15% of discount from your insurance premiums
- You will receive If Deductible Account Benefit for claim-free insurance periods up to EUR 40 per year, up to EUR 200. You can use it to reduce deductibles in most insured events
- At the highest level, you can have a Personal Service Adviser if you wish

- If Benefit Program
- If Deductible Account Benefit
- Benefits for members of organisations
- Benefits for young people
- Experiences of If
- If Vakaahinta

Information on the insurer

Insurer

If P&C Insurance Company Ltd (publ)

Branch in Finland

Registered domicile Stockholm

Business ID 1602149-8

Niittyportti 4

FI-02200 Espoo

Finland

Tel. +358 10 15 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.

Insurance agent of the insurer

Nordea Bank Abp

Nordea Life Assurance Finland Ltd,

Business ID 0927072-8

Kaisaniemenkatu 6 A, 00100 Helsinki

Postal address: Aleksis Kiven katu 9, 00020 NORDEA

Tel. 0200 3000

The insurance agent works on behalf of and under the responsibility of If P&C Insurance Ltd (publ), branch in Finland.

If P&C Insurance Company Ltd (publ), branch in Finland, is part of the Sampo Group, whose parent company, Sampo plc, owns slightly below 20% of Nordea Bank publ. Nordea Life Assurance Finland Ltd is part of the Nordea Group.

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 Board (liikennevahinkolautakunta.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.