If’s personal insurance guide

Guide for insurance buyers

Valid as of 1 January 2026

Contents of this guide:

Why If’s personal insurance? 2
Personal insurances in a nutshell 3
What do personal insurances cover? 5
Detailed description of insurance covers 9
Income cover for financial security 18
Important information on If’s personal insurance 25
If’s Health Advice Service 34
If’s benefit programme 37
Information on the insurer 38

Why If's personal insurance?

Cover for changing life situations

1 **Ensure quick access to medical care**
You can choose an If insurance policy providing cover for treatment expenses. If's 24/7 Health Advice Service helps you find the right treatment for your condition 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 **As If's customer, you get fast and easy access to treatment**
Our partners apply for direct compensation on your behalf and you usually only need to pay the deductible.

3 **With a higher deductible, you protect your finances against higher medical costs**
By choosing a higher deductible, you save on your premiums. At the same time, you stay insured against more serious injuries and illnesses with higher medical costs.

4 **Supplement the insurance with the covers of your choice**
You can supplement Sickness Insurance and Accident Insurance with your choice of additional covers, such as life insurance or cover for permanent disability.

More information about personal insurance
if.fi/henkilovakuutukset

This guide is not a complete account of If's personal insurances. 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.

Personal insurances in a nutshell

Supplement your social security and occupational health care

If's personal insurances help you prepare for changing situations in life. They provide coverage for illnesses and accidents and secure your income in the event of a serious illness or longer sick leave.

Personal insurance is also important for younger individuals – about half of disability pensions start before the age of 55. Personal insurances include a number of policies that provide cover for you and your family in case of accident, illness or death.

Sickness and Accident Insurance covers the examination and treatment of illnesses and accidental injuries. It also covers hospital care fees and allows the use of direct compensation for physician's appointments.

You can choose either a normal or extensive accident insurance policy. Normal Accident Insurance covers treatment expenses for injuries, hospital care fees, a permanent handicap and compensation paid to your beneficiaries if you die due to an accident. Extensive Accident Insurance additionally covers physical therapy. Both accident insurances are also available without a deductible.

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.

If you practice competitive sports or high-risk sports, you can supplement Sickness Insurance and Extensive Accident Insurance with a separate sports cover.

Income cover for financial security

Sickness and accident insurances consist of standard covers. In addition, you can easily secure your income with cover for a serious illness, a daily allowance, cover for permanent disability and life insurance.

Health cover for your protection when you need it the most

If health cover is a part of sickness and accident insurance and covers treatment expenses with a deductible of 1,000 euros. Health cover includes additional cover for physical therapy. It protects you when something major happens, while the higher deductible means you still save significantly on your premiums. Health cover is a great way to supplement occupational health care, but it is also suitable for people in other life situations. Health cover is the right choice when you need treatment quickly and ensure a faster return to normal life.

What do personal insurances cover?

Learn about the options and choose the right one for yourself

In the following, we will briefly describe sickness and accident insurances and the covers included, sums insured and deductibles.

Grounds for granting sickness and accident insurance

Sickness and accident insurance	
Age at which can be granted	15–69 years
Age at which expires	80 years
Health declaration is required	Yes
Extensive Accident Insurance	
Age at which can be granted	7 days–74 years
Age at which expires	Expires at the age of 80 years, continues as Accident Insurance up to the age of 100 years
Health declaration is required	No
Accident Insurance	
Age at which can be granted	7 days–79 years
Age at which expires	100 years
Health declaration is required	No

Validity of the insurances
All the above-mentioned insurance policies are valid 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.

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

Covers included in sickness and accident insurances

Cover for treatment expenses (treatment expenses arising from an illness or accident)
Sum insured EUR 50,000, EUR 100,000, EUR 150,000 or EUR 200,000 during the validity of the cover. Deductible EUR 300, EUR 500, EUR 750 or EUR 1,000 per insurance period (the deductible selected is also applied to the additional cover for physical therapy). The insurance also covers the injuries mentioned in the Extensive Accident Insurance's additional cover for treatment expenses arising from an accident.

Cover for permanent handicap caused by an accident
Sum insured up to EUR 500,000. Reduced to EUR 20,000 at the age of 80. No deductible.

Cover for death caused by an accident
Sum insured up to EUR 500,000. Reduced to EUR 5,000 at the age of 80.

Optional additional covers available

- Additional cover for physical therapy
- Sports Cover
- Income covers (cover for serious illnesses or permanent disability, daily allowance)
- Death cover (life insurance)

Covers included in Extensive Accident Insurance

Cover for treatment expenses arising from an accident
Sum insured up to EUR 100,000 during the validity of the cover.
No deductible (or an optional deductible of at least EUR 100 per insurance period).

Additional cover for treatment expenses arising from an accident
The sum insured and deductible as selected for treatment expenses arising from an accident.

Cover for permanent handicap caused by an accident
Sum insured up to EUR 500,000. Reduced to EUR 20,000 at the age of 80. No deductible.

Cover for death caused by an accident
Sum insured up to EUR 500,000. Reduced to EUR 5,000 at the age of 80.

Optional additional covers available

- Sports cover
- Income covers (cover for serious illnesses or permanent disability, daily allowance)
- Death cover (life insurance)

Covers included in Accident Insurance

Cover for treatment expenses arising from an accident
Sum insured up to EUR 100,000 during the validity of the cover. No deductible (or an optional deductible of at least EUR 100 per insurance period). At the age of 80, the sum insured is reduced to the remaining sum insured. However, the new sum insured may not exceed EUR 10,000.

Cover for permanent handicap caused by an accident
Sum insured up to EUR 500,000. Reduced to EUR 20,000 at the age of 80. No deductible.

Cover for death caused by an accident
Sum insured up to EUR 500,000. Reduced to EUR 5,000 at the age of 80.

Optional additional covers available

- Income covers (cover for serious illnesses or permanent disability, daily allowance)
- Death cover (life insurance)

Detailed description of insurance covers

Quick access to medical care

Our personal insurances comprise a variety of covers. What is additional cover for physical therapy or what is the right insurance for an athlete? We will provide more information on the scope of the insurance covers in the following section.

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

Cover for treatment expenses

The insurance covers treatment expenses arising from an illness or accident up to the sum insured stated in the policy document, in total. Compensable treatment expenses include medical fees, X-ray, laboratory and comparable examination expenses, medicines sold under a licence from the Finnish Medicines Agency Fimea, emollients included in Kela's reimbursement system as well as hospital care fees up to EUR 700 per day. Compensation requires that the insurance cover is valid at the time of the occurrence of the expenses and the accident. Compensation on the basis of illness is only paid for treatment expenses incurred in Finland.

> ***Example:*** *Matti has cover for treatment expenses up to EUR 50,000. During the validity of the insurance cover, he falls ill with asthma, of which no symptoms have been present before. A total of EUR 10,000 is paid as compensation for costs caused by asthma, and a total of EUR 2,000 is paid for treatment expenses caused by other illnesses. In addition, Matti stumbles on the stairs and fractures his leg. A total of EUR 1,000 is paid as compensation*

> *for treatment expenses arising from an accident. After these amounts are paid, Matti still has a sum insured of EUR 37,000 left for treatment expenses arising from an illness or accident.*

Compensation requires that the examination or treatment is prescribed by a physician, is in accordance with generally accepted medical knowledge, and necessary and indispensable for the treatment of the illness or injury in question. 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

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
- Physical therapy (excluding therapy subsequent to surgery or a plaster cast for an accident, see the insurance terms and conditions for more details)
- Rehabilitation
- Dental care (excluding expenses for the treatment of dental injury caused by an accident)
- Expenses for the purchase of spectacles or contact lenses
- Purchase of micronutrient, mineral, nutritive and vitamin preparations, such as iron and potassium, or examinations relating to the need to use such preparations
- Preventive treatment, medication affecting sexual performance or medication that is used for alleviating the adverse effects of baldness, menopausal problems or other physiological changes

- Various therapies
- Travel and accommodation costs or other indirect expenses
- Obesity examination, treatment or operations or the related complications

Additional cover for physical therapy

An additional cover for physical therapy can be attached to the above-mentioned cover against an additional premium. It covers expenses arising from physical therapy subsequent to an accident or illness, no more than five treatment sessions per accident or illness, and however, no more than ten sessions per insurance period. If you choose this additional cover, you will also be paid compensation for other physical therapy than therapy subsequent to surgery or a plaster cast for an accident.

Cover for treatment expenses arising from an accident

The insurance covers treatment expenses arising from an accident up to the sum insured stated in the policy document, in total. Compensable treatment expenses include medical fees, X-ray, laboratory and comparable examination expenses, medicines sold under a licence from the Finnish Medicines Agency Fimea, emollients included in Kela's reimbursement system as well as hospital care fees up to EUR 700 per day. Compensation requires that the insurance cover is valid at the time of the occurrence of the expenses and the accident.

In addition, compensation requires that the examination or treatment is prescribed by a physician, is in accordance with generally accepted medical knowledge and necessary and indispensable for the treatment of the illness or injury in question. 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
- Physical therapy (excluding therapy subsequent to surgery or a plaster cast for an accident, see the insurance terms and conditions for more details)
- Rehabilitation
- Various therapies
- Travel and accommodation costs or other indirect expenses

Additional cover for treatment expenses arising from an accident

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 are:

- Sprain or tear of a ligament, or tendonitis
- Muscular distension and tear
- Umbilical and inguinal hernia
- Rupture of the meniscus of the knee
- Dislocation of a joint, or patellar dislocation
- Shin splints
- Stress fracture (stress osteopathies are not covered by the insurance)
- Tennis and golfer’s elbow

- Achilles tendonitis or Achilles tendon rupture
- Shoulder tendon area inflammation
- Inflammation of the bursa
- Plantar fasciitis

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 will 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.

The injuries mentioned above are not generally covered as accidents although they are often diagnosed in connection with an accident. Therefore, accident insurance with an additional cover for treatment expenses arising from an accident is an excellent solution for an actively exercising sporty adult.

Sports Cover

Personal insurance is usually valid during exercise. However, the covers for treatment expenses and daily allowance include an exclusion concerning sports activities specified in the insurance terms and conditions. The exclusion limits the validity of the covers for insured persons over 12 years of age.

The exclusion concerns both competitive sports or training and certain high-risk activities.

However, If's customer benefit program customers can take out Sports Cover for most competitive sports and high-risk activities against an additional premium. In this case, sports cover will be made continuous and you can engage in sports every day of the year without worries. If you only need 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.

Competitive covers

The cover for treatment expenses is not valid when an Insured who has turned 12 years of age participates in a competition, match or training organised by a sports federation or club, or when training in accordance with a training program. Sports activities are always considered competitive sports when insurance cover is required in connection with the sports activity practised by the Insured, for example.

> ***Example:*** *Maija, 33, participates in floorball training organised by her sports club three times a week. When Maija takes out Sports Cover and pays the related additional premium, she will be paid compensation for any accident that occurs during training.*
>
> ***Example:*** *Matti, 40, jogs to keep fit. The cover for treatment expenses is valid during jogging without any additional premium.*

Sports activities should be taken into account when choosing insurance cover. If you take part in competitive sports or high-risk sports, supplement your insurance with Sports Cover.
If you exercise or if your daily activities provide exercise, Extensive Accident Insurance provides you with coverage for not only accidents but also for sprains, distensions, tears and stress fractures.

Dangerous activities

The insurance is not valid while practising or trying out the following activities:

- Climbing, e.g., mountain, wall, rock or ice climbing or bouldering (however, the insurance is valid during wall climbing when anti-fall protective and safety equipment is used)
- Glacier trekking
- Martial arts
- Motor sports
- Sports diving or scuba diving
- Air sports, such as parachuting, hang-gliding, parachute gliding, hot-air ballooning, bungee jumping, flying microlites or other aircraft for recreational purposes
- Strength sports, such as weightlifting, powerlifting and strongman sports
- Off-piste skiing
- Roller derby
- Kitewing and kite surfing
- Downhill skating and cycling

> ***Example:*** *Terhi, 26, participates in a diving course. She can receive compensation for an accident that occurs during the course if she takes out Sports Cover and pays the related additional premium.*

Sports and other activities for which Sports Cover is not granted

The insurance is not valid during the following sports, and Sports Cover is not granted for them

- American, Australian and Gaelic football and rugby
- BASE jumping
- Speed skiing and downhill racing
- Bodybuilding
- Free fighting

Accident cover for professional athletes

The insurance of professional athletes is regulated by the Act on Athletes' Accident and Pension Cover. If an insured event falls or would have fallen within the scope of professional athletes' statutory accident insurance, no compensation is paid from your insurance covers, excluding the death cover.

Cover for permanent handicap caused by an accident

You can receive compensation for a permanent handicap caused by an accident if the accident has occurred during the validity of the insurance cover. Permanent handicap refers to a medically estimated general handicap caused by an injury arising from an accident. The compensation is tax-free, and its amount is determined on the basis of the medical degree of disability of the handicap, which is expressed as a percentage.

> ***Example:*** *A pianist and a carpenter lost the fingers of their left hand in an accident. They were both paid compensation according to the same degree of disability. Compensation is based on the general, medical degree of disability, not on occupational disability.*

> ***Example:*** *A physician determines that the severity of the permanent handicap caused to the insured by an accident is 30% (disability category 6). The sum insured agreed for the cover is EUR 85,000. The compensation paid is 30% x EUR 85,000 = EUR 25,500.*

Cover for death caused by an accident

Under the cover for death caused by an accident, the sum payable upon death valid at the time of death is paid to the beneficiaries after the accidental death of the insured. Compensation requires that the accident has occurred during the validity of the insurance cover and that the insured has died as a result of the accident before three years have elapsed from the accident.

Income cover for financial security

Tailor your individual insurance package

You can supplement your Sickness and Accident Insurance, Extensive Accident Insurance or Accident Insurance with additional covers that help you to adjust to a changed situation in life. You can also purchase these insurance products without taking out the above-mentioned insurances.

Cover for serious illnesses

Cover for serious illnesses will help you to cope in a changed situation. If you are diagnosed with cancer, multiple sclerosis or another illness covered by the insurance, the compensation will be paid to the insured immediately after the diagnosis has been confirmed and the conditions for the payment of compensation have been met. The insurance covers ten groups of diagnoses and medical procedures.

A good sum insured is typically equivalent to about six months' income.

Age at which can be granted	15–59 years
Age at which expires	65 years
Health declaration is required	Yes
Sum insured	EUR 10,000–EUR 50,000. A tax-free compensation will be paid after the diagnosis for the illnesses and injuries mentioned in the insurance terms and condi tions.

The compensation is tax-free, and the insured can use it as they see fit. Compensation requires that the insured is alive for at least 24 hours after the diagnosis has been confirmed.

Compensable diagnoses include a malignant tumour, benign tumour of the brain, motor neuron disease (such as ALS), myocardial infarction, cerebral haemorrhage or cerebral infarction, aortic aneurysm and/or an aortic dissection, severe burns, organ transplants, heart surgery and multiple sclerosis (MS). More detailed definitions of the diagnoses covered can be found in the terms and conditions for personal insurance.

In the case of tumours entitling to compensation, the insurance has a 90-day qualifying period that begins from the date of signing the health declaration. Compensation is not paid for a tumour that is detected during the qualifying period or if the examinations leading to its diagnosis begin during the period.

> ***Example:*** *Virpi was discovered to have breast cancer in a routine mammogram 6 months after the insurance entered into force. If received the medical statement on Virpi's disease on Thursday and paid a EUR 30,000 compensation on Monday. Virpi used the compensation to cover hospital care fees and living expenses during her five-month sick leave. After recovering from cancer, Virpi saved the remaining money "for a rainy day", as she put it.*

Daily allowance cover

Daily allowance cover provides you with financial support if your disability is temporary, i.e. short-term, by nature. You can choose coverage for temporary disability caused both by an illness or accident, or only coverage for temporary disability caused by an accident.

The daily allowance is intended to compensate for reduced income due to sick leave, and the appropriate amount depends on the income level. For example, if you earn EUR 3,000 per month, a daily allowance of approximately EUR 50 will keep your income at the same level as it was before your sick leave. A daily allowance of about EUR 100 will allow you to maintain an income level of EUR 5,000 per month.

Temporary disability due to an illness or accident

Age at which can be granted	15–59 years
Age at which expires	Retirement/70 years
Sum insured	Up to EUR 300 per day
Deductible	30–180 days/period of disability

Temporary disability due to an accident

Age at which can be granted	15–59 years
Age at which expires	Retirement/70 years
Sum insured	Up to EUR 100 per day
Deductible	30–180 days per period of disability

Under these covers, you can receive compensation as a daily allowance as stated in the policy document for the days of disability exceeding the waiting period if you are fully unable to perform the normal duties of your occupation. Compensation requires that the disability has continuously lasted subsequent to the agreed waiting period. In total, daily allowance is paid during the validity of the insurance for no longer than the period stated in the policy document. If Kela pays part-sickness allowance for the period of disability, the payable daily allowance under the cover is half of the daily allowance stated in the policy document.

The waiting period will be deducted once per each period of disability. The purpose is to exclude those sick days from the insurance cover for which the employer pays salary or wages.

Compensation requires that the insurance cover is valid during the occurrence of the accident and during the disability period. Compensation paid as daily allowance is taxable income.

Compensation paid under other insurance covers does not affect the daily allowance.

Exclusions

Daily allowance will not be paid if the disability is caused by symptoms reported by the Insured alone which, based on the findings of a medical examination, do not indicate any illness or injury.

Cover for permanent disability

Cover for permanent disability provides coverage for disability caused by an illness or accident.

Age at which can be granted	18–54 years
Age at which expires	Retirement/60 years
Sum insured	Up to EUR 250,000
Health declaration is required	Yes

You will receive a tax-free lump sum compensation for permanent disability if you become permanently disabled due to an illness, injury or procedure mentioned in the insurance terms and conditions. These include a malignant tumour, myocardial infarction, cerebral haemorrhage, multiple sclerosis, epilepsy, rheumatoid arthritis and renal failure. More detailed definitions of the diagnoses used as the basis for pension can be found in the terms and conditions for personal insurance.

However, at an earlier point in time, you will be paid a partial compensation of 10% of the sum insured if you are granted a rehabilitation subsidy for at least 12 months based on corresponding reasons. You are entitled to partial compensation only once during the validity of the insurance cover. Any partial compensation paid will be deducted from the final lump-sum compensation payable.

When selecting the sum insured, consider the amount of your household's loans and your own annual income.

Compensation requires that the payment of a rehabilitation subsidy/permanent disability pension has begun, the disability has been diagnosed and the accident has occurred during the validity of the insurance cover. No compensation is paid if the rehabilitation subsidy/permanent handicap is based on other reasons than those mentioned in the insurance terms and conditions. Compensation requires that the Insured has been granted a rehabilitation subsidy or a permanent disability pension based on the Finnish earnings-related pensions acts.
Partial disability pension and partial rehabilitation subsidy are not disability pensions entitling to compensation.

Adjustment of the sum insured and the premium

For insured persons between 50 and 55 years of age, the sum insured for permanent disability decreases annually by approximately 10%. After this, the sum insured remains constant, excluding changes caused by index adjustments. The insurance premium no longer increases on the basis of age after the insured has reached the age of 50, but an index adjustment is made annually.

Death cover (life insurance)

Death cover (life insurance) is an extensive cover that covers both illness and accidental death. Life insurance can be taken out as individual cover for yourself or your spouse, or as joint life insurance at a lower cost for both. You can choose the amount of compensation for life insurance freely up to the maximum amount.

Age at which can be granted	15–84 years
Age at which expires	90 years
Health declaration is required	Yes
Sum insured	Up to EUR 1,500,000

Death cover pays out the sum insured valid at the time of death to the beneficiaries selected by the policyholder. We recommend that the amount of compensation covers at least your household's debts, a sum equal to the insured person's 1–2 years' income, funeral expenses and EUR 20,000 for each child to be supported. This secures the financial situation of your loved ones in the event of death. The amount of compensation can be changed as your life situation changes.

The sum insured of Life Insurance is a level cover amount. This means that the sum insured will remain the same, excluding any index adjustments. The sum insured can be reduced as needed, for example, as the amount of debts in your household decreases.

Payment of compensation and beneficiary

Death benefit is paid in accordance with the beneficiary clause issued by the policyholder. For more detailed instructions for the beneficiary and to file a claim, please visit if.fi/henkivakuutuskorvaus (in Finnish). Sometimes the beneficiary may need to be changed when your life situation changes. The beneficiary clause or any change to it must always be made in writing to If.

We recommend that the amount of compensation covers at least your household's debts, a sum equal to the insured person's 1–2 years' income, funeral expenses and EUR 20,000 for each child to be supported. This secures the financial situation of your loved ones in the event of death.

According to the Insurance Contracts Act, commonly used beneficiary clauses are interpreted as follows:

If the beneficiary is the **family**, half of the sum insured is paid to the spouse and the other half is divided equally between the insured person's children. A deceased child will be replaced by their descendants. If the insured person has no spouse or descendants, the sum insured is divided among the insured person's heirs in accordance with the provisions of the Finnish Inheritance Code on their right to inheritance.

If the beneficiary is the **spouse and children**, half of the sum insured is paid to the insured person's spouse and the other half is divided equally between the insured person's children. A deceased child will be replaced by their descendants. If the insured person has no spouse or descendants, the sum insured is paid to the estate.

If the beneficiary is the **spouse**, the sum insured is paid to the person with whom the insured person was married or in a registered partnership at the time of death. **A common-law spouse is not covered by a spouse or family beneficiary clause, but must be specifically designated as the beneficiary**.

If the beneficiary is the **children**, the sum insured is paid to the insured person's children. A deceased child will be replaced by their descendants.

If persons insured under a joint two-person cover die at the same time, the sum payable upon death is paid in half to the beneficiaries of both insured persons.

Taxation

Any sums payable upon death to the next of kin are subject to inheritance tax. The next of kin include the spouse, children, grandchildren and parents. Sums payable upon death paid to other than next of kin are taxable capital income in their entirety.

Important information on If's personal insurance

Read about the scope of your insurance and its terms and conditions

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

In Personal Insurance, the insured are the persons specified in the policy document, who are within the scope of the Finnish Sickness Insurance Act, whose domicile according to the Act on the Municipality of Domicile is in Finland, and who also live permanently in Finland, residing in Finland for at least six months per calendar year.

The state of health affects the granting of insurance

Personal Insurance does not cover pre-existing conditions or illnesses that have exhibited symptoms before your insurance contract entered into force. Neither does Personal Insurance cover injuries that have arisen before the insurance contract entered into force.

Your state of health is established by means of a health declaration. As a person of legal age, you complete your health declaration yourself. As a guardian, you complete the health declaration of a minor insured person. You can complete and sign a health declaration on My Pages using a secure connection and which you log into with your online banking identifiers or mobile ID. Your health information is only accessible to and processed fully confidentially by experts specialised in health declarations.

It is important that you answer the questions of the health declaration truthfully and completely, as providing incomplete or incorrect information may result in the addition of exclusions to the insurance contract afterwards and refusal of compensation. In some cases, an error in disclosure can even lead to the termination of the insurance contract.

We can grant an insurance policy applied on the basis of information on the state of health as applied by the applicant, include an exclusion in the policy or grant the policy against an increased premium. Any illnesses and injuries not covered by the insurance policy are entered in the policy document. In some cases, offering an insurance solution will be postponed, or insurance will not be granted. Do not terminate your current insurance policies until we have informed you that your insurance has been granted.

Exclusions applying to all personal insurance covers

Personal Insurance does not cover loss or damage, illness or disability that arise from the insured person's consumption of alcohol or another intoxicating substance, or abuse of medication. However, this does not apply to the coverage for death.

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:*** *While hanging the curtains you lose your balance on the stool and fall on the floor. As a result, you break your arm. This is an accident.*

Pain caused by mere physical effort or motion (e.g. a sprain when lifting a heavy object) or internal strain injuries are not considered accidents. Compensation for such injuries can only be paid under a cover for treatment expenses that covers illnesses or under Extensive Accident Insurance.

While choosing the scope of insurance cover, please note that, in the case of adults, an injury sustained in an accident may often be caused by age-related deterioration or degeneration that is not considered to have resulted from the accident.

> ***Example:*** *When a shoulder or back has been injured due to a fall, examinations may reveal that the person has suffered degeneration before the accident. Such degenerative changes have often not exhibited symptoms before the accident, but they may have affected the severity of the injury or may delay recovery from the injury. In such a case, compensation is paid under an insurance cover that covers accidents only insofar as the injuries, according to medical experience, correspond to those injuries that could have been caused to a healthy shoulder or back. Under an insurance cover that covers both illnesses and accidents, compensation would also be paid insofar as the injuries were considered to have been caused by degeneration.*

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 an illness, defect, injury or an event caused by these unrelated to the accident has fundamentally affected the injury or death of the insured, 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 person's consumption of medication, alcohol or some other substance for intoxication purposes, or the consequences of such action

- 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 it

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 or the period of disability, for example, was caused by the accident and which was caused by the illness or defect.

In such cases, compensation for treatment expenses, daily allowance or handicap compensation is paid under covers taken out for an accident only insofar as the treatment expenses, disability and permanent handicap can be considered to have been caused by the injury covered. If the cover has also been taken out for an illness, compensation is paid more extensively.

Example: Examinations carried out after an accident involving the back, shoulder or knee very often reveal degenerative changes that have not been caused by the accident but have developed during a longer period. Even though such injuries had not caused any symptoms before the accident, they may delay recovery from the injury. Compensation for the 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.

Example: When an Achilles tendon breaks due to physical effort, in most cases, the reason for this lies in gradual strain-related and degenerative changes.

Pregnancy, delivery and infertility

Compensation for treatment expenses and daily allowance is not paid if the treatment expenses or disability are caused by

pregnancy, foetal examination, delivery, termination of pregnancy, sterilisation, infertility treatment or artificial insemination.

War or armed conflict

Personal Insurance is not valid in a war or comparable situation. Nor is compensation paid for illnesses, injuries, disability or death caused by a nuclear weapon, nuclear accident or other comparable event.

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 insurance premium will vary from one insurance cover to the next.

Factors affecting the premium include the time of granting the insurance, the insured person's age and place of residence, the sum insured, the amount of deductible, insurance and claims history, the scope of cover (e.g. validity during sports activities) 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.

In Personal Insurance, the insured person'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 person's age increases. The premiums will be adjusted in accordance with the risk of loss, damage or injury corresponding to the insured person'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 person's place of domicile, the scope of cover or If's customer benefit program membership. If the ratio between the insured person'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.

You can affect the price of your insurance by your choice of deductible

The insurance period-specific deductible is deducted once during each insurance period, regardless of whether the illness or accident covered is a new or old one.

> ***Example:*** *Maija has taken out cover for treatment expenses up to EUR 100,000. While the insurance cover is valid, Maija slips during a run and fractures her leg. She has been paid EUR 2,000 as compensation for treatment expenses arising from this accident during the previous insurance period, and the deductible stated in the policy document has been deducted from this amount. During the current insurance period, an additional EUR 500 of treatment expenses arises from the accident, and the deductible is also deducted from this amount. If the deductible selected is EUR 500, EUR 750 or EUR 1,000 and there will be no other treatment expenses during the same period, the expenses will not exceed the deductible.*

You can choose which portion of any loss you would like to bear and which portion you would like the insurance company to bear. The deductible that you have selected affects the insurance premium. The higher the deductible, the lower the insurance premium, and you can reserve your insurance cover for serious loss, damage or injuries that cause high costs.

> ***Example:*** *A 38-year-old If's customer benefit program customer living in Oulu has taken out a cover for treatment expenses up to EUR 100,000 with additional cover for physical therapy. The premium for the cover decreases significantly if a higher deductible is selected. By choosing a deductible of EUR 500 instead of EUR 300, the insured can save approximately EUR 80 per year in insurance premiums. If a deductible of EUR 1,000 was selected, the savings would be as high as EUR 170 per year (in 2026).*

It is sensible to include a deductible in the insurance policy for the cover for treatment expenses arising from an accident when you want to eliminate the exclusion concerning sports activities for example (Sports Cover). This will bring you significant savings in insurance premiums.

> ***Example:*** *A 25-year-old insured person living in Helsinki plays football in a division team. If the person selects an insurance period-specific deductible of EUR 150 for his Extensive Accident Insurance with a sum insured of EUR 50,000 that is valid during sports activities, they will save approximately EUR 200 per year in insurance premiums compared to a situation where no deductible is selected for the cover (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.

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

Personal Insurance is a continuous insurance policy that is valid for an agreed insurance period at a time. Any changes in your life situation (such as retiring or moving house) 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 fall ill or are injured, your insurance will help

If's Health Advice Service and the Direct Compensation service make life easier when something happens. Contact us before your doctor's appointment so we can ensure the best help for you.

1 Health Advice – report an 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 you get 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 the 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 of the physician's appointment. 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.

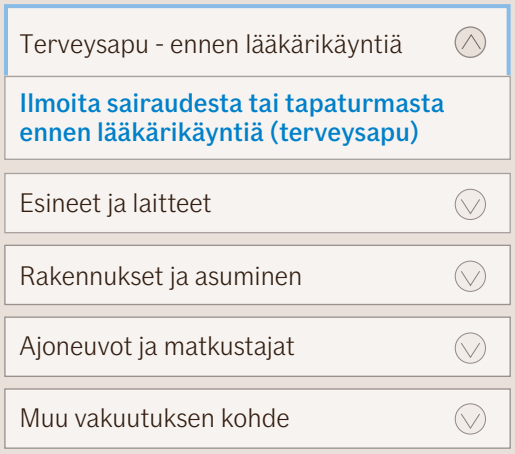
Read more (in Finnish): if.fi/suorakorvaus

3 You can easily file a claim on My Pages or 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 clinic.

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 service 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 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 Henkivakuutus Oy
Branch in Finland

Registered domicile Stockholm
Business ID: 3389588-3

Keilasatama 2
FI-02150 Espoo
Finland

Death cover (life insurance) is granted by If Henkivakuutus Oy, branch in Finland, and other insurance policies by If P&C Insurance Ltd (publ), branch in Finland.

The insurers pay their agents a commission fee based on the percentage of the sums insured of sold policies. The insurers or their agents do not provide 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.