

TRAVEL INSURANCE TERMS AND CONDITIONS
CONDITION MAT 120.4, valid as of 1 January 2021

This is a translation of the original Terms and Conditions in Finnish which, in case of discrepancies, are valid.

Travel Insurance products

Personal insurance cover attached to **If Travel Insurance** always includes traveller's cover (3.1). In addition, cover for permanent handicap caused by an accident (3.2) and cover for death caused by an accident (3.3) can also be attached.

According to the Trade Union Insurance Contract, travel insurance related to the **If Trade Union Insurance** can include traveller's cover (3.1), cover for permanent handicap caused by an accident (3.2), and cover for death caused by an accident (3.3).

The contents of **If Travel Insurance** comprise the Policy Document, these Insurance Terms and Conditions and the General Terms and Conditions. The covers included in an Insurance Contract are stated in the Policy Document.

With respect to **If Trade Union Insurance**, these terms and conditions, as well as the Trade Union Insurance Contract concluded with the trade union, are observed where applicable.

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KEY CONCEPTS USED IN THE TERMS AND CONDITIONS

International travel refers to a journey taken outside of Finland, excluding daily journeys to and from the place of work. The journey starts and ends at home or at the place of work in Finland. However, the journey is not considered international travel if, during domestic travel in connection with an international travel, the most appropriate route is deviated from. An uninterrupted journey or stay abroad will not be considered to have been interrupted by a visit of less than 14 days by the Insured to his or her home country, if he/she intends to return to the same destination. However, an insured event occurring during such visit to one's home country will not be considered a travel illness or injury.

If the insurance is valid during domestic travel, this is stated in the Policy Document.

Domestic travel refers to a leisure journey made outside the daily sphere of activities and exceeding 150 kilometres, comprising travel to the destination, an overnight stay there and the return journey.

In If Trade Union Insurance policies, as well as travel insurance policies that entered into force prior to 17 May 2014, domestic travel refers to a journey made outside the daily sphere of activities and exceeding 50 kilometres as the crow flies, comprising travel to the destination, a sojourn there and the return journey.

The daily sphere of activities refers to the Insured Person's or his/her spouse's permanent or leisure-time place of residence, place of work or study, and the journeys between them. On request, travel tickets or accommodation vouchers must be provided as proof of travel.

Travel illness refers to an illness requiring medical care, the obvious symptoms of which are not manifested prior to the commencement of the journey, or which otherwise is deemed by generally accepted medical knowledge to have had its onset during the journey.

Compensation requires that medical care has been provided for during the journey or within 14 days of the termination of the journey. This time limit is not applied in the case of an infectious disease whose incubation period exceeds 14 days.

An illness from which the Insured has been suffering prior to the commencement of the journey is not a travel illness as intended under the Insurance Terms and Conditions.

Accident refers to a sudden and unforeseeable occurrence arising from an external factor and causing bodily injury against the intentions of the Insured. In addition, the following occurrences, unintended by the Insured, are considered accidents: drowning, heat-stroke, sunstroke, frostbite, gas poisoning, sudden injury caused by considerable fluctuations in air pressure and intoxication caused by a substance taken inadvertently.

Cancellation of a journey shall mean that the departure on the journey is prevented altogether.

Interruption of journey. A journey is deemed to have been interrupted when a journey already commenced is changed in such a way that the Insured is hospitalised or has to return to the place of departure in Finland, contrary to the original travel plan.

Lateness for a journey is deemed as having occurred if, deviating from the original travel plans, the Insured arrives late to the outward or homeward point of departure for a flight, boat, train or bus journey booked in advance.

The near relatives referred to in traveller's cover include:

- spouse, registered partner or common-law spouse living permanently in the same household with the Insured
- child, child of the partner, adopted child, foster child, grandchild and a child of a common-law spouse who lives permanently in the same household with the Insured
- parents, parents-in-law and grandparents
- brothers and sisters and brothers and sisters of a spouse, registered partner or common-law spouse living permanently in the same household with the Insured
- daughter-in-law and son-in-law
- no more than two travelling companions with whom the Insured has jointly booked the journey
- maximally one (1) person specified to the Insurance Company for each journey.

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1 VALIDITY OF THE INSURANCE

1.1 Territorial limits

Traveller's cover and accident insurance covers valid only during a journey are valid on journeys outside Finland.

Cancellation of journey and Interruption of journey and Lateness for a journey covers included in the Continuous Travel Insurance are also valid during domestic travel.

If the Insured wishes to include compensation for medical expenses payable under continuous travel insurance and accident insurance covers valid only during a journey, in domestic travel, this can be arranged against payment of an additional premium.

Continuous travel insurance granted prior to 17 May 2014 are valid either during international travel or during both domestic and international travel.

The territorial limits are stated in the Policy Document.

Traveller's cover related to If Trade Union Insurance is valid within the territorial limits stated in the Trade Union Insurance Contract.

Fixed-term travel insurance is valid only during international travel.

1.2 Period of validity

Continuous traveller's cover under If Travel Insurance expires, at the latest, at the end of the insurance period during which the Insured has reached the age of 90. Travel Insurance-related insurance covers taken out in case of accidents will only expire no later than upon the expiry of the traveller's cover.

If the travel insurance includes a cover for temporary disability caused by an accident, this will expire when the Insured retires, however, at the latest at the end of the insurance period during which the Insured reaches the age of 70.

A fixed-term If Travel Insurance is valid during the period stated in the Policy Document.

Traveller's cover related to If Trade Union Insurance will expire at the age specified in the Trade Union Insurance Contract.

Traveller's cover under If Travel Insurance is valid as full-time insurance for 24 hours a day, both at work and during leisure time. However, the cover for domestic travel granted against an additional premium under continuous traveller's cover is valid only during leisure journeys. Traveller's cover related to If Trade Union Insurance is valid only during leisure journeys.

Insurance which is valid during leisure journeys does not cover accidents referred to in the Employment Accidents Insurance Act, the Workers' Compensation Act or other corresponding legislation, which occur on the way to or from the workplace when the Insured is working in a gainful occupation or as an independent self-employed person or in some other corresponding activity. Insurance which is valid during leisure journeys is not valid during leisure time in connection with business travel.

1.3 Validity in sports activities

1.3.1 Exclusion concerning sports activities

The exclusion concerning sports activities does not apply to persons under 18 years of age. The exclusion is valid from the end of the insurance period during which the Insured turns 18 years of age.

The insurance is not valid in the case of accidents caused by

- 1) sports activities when the Insured participates in a competition, match or training organised by a sports federation or club, or when training in accordance with a training programme
- 2) climbing, e.g., mountain, wall, rock or ice climbing The exclusion does not apply to wall climbing when protective and safety equipment is used.
- 3) glacier hiking
- 4) martial arts
- 5) motor sports
- 6) sports or scuba diving
- 7) air sports, e.g. parachuting, hang-gliding, parachute gliding, gliding, flying microlites or other aircraft for recreational purposes
- 8) strength sports, e.g. weightlifting, powerlifting and strongman sports
- 9) off-piste skiing.

The exclusion concerning sports activities for the sports listed above may be eliminated by means of a separate agreement and by paying an additional premium (Sports cover).

In traveller's cover, however, as regards the sports listed above, the exclusion concerning sports activities does not apply to the following activities:

- guided trial dive and basic diving course
- guided trying of a climbing sport or glacier trekking that lasts no longer than four hours
- hot-air ballooning (the validity does not include the pilot) and bungee jumping

- tandem flight on a hang glider or parachute glider, and tandem skydiving with a parachute (the validity does not include the actual pilot/parachutist) Upon request, a claimant must provide proof of participation in such activities.

Since the insurance will not be at all valid for the following sports activities,

the exclusion concerning sports activities cannot be eliminated:

- 1) American and Australian football and rugby
- 2) roller derby
- 3) speed skiing and downhill racing
- 4) bodybuilding
- 5) free fighting
- 6) kitewing and kite surfing
- 7) downhill skating.

The exclusion concerning sports activities applies to traveller's cover, excluding cover for cancellation of the journey and cover for repatriation or burial expenses of the deceased. Other insurance covers are valid in sports activities.

The exclusion concerning sports activities can be eliminated from traveller's cover (Sports cover). If the exclusion concerning sports activities has been eliminated, this is stated in the Policy Document. Sports activities have been divided into risk categories in accordance with their susceptibility to risk. Each risk category covers the sports activities listed therein and those in the lower risk categories. A valid list of risk categories is available on the Internet at www.if.fi/urheilu. However, the exclusion concerning sports activities cannot be eliminated from sports activities specified above in this Clause.

1.4 Entitlement to continue and transfer the insurance

1.4.1 Entitlement to continue the insurance

An Insured who is not the Policyholder is entitled to continue his/her insurance cover without presenting a new health declaration if the Policyholder terminates the insurance cover of the Insured or allows the cover to expire unpaid. The insurance cover granted on the basis of the entitlement to continue the insurance is determined according to the rules applied at the time by the Insurance Company to private customers with regard to granting the insurance as well as the scope, Terms and Conditions and premiums of insurance cover. As a result, the insurance cover may change or it cannot be granted.

1.4.2 Exercising the entitlement to continue

A written notification of the use of the entitlement to continuation must be made within six (6) months of the expiry of the insurance cover. The notification of exercising the entitlement to continuation is deemed to have been made when it has arrived in writing at the Insurance Company. If the entitlement to continuation has been exercised, the Policyholder no longer has the right to bring the Insured's expired insurance cover into force.

If the Insured entitled to continue the insurance dies before the end of the time limit of six (6) months without having exercised the entitlement to continue the insurance, the insurance is deemed to have been valid with respect to the Insured under the former Terms and Conditions.

1.4.3 Entitlement to transfer the insurance

If the Policyholder is a private person, the Insured of age has the right to transfer his or her insurance cover to a corresponding insurance by notifying the Insurance Company thereof in writing. In such a case, the Policyholder is not entitled to keep the insurance valid with respect to the transferred cover.

2 OTHER CLAUSES RELATING TO INSURANCE COVERS

2.1 The Insured

Unless otherwise agreed, 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. However, a person residing for more than six (6) calendar months abroad is not considered to be living permanently in Finland.

Children under the age of 20 travelling with their parents are insured under the traveller's cover of their parents. Grandchildren under the age of 20 travelling with their grandparents are insured under the traveller's cover of their grandparents. Accompanying children and grandchildren must have the same outward and homeward journey and same destination as their parents and grandparents. If a child travels alone or the validity of the traveller's cover for sports activities requires an additional premium, the child must have a traveller's cover of his/her own. A child travelling alone refers to travel entirely without a parent or grandparent, or a journey including an overnight stay made within a journey to another destination without a parent or grandparent.

2.2 Beneficiary

The sum payable upon death is paid to the relatives, and any other compensation to the Insured, unless the Policyholder has informed the Insurance Company in writing of any other beneficiary.

2.3 Calculating the Insurance Premium

Premiums for travel insurances shall be calculated according to the time of granting the insurance, as well as the Insured's age, place of residence, the scope of cover and the sum insured. Factors affecting the premium will vary from one insurance cover to the next. In a fixed-term cover, the premium will also be influenced by the duration and the main destination of the journey.

The premium may also be affected by the Policyholder's insurance and claim history. However, the premium will not be adjusted due to a deterioration in the state of health of the Insured after the insurance is taken out, or due to the occurrence of an Insured event related to the relevant insurance.

The premiums for travel insurances are adjusted at the turn of the insurance period, when the Insured's age increases and/or when the place of domicile has changed. The premiums will be adjusted in accordance with the risk of loss, damage or injury corresponding to the Insured's age. 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.

2.4 Index adjustments

The insured amounts, deductibles and premiums of insurances will be adjusted annually at the turn of the insurance period according to an index. The adjustment figure of the index is the mark for September of the previous calendar year.

Traveller's cover (3.1) will be adjusted according to the consumer price index' health and commodities category and the other covers according to the cost-of-living index.

2.5 The Insurance Company's right to determine the treatment location

The Insurance Company is entitled to refer the Insured for examination or treatment to a service provider determined by the Insurance Company.

3 INSURANCE COVERS

3.3 Traveller's cover

3.3.1 Cover for treatment expenses

This insurance covers treatment expenses arising from an illness which has begun during the journey stipulated in the Policy Document or the insurance contract or by an accident incurred on the journey during the validity of the insurance period insofar as such expenses have not or would not have been subject to compensation on the basis of any law. Only treatment expenses that the Insured would be liable to pay him/herself are compensable.

Expenses for acute treatment at the journey destination in the nature of first aid for one (1) week at the most due to a sudden, unexpected worsening during the journey of a condition existing in the Insured prior to the journey, shall be compensated. However, no other expenses are covered. The treatment expenses will be covered only if the worsening of the illness was not likely or foreseeable according to general medical experience. Should an illness whose examination or treatment was not completed at the time of departure become worse, this will not be regarded as the unexpected worsening of an illness, nor will compensation be awarded for an illness specified in an individual exclusion clause.

Expenses arising from the examination and treatment of a travel illness and other expenses specified in the Terms and Conditions are compensated up to a maximum period of 90 days from the date of commencement of medical care. Treatment expenses arising from a travel accident are covered, at most, up to three (3) years from the occurrence of the accident.

The compensation of medical expenses requires that the examination or treatment was prescribed by a physician and performed by a health care professional. In addition, the treatment expenses must be in accordance with generally accepted medical knowledge and necessary and indispensable for the treatment of the illness or injury in question.

Compensable treatment expenses include reasonable:

- medical fees, examination and treatment expenses, including reasonable and necessary travel and patient transfer expenses. The maximum compensation for travel expenses resulting from the use of a private car amounts to EUR 0.25/km.
- expenses arising from the treatment of dental injury caused by an accident
- expenses for medication sold under the licence of the Finnish Medicines Agency and expenses for emollients manufactured by a pharmaceutical company and included in Kela's reimbursement system
- hospital care fees
- repair costs for a crash helmet, hearing aids and dentures which were in use at the time of the accident for which medical treatment is required, or the original acquisition costs
- repair costs for spectacles which were in use at the time of the accident for which medical treatment is required, or the replacement cost of similar spectacles. When compensating for spectacles, an annual deduction of 15 per cent based on the age of the spectacles is applied. No deduction is made for the year the spectacles were taken into use or for the following calendar year. An age deduction is also made for

the year during which the loss or damage occurred. The deduction is calculated as follows: the number of years x 15 per cent. The deduction is not made from repair costs based on an invoice. The maximum compensation paid for the repair costs is the amount of loss, less the deductible, if applicable.

- acquisition costs of primary medical equipment
- expenses arising from necessary physiotherapy prescribed by a physician subsequent to surgery or a plaster cast for an accident covered by this insurance. No more than one treatment set of 15 visits will be compensated per accident.
- expenses arising from a cosmetic surgical or non-surgical procedure for an injury covered by this insurance. The cosmetic surgical or non-surgical procedure must be agreed upon beforehand with the Insurance Company.
- expenses arising from necessary dental treatment for acute toothache, in the nature of first aid, if the toothache has begun and the treatment was given at the destination; however, not exceeding EUR 200. No other expenses are covered. Treatment in the nature of first aid refers to procedures such as opening abscesses, commencing root canal treatment and the temporary filling or the extraction of a tooth. Expenses are covered even if the toothache was caused due to biting or a reason other than illness which occurred whilst travelling.
- medical expenses for treatment in the nature of first aid at the travel destination, arising from pregnancy before pregnancy week 29 for one (1) week at the most. However, no other expenses are covered.

Treatment expenses arising from illness or accident which occurred whilst travelling are considered as referring to necessary and reasonable

- extra accommodation costs during the journey
- extra travelling costs in order to continue the journey planned beforehand, however, only to the next destination
- expenses arising from the transportation of the patient to Finland considered necessary on medical grounds, and the necessary direct travel and accommodation expenses of a necessary accompanying person in accordance with the consent of the Insurance Company given prior to beginning such arrangements
- the direct travel and accommodation expenses of one close relative for a journey abroad to the Insured and back to Finland for no more than seven (7) days, if the attending physician finds the Insured's life to be in danger due to a coverable injury or travel illness
- expenses for necessary phone calls to the Insurance Company to handle the claim when abroad, however, not exceeding EUR 200.

Treatment expenses also refer to expenses arising from the cancellation, discontinuance or lateness of a journey as specified below.

Compensation is not paid for treatment and travel expenses arising from

- 1) rehabilitation or physical treatment, excluding expenses for physical treatment listed as compensable
- 2) psychotherapy or speech, food, occupational, psychological or neuropsychological therapy or some other comparable therapy, examination, treatment or rehabilitation, excluding expenses for psychotherapy compensable under crisis cover (3.1.7)
- 3) examinations or treatment of dental illnesses, teeth or the masticatory system
- 4) examinations, treatment or operations carried out in order to rectify a refractive error or deterioration of vision, unless it is part of the treatment of a coverable injury
- 5) purchase of spectacles or contact lenses
- 6) accommodation expenses
- 7) day care, home care, household management and other indirect costs
- 8) medication intended for the treatment of addictions
- 9) medication affecting sexual performance or medication which is used for alleviating the adverse effects of baldness, menopausal problems or other physiological changes
- 10) preventive treatment, vaccinations, health inspections or examinations performed in order to diagnose or exclude an illness of which the Insured did not exhibit any symptoms prior to the onset of the examination
- 11) cosmetic or plastic examination, treatment, procedure or surgery or the related complications or later corrective procedures, excluding expenses for the types of plastic surgery listed as compensable. Plastic surgery refers to both corrective plastic surgery performed for medical reasons and plastic surgery performed for aesthetic reasons.
- 12) obesity examination, treatment or operations or the related complications
- 13) purchase of micronutrient, mineral or nutritive preparations, drugs or vitamins or anthroposophic or homeopathic products
- 14) Micronutrient, mineral and vitamin examinations or treatments, other corresponding examinations or treatments or anthroposophic or homeopathic examinations or treatment.

If the expenses to be compensated substantially exceed the generally accepted and observed reasonable local level, the compensation is paid on the basis of this reasonable level. No compensation is paid for a home visit or treatment in the Insured's home performed by a physician or other health care professional, to the extent that the expenses exceed the reasonable level of expenses arising from comparable treatment provided at a health care institution.

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The Insurance Company has the right to transport the Insured to Finland or other country for treatment if the treatment available at the destination is insufficient considering the nature of injury or illness or if the expenses at the destination would become significantly higher than for equivalent treatment provided in Finland.

If the Insurance Company pays any treatment expenses which are compensable under a law, the Insurance Company retains the right to recover the part of the expenses stipulated under that law.

3.1.2 Cover for cancellation of the journey

The cancellation of a journey is compensated if the cancellation is due to the death of the Insured or his or her next of kin, a serious accident or the serious, unexpected and sudden onset of illness of the Insured or his or her next of kin, unavoidably preventing a departure. An assessment will be conducted as to whether the cancellation was necessary on medical grounds. Only such expenses arising from the cancellation of a journey that the Insured would be liable to pay him/herself and for which there is no or would not have been any right to a refund, are compensable. However, no compensation is paid for such expenses arising from the cancellation of a journey that are allocated to the calculated share of the travel costs of other travellers on the same journey.

The cancellation of a journey is also compensated if due to the following circumstances:

- if an illness which afflicted the Insured prior to reserving the journey suddenly and unexpectedly becomes worse, unavoidably preventing departure
- unexpected, significant financial losses befall any of the Insured's property located in Finland, making it necessary for the Insured to remain at the site where the loss occurred.

Compensation requires that the insurance has been taken out three days before the commencement of the journey at the latest and the reason for the cancellation of the journey has not emerged prior to the insurance being taken out or the journey being booked.

In addition, it is required that the reason for the cancellation of the journey has not emerged prior to the payment of the premium as regards those covers whose entry into force requires payment of the premium. When a journey is cancelled, the travel agent or other service provider must be immediately notified of the cancellation.

In the case of a cancellation of a journey, the expenses paid in advance and for which the Insured is responsible in accordance with the terms and conditions of the tour operator, are compensated as follows:

- In the case of a cancellation of a package tour complying with the Act on Package Tours, office charges are compensated in accordance with the General Terms for Package Tours.
- In the case of a cancellation of a travel package and a linked travel arrangement, a cancellation fee agreed in the travel package contract will be compensated up to EUR 5,000 per journey and one insured person in accordance with the Act on Travel Service Combinations.
- In the case of a cancellation of another type of journey, the amount relating to the journey and paid prior to departure that the travel agent or other service provider, on the basis of its own terms and conditions, is not obliged to refund to the Insured, is compensated. The maximum compensation for expenses per journey and one insured person is EUR 5,000.

3.1.3 Cover for discontinuation of the journey

The interruption of a journey will be compensated should it be based on a serious injury, serious illness during travel or the death of the Insured, thereby presenting a compelling reason for interrupting the journey. An assessment will be conducted as to whether the interruption was necessary on medical grounds. Only such expenses arising from the discontinuation of the journey that the Insured is liable to pay him/herself are compensable.

The interruption of a journey shall also be compensated if due to the following circumstances occurring during the Insured's journey:

- the death, a serious accident or the serious, unexpected and sudden onset of illness of the Insured's next of kin
- unexpected, significant financial losses befall any of the Insured's property located in Finland, making it necessary for the Insured to remain at the site where the loss occurred.

Compensation requires that the reason for the interruption did not emerge prior to concluding the insurance contract, booking the trip or the start of the journey.

The Insurance shall compensate expenses for the interruption of a journey as follows:

- essential additional travel and accommodation expenses during the journey; however, expenses arising from the home transportation of a vehicle, and food or drink, are not compensated
- during the validity period of the Insurance, reasonable expenses for a new journey to the destination if this is essential for the continuance of studies or for the continuance of employment outside Finland for an agreed period not exceeding one year

- compensation of EUR 80/day for a maximum of 45 days is paid for lost days of travel due to hospital care or an early return; however, the compensation may not be higher than the price of the journey paid prior to departure. If the travel agent or other service provider has paid a refund for the journey, the unrefunded proportion is regarded as the price of the journey paid prior to departure. If an international travel is interrupted already in Finland and the Insured does not reach the destination at all, the insurance also covers that part of the journey price paid prior to the beginning of the journey which the compensation of EUR 80/day does not suffice to cover.

- unused services at the travel destination paid in advance by the Insured as well as return trips from one destination to another up to EUR 1,000 per each journey commenced in Finland. Here, services refer to costs arising from participation fees, tickets to events and vehicle rentals. Compensation is paid only insofar as the Insured has not received a refund from the travel agent or service provider. The expenses specified herein may be compensated up to EUR 300 if they do not arise from the interruption of the journey as referred to in the insurance terms and conditions. However, compensation requires that the basis is a travel illness or accident covered by this insurance that unavoidably prevents the use of the service. Upon request, the claimant must present a medical statement specifying the reason for not using the service.

In the event of illness, compensation for lost days of travel due to hospital care is paid to the Insured.

If the care provider's presence in the hospital is necessary according to a physician's orders in the case of a minor suffering from an illness or accident during travel, compensation for lost days of travel is also paid to one of the care providers who have accompanied the child on the journey.

Compensation for lost days of travel is not paid for a deceased person. Days of travel are calculated from the commencement of the journey in full 24-hour periods. Correspondingly, lost days of travel are calculated from the commencement of hospital care or interruption of the journey up to the end of hospital care, and no longer than up to the intended termination of the journey. If the last full period calculated in this way is exceeded by 12 hours, the excess will be considered one full day.

3.1.4 Cover for lateness for a journey

Lateness for a journey is compensated if the Insured, deviating from the original travel plans, arrives late at the point of departure or arrival of a flight, or a boat, train or bus journey, for one of the following reasons:

- weather conditions, a technical failure, traffic accident, criminal act or official regulation prevents the passage of a vehicle or causes it to be late.

Additional, reasonable and necessary travel and accommodation expenses are compensated if the Insured is late for a journey, but the expenses relating to the transportation of a damaged or disabled vehicle, and meals, are not compensated. At any rate, the maximum amount of compensation is the cost of the original journey. Only such expenses relating to the lateness for the journey that the Insured would be liable to pay him/herself are compensable. If the Insured is unable to begin the journey at all due to lateness entitling to compensation, the cost of the original journey is compensated.

The maximum compensation for expenses per journey and one insured person is EUR 5,000. If the travel agent or other service provider has paid a refund for the journey, the unrefunded proportion is regarded as the cost of the original journey.

3.1.5 Cover for repatriation or burial expenses of the deceased

If the Insured dies during the journey, reasonable costs for the repatriation from abroad or reasonable burial expenses abroad at the destination of the journey are compensated; however, burial costs are compensated up to an amount not exceeding the repatriation costs. These expenses are compensated irrespective of the cause of death.

3.1.6 Cover for evacuation expenses

Evacuation is compensated if conditions at the destination abroad change after the commencement of the journey and become so dangerous that Finland's Ministry for Foreign Affairs recommends leaving the area due to a natural disaster, an epidemic, an unexpected armed conflict or terrorism.

Compensable evacuation costs include reasonable and necessary additional travel and accommodation expenses incurred in connection with evacuation to the nearest safe place or to Finland using the most expedient route. Evacuation must take place within 21 days of the evacuation recommendation issued by the Finnish Ministry for Foreign Affairs. Maximum compensation is EUR 2,000 per journey and per person insured. The insurance company's prior approval of costs is required.

Compensation is only paid if costs were incurred while insurance cover was in effect. The incident based on which compensation is sought must have occurred while the insurance cover was in effect. Another requirement for compensation is that the cause of the evacuation was unknown at the time insurance cover was agreed on.

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Compensation is not paid if

- the Insured travelled to a region not recommended for travel by Finland's Ministry for Foreign Affairs before the commencement of the journey
- the Insured is entitled to compensation under law or the contractual terms of the tour operator.

3.1.7 Crisis cover

Crisis cover covers costs arising from the cancellation or interruption of a journey as well as expenses for psychotherapy, on the conditions specified in this Clause.

The cancellation or interruption of a journey is compensated from crisis cover if the reason for such cancellation or interruption is a natural catastrophe, epidemic, a sudden armed conflict or terrorism occurring in the destination.

Compensation for the cancellation of a journey requires that there are less than 14 days until the departure when the incident mentioned in this Clause and entitling to compensation occurs or begins. In addition, it is required that the journey was booked and paid before the said incident occurred or began. The regulations specified in Clause 3.1.2 (cancellation of the journey) are applied to the compensation.

Compensation for the interruption of a journey requires that rearrangements for the journey are made within 48 hours of the time when the incident entitling to compensation occurred or began. With respect to the interruption of a journey, only such expenses arising from the interruption of a journey that the Insured would be liable to pay him/herself and for which there is no or would not have been any right to a refund, are compensable. The regulations specified in Clause 3.1.3 (discontinuation of the journey) are applied to the compensation. If the interruption of a journey is compensated from the cover for discontinuation of the journey, the Insured is not entitled to corresponding compensation from crisis cover.

Psychotherapy is compensated from Crisis cover if this is necessary due to the following insured events:

- a natural catastrophe, epidemic, a sudden armed conflict or terrorism occurring in the destination
- a violent offence against the Insured or his/her travelling companion which occurs during the journey (the offence must be reported to the police)
- a traffic accident in which the Insured or his/her travelling companion was involved.

Crisis cover covers reasonable expenses arising from psychotherapy prescribed by a physician and performed by a health care professional in Finland, no more than five (5) treatment sessions per insured event.

Compensation requires that the Insured seeks medical attention within two months of the insured event and that the compensable therapy is given within six months of the insured event. The compensable therapy must be in accordance with generally accepted medical knowledge and necessary on medical grounds. If the insured event occurs in Finland, compensation for psychotherapy requires that the cover for treatment expenses (3.1.1) is in force during domestic travel.

If the expenses to be compensated substantially exceed the generally accepted and observed reasonable level, the compensation is paid on the basis of this reasonable level. If the Insurance Company pays any expenses which are compensable under a law, the Insurance Company retains the right to recover the part of the expenses stipulated under that law.

Compensation is not paid if the Insured's travelling companion caused the violent offence.

A travelling companion refers to persons included in the same travel booking.

3.2 Cover for permanent handicap caused by an accident

This insurance covers compensations for a permanent handicap caused by an accident to the Insured. Compensation shall be payable if the disability category of the permanent handicap caused by an accident is at least 2 (10%). However, injuries to the eyes or fingers caused by an accident are compensated if the permanent disablement is classified as belonging to disability category 1 (5%) at a minimum.

Compensation requires that the accident has occurred during the validity of the insurance cover.

Permanent handicap refers to a medically estimated general handicap caused by an injury to the Insured. In the determination of the handicap, only the nature of the injury is taken into consideration, not the individual circumstances of the Insured, such as his or her occupation or hobbies.

The severity of a permanent handicap is determined in accordance with the Government Decree on disability classification pursuant to the Workers' Compensation Act (768/2015). Thus, one disability category corresponds to a five (5) percent medical degree of disability. For example, disability category 2 corresponds to a 10 percent medical degree of disability, and

disability category 20 corresponds to a complete permanent 100 percent handicap.

The percentage corresponding to the disability category determined shows the proportion of the sum insured accounted for by the compensation at the time when the accident occurred. If the permanent handicap caused by an accident corresponds to at least disability category 10 (50%), the compensation is paid twofold. Permanent handicap is determined at the earliest only after one (1) year has passed after the occurrence of accident. If the disability category increases before three (3) years have elapsed from the Insurance Company's initial decision on the Insured's permanent handicap, supplementary compensation corresponding to the increase in disability category is paid. A change in the degree of disability after the said time does not affect the amount of compensation.

As compensation for a permanent handicap, at most, compensation according to disability category 20 (100%) is paid, after which the cover for a permanent handicap caused by an accident expires.

Compensation for a permanent handicap is not paid if

- 1) the permanent handicap caused by an accident is classified below disability category 2 (10%), except for injuries to the eyes and fingers
- 2) the permanent handicap to the eyes or fingers caused by an accident is classified below disability category 1 (5%)
- 3) the permanent handicap is discovered more than three (3) years after the accident.

3.3 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. The payment of the sum insured requires that the accident has occurred during the validity of the insurance cover.

The sum insured is not paid if the Insured dies later than three (3) years after the accident occurred.

3.4 Cover for temporary disability due to an accident

This insurance covers a daily allowance stated in the Policy Document for periods of disability due to an accident incurred by the Insured. If the Social Insurance Institution of Finland (Kela) pays partial sickness allowance for the same disability period, the payable daily allowance is half (½) of the daily allowance specified in the Policy Document. Compensation requires that the accident has occurred during the validity of the insurance cover and that a continuous insurance cover is valid during the disability.

The Insured is considered to be disabled if he/she is unable to perform the normal duties of his/her occupation.

Daily allowance is paid for as many days as disability has continuously lasted subsequent to the waiting period stated in the Policy Document. Daily allowance is paid and the waiting period is considered to begin, at the earliest, from the date of the commencement of medical care. The daily allowance is paid monthly in arrears.

Daily allowance is paid no longer than the period of time stated in the Policy Document, after which the cover for temporary disability due to an accident expires.

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 injury.

4 GENERAL EXCLUSIONS

4.1 Alcohol, drugs, intoxicants and nicotine

Compensation is not paid if an illness or disability has been caused by the Insured's use of alcohol or some other intoxicant or the abuse of a drug. Nor is compensation paid for an addiction resulting from the use of alcohol, medicine, drugs, nicotine or other substances, or the treatment of such an addiction.

4.2 The influence of other illness or defect

If the occurrence of a bodily injury or the delayed recovery from the injury has been essentially affected by an illness or defect not relating to the coverable injury, compensation for treatment expenses, daily allowance or handicap is paid only insofar as the treatment expenses, disability and permanent handicap can be considered to have been caused by the injury covered.

If the occurrence of an illness or the delayed recovery from the illness has been essentially affected by an illness or defect not relating to the coverable illness, compensation for treatment expenses, daily allowance or handicap is paid only insofar as the treatment expenses, disability and permanent handicap can be considered to have been caused by the illness covered.

Compensation is paid for the restoration of teeth damaged in an accident to their pre-accident state.

4.3 Pregnancy, delivery and childlessness

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

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- 1) pregnancy or delivery, excluding expenses specified under Traveller's cover (Clause 3.1.1)
- 2) contraception, termination of pregnancy, infertility examination or treatment, artificial insemination, sterilisation or foetal examination.

If P&C Insurance Ltd (publ), branch in Finland
Business ID 1602149-8
If Skadeförsäkring AB (publ)
10680 Stockholm, Sverige
Org. nr. 516401-8102

4.4 War or armed conflict

The insurance **is not valid when the Insured is participating** in a war or armed conflict **or serving** in international peace-keeping or related operations.

Compensation **is not paid for loss due to war**, mutiny, armed conflict or similar events, even if the Insured has not participated in the said activities. If the Insured has started the journey abroad prior to the beginning of the military activity or armed conflict and has not participated in said activities, this clause is not applied until 14 days following the beginning of the armed activities. In the case of a major war, this clause applies immediately. A major war refers to a war between two or several permanent members of the UN Security Council.

The Finnish Insurance Contracts Act contains specific legal provisions on insurance companies' liabilities when the death or disability of an insured person who is a Finnish citizen or a resident of Finland results from war or an armed attack directed at Finland.

4.5 Nuclear accident

The Insurance does not cover illnesses, injuries, disability or death caused by a nuclear weapon, nuclear accident or other comparable event, irrespective of the reasons for the event concerned or the factors that affected its occurrence.

4.6 Injury does not comprise

- 1) 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.
- 2) 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
- 3) any infectious disease or illness caused by an insect or tick bite or sting, or their consequences
- 4) poisoning due to the Insured's consumption of medication, alcohol or some other substance for intoxication purposes, or their consequences
- 5) damage caused to teeth or dentures through biting, even if an external factor had affected it
- 6) psychological consequences which are not caused by brain damage arising from an accident
- 7) death or injury caused by suicide or attempted suicide
- 8) injuries incurred by the baby in connection with childbirth. An injury incurred before the baby is officially considered as born alive is not considered an injury.

4.7 Surgery, treatments and other medical procedures

This Insurance does not cover any injury, illness or death caused by surgery, treatment or other medical procedure performed to treat an illness or bodily defect, unless the procedure has been performed to treat an injury or a travel illness covered by this Insurance.

4.8 Pre-existing conditions

If the If Travel and If Trade Union insurance policies have been granted without a health declaration, no compensation is paid from the covers for temporary disability and permanent handicap or from the traveller's cover if the illness or injury must be considered to have arisen prior to the entry into force of the insurance, and the first clear symptoms occurred prior to the entry into force of the insurance.

5 CLAIMING COMPENSATION FOR TREATMENT EXPENSES

The person entitled to compensation shall pay the treatment expenses and then claim the share of compensation in accordance with the Sickness Insurance Act from the local office of the Social Insurance Institution of Finland (Kela) within six (6) months of the payment of the expenses. Please retain Kela's calculation of the compensation, copies of the original receipts sent to Kela, and the original receipts, for which Kela does not pay compensation. If requested, these shall be submitted to If P&C Insurance Company. Compensation shall be claimed from If no later than one year from the end of the insurance period during which treatment expenses were incurred.

The insurance company shall pay compensation of which the deductible and any elements compensated by Kela have been deducted.

If the entitlement to compensation in accordance with the Sickness Insurance Act has been forfeited due to neglect of the time limits mentioned above or for some other reason, that proportion of the compensation which would have been paid by Kela on the basis of the Sickness Insurance Act will be deducted.

Medical fees and hospital charges incurred abroad and covered by this insurance are usually paid directly to If's partner clinic or hospital.