

Policy terms and conditions effective as of 1 January 2026

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This document is a translation of the Norwegian original. In the event of any discrepancies between the translation and the original, or doubt about the interpretation, please refer to the original.



DNB's group health insurance – in cooperation with Falck
DNB Livsforsikring AS (hereinafter DNB Liv) is the insurance provider for this insurance. As a partner, Falck Helseformidling AS (hereinafter Falck) assists with the practical implementation of the insurance. This includes assistance in assessing insurance coverage, as well as coordinating medical investigation and treatment within the framework of the insurance.

1 Who the insurance covers

The insurance covers all permanent employees of the policyholder who have a permanent address in a Nordic country and are members of the Norwegian National Insurance Scheme or an equivalent national insurance scheme in another Nordic country at the time when the insurance event occurs.

The insurance covers all employees who are below the agreed termination age. The applicable termination age is specified in the insurance certificate.

If agreed and stated in the insurance certificate, the insurance can cover other specified groups or individuals.

The policy conditions also apply to co-insured persons and continuation insurance.

1.1 Capacity to work required at the time of enrolment

The insurance covers employees who had full or partially capacity to work when they were enrolled in the insurance scheme.

Employees who had no capacity to work on the date the agreement was entered into are not covered by the insurance. Employees who gain a full or partial capacity to work at a later date, will be covered by the insurance as of the time when they gain capacity to work.

A work capacity declaration (the employer's declaration that the employee has capacity to work) is required irrespective of how many employees the insurance scheme includes.

1.2 Special requirements for co-insured

Any co-insured persons are required under the insurance scheme to have an approved health assessment.

If DNB Liv does not find the health declaration (self-declaration of health) satisfactory, the insurance application may be declined.

Health insurance for co-insured persons cannot be established after the age of 67, and the insurance ceases when the insured person reaches the age of 70, unless otherwise agreed and stated in the insurance certificate.

Establishment of co-insurance requires that co-insured family members have a Norwegian national identity number or temporary identification number (D number).

2 When the coverage applies

The insurance coverage applies during the coverage period specified in the insurance certificate.

The offer for insurance must have been accepted or the premium paid before the group health insurance coverage can enter into effect.

3 Where the insurance applies

The insurance applies to investigation and treatment using Falck's network of treatment providers in Norway.

Falck selects the clinic/treatment provider to be used. If there are no treatment options available in Falck's network of treatment providers in Norway, referrals can be made to Falck's contract clinics in the Nordic region.

In this insurance policy, the Nordic countries include Norway (except Svalbard), Denmark (except Greenland and the Faeroe Islands), Finland (except Åland) and Sweden.

4 What the insurance covers

All investigation and treatment covered by the insurance must be pre-approved by Falck and take place using Falck's network of treatment providers. The agreed and applicable types of coverage are specified in the insurance certificate for each insured person.

The insurance covers investigation and treatment that fulfils all of the following conditions:

- has curative intent or provides lasting improvement (see Section 9 Definitions)
- is in accordance with national professional guidelines and healthy service guides as set out by public health authorities in Norway
- is generally accepted by the medical profession in Norway and are current practice in the Norwegian public health service
- is deemed medically necessary, sensible and appropriate for the illness or injury in question

The insurance event is deemed to occur when the referral is issued.

Referral requirements

- The referral must fulfil all of the following conditions:
- it is dated and issued during the insurance period
- it is based on the referring doctor's professional assessment of there being a medical indication of the need for investigation or treatment
- use of the insurance is subject to the same requirements relating to content, quality and medical assessment as those of the public health system for equivalent cases
- it is issued by a doctor who practices in Norway and who is an officially approved practitioner with referral rights

Referrals that do not satisfy the requirements will be denied.

4.1 Surgery, hospital treatment and rehabilitation

The insurance covers:

- Surgery and treatment in hospitals/clinics, including pre-surgery investigation and necessary follow-up investigation. A referral from a medical specialist is required
- Necessary medicine and equipment used during surgery, hospital treatment and rehabilitation at the hospital or clinic
- Rehabilitation:
 - physical therapy for up to two months from recommended start, limited to 12 treatments
 - for up to 14 days in a rehabilitation institution

Rehabilitation requires a referral from the treating medical specialist and must be necessary and directly related to the surgery covered by the insurance.

The insured has free access to advice from Falck's advisory centre before, during and after investigation or treatment.

4.2 Consultation with a medical specialist

The insurance covers:

- investigation and treatment
- necessary medicines and equipment used during the consultation
- new medical assessment of existing medical documentation for particularly high-risky treatment that has been investigated and is covered under the terms of the insurance. New medical assessment are only covered once per diagnosis and require a referral from the treating medical specialist

4.3 Cancer

The insurance covers:

- investigation and primary treatment of cancer with curative intent
- cancer treatment in the form of immunotherapy is covered when immunotherapy has been approved by the European Medicines Agency (EMA) as treatment for the given cancer diagnosis but is not covered by public healthcare
- new medical assessment of existing medical documentation for primary treatment of cancer with curative intent that has been investigated and is covered under the terms of the insurance. New medical assessments are only covered once per diagnosis

For referrals to cancer treatment or a new medical assessment, the referring doctor must be a licensed cancer specialist in Norway.

4.4 Physical therapy

If specified in the insurance certificate, the insurance covers necessary treatment for an illness or injury/ailment by a licensed physical therapist. If there is a medical need for a diagnostic ultrasound, this is covered as a part of the cover for physical therapy. Other (technical) equipment used as a part of the therapy session is not covered.

The treatment must be individual and aimed at permanently improving functional ability and/or illness/ailment. Recommended individual training is often a necessary part of the treatment and must be carried out as a prerequisite for the insurance to cover further treatment.

The treatment must be individual and aimed at curing or permanently improving functional ability and/or illness/ailment.

The number of treatments covered is specified in the insurance certificate and is applicable for a 12-month period calculated from the date the case is reported to Falck.

4.5 Talking therapy with a psychologist

If specified in the insurance certificate, the insurance covers talking therapy with a psychologist. The talking therapy can either take the form of a video consultation or a physical meeting. The insured cannot demand a physical meeting. Appointments last for 45 minutes.

Talking therapy with a psychologist is intended to treat mental health problems or provide support and help in dealing with minor and limited life challenges. The goal of talking therapy is to increase wellbeing, coping ability and quality of life.

The number of sessions covered is specified in the insurance certificate and is applicable for 12-month period calculated from the date the case is reported to Falck.

4.6 Travel, accommodation and board

The insurance covers travel expenses and accommodation in accordance with the Norwegian government rates for patient travel when the travel distance between home and the nearest treatment centre offered is more than 100km one way. The

cover applies to a fixed rate per kilometre irrespective of the means of transport, accommodation and food allowance for the following kinds of medical investigation and treatment covered by the insurance:

- consultation with a medical specialist
- outpatient surgery
- surgery and treatment
- new medical assessment
- a rehabilitation stay after surgery
- diagnostic imaging

In addition, a travel supplement of NOK 2 000 per journey (round trip) is covered when the travelling distance between home and the nearest treatment centre offered is more than 300km one way.

Pre-approved expenses for travel and accommodation will be reimbursed together, in accordance with the reimbursement claim submitted after travelling. Documentation of expenses relating for travel and accommodation is not necessary.

If it is medically necessary for the insured to be accompanied by another person or if the insured is under the age of 18, expenses will be paid in accordance with the rules that apply for the insured. This must be agreed with Falck in advance.

The insured is responsible for coordinating and booking travel and accommodation.

4.7 Crisis assistance/psychological first aid

The insurance covers psychological first aid for psychological reactions due to a sudden, unforeseen serious/life-threatening event. The coverage also applies if the insured is present when the event occurs, even if they are not physically injured.

The insurance covers all permanent members of the insured's household. If you need crisis assistance, call (+47) 240 62 123.

4.8 Medical advice via phone

The insurance covers an advisory service on health and illness via phone. The insured contacts the advisory service directly when in need of medical advice and/or health information. The service is open 24/7 and can be used by all permanent members of the insured's household.

4.9 Video consultation with a doctor

The insurance covers a video consultation with a doctor for simple health issues. The service can be used by the insured and the insured's children under the age of 18.

4.10 Helselos ('health pilot' service)

When stated in the insurance certificate, the insurance covers individual follow-up from Helselos by phone when the insured is on sick leave or at risk of this.

The follow-up includes guidance, advice and support from a social worker and an interdisciplinary team when needed.

The Helselos service does not cover co-insured persons or continuation insurance.

4.11 Treatment time guarantee

The guaranteed time to treatment applies to the maximum time (guaranteed time) the insured should wait for the first investigation or treatment. The maximum waiting period (guaranteed time) is 10 business days from the first business day after Falck receives the necessary documentation. Public holidays (including Christmas Eve and New Year's Eve) are not counted as part of the guaranteed time.

If the guaranteed time is exceeded, compensation of NOK 600 per day will be paid from the date when the maximum waiting

period ends until the time when investigation or treatment begins, but for no longer than 30 days.

The guaranteed time does not apply in the following situations:

- The insured does not accept Falck's first offer
- The insured wants a time that is after the maximum waiting period (guaranteed time to treatment) expires
- Needs to be postponed for medical reasons
- Holiday period at the place of treatment
- It is not possible to get in touch with the insured or the insured does not respond to enquiries
- Unforeseen circumstances beyond Falck/treatment provider's control make it impossible to comply with the guaranteed time to treatment (force majeure)
- Investigation or treatment is provided outside Norway
- A new medical assessment in accordance with Section 4.2 Consultation with medical specialist and Section 4.3 Cancer
- The treatment concerns substance abuse or gambling addiction as described in section 4.12

4.12 Treatment for substance abuse and gambling addition

If agreed and specified in the insurance certificate, the insurance covers expenses for up to NOK 150 000 per person for the treatment of substance abuse or gambling addiction at an approved treatment institution. The aim of the insurance is to wean the insured off an uncontrollable addiction to one or more of the following: alcohol, drugs, prescription medication or gambling.

The insurance does not cover the investigation and treatment of illness (physical and mental) or injury resulting from substance abuse or gambling addiction.

Compensation for substance abuse and gambling addiction treatment will only be paid once in the course of a 5-year period.

5 Deductible

The insurance certificate will state whether or not there is a deductible when using the insurance.

6. What the insurance does not cover

The insurance does not cover medical investigation, treatment or expenses related to/for:

- 6.1. emergency care/acute treatment
- 6.2. preventive healthcare and maintenance treatment
- 6.3. cases where the insured has received offers from the public health system, defined as medical investigation within 10 working days or treatment within 20 working days, from the date of the reported case
- 6.4. investigation or treatment at a public hospital/clinic, including deductibles
- 6.5. equipment, aids or medicine above and beyond the cover described separately in other terms and conditions
- 6.6. chronic disorders and long-term or recurring pain
- 6.7. investigation, diagnosis or medical treatment by a psychologist, psychiatrist or other equivalent medical specialist
- 6.8. vaccinations including allergy vaccination, health certificates/ medical certificates or investigations with a view to clarifying risk of disease
- 6.9. dental treatment, including treatment of gum diseases or oral surgery
- 6.10. glasses and contact lenses, vision tests or surgery, including laser surgery, to correct vision (correct refractive errors)

- 6.11. organ and tissue transplants, including stem cell treatment, and treatment of the effects of these, or organ donation
- 6.12. dialysis treatment
- 6.13. alternative or experimental forms of treatment
- 6.14. recreation or stays at health resort
- 6.15. cosmetic treatments, including investigation or treatment of complications resulting from previous cosmetic treatment
- 6.16. removal, replacement or maintenance of prostheses as a result of procedures performed less than 5 years ago
- 6.17. contraception, sexual dysfunction, fertility problems, prenatal diagnostics, abortion or follow-up of pregnancy
- 6.18. sterilisation and investigation or treatment aimed at reversing performed sterilisation
- 6.19. gender reassignment surgery or investigation or treatment in connection with a wish to change gender, and the consequences of such surgery, investigation or treatment
- 6.20. sexually transmitted diseases (STDs) and diseases covered by the Norwegian Act Relating to the Control of Communicable Diseases
- 6.21. checking and removal of moles when malignancy is not suspected
- 6.22. sleep disorders, sleep apnoea and snoring
- 6.23. impaired hearing and/ or neurological hearing loss, including expenses for hearing aids, implants and modification of equipment
- 6.24. obesity/ being overweight, conditions associated with obesity/being overweight or with weight loss, or lipoedema
- 6.25. nasal spray addiction or increased nasal congestion as a result of using nasal spray beyond the recommended period of use
- 6.26. accidental injury or illness caused by or arising in connection with the consumption of alcohol, medication or narcotics, or after-effects or withdrawal symptoms from medical preparations
- 6.27. referral, lawyer, interpretation services or other similar expenses relating to the use of the insurance
- 6.28. further investigation or treatment in cases where the medical specialist's assessment indicates that this should be carried out in the public healthcare system
- 6.29. cases where the insured does not attend an agreed investigation or treatment, or cancels planned investigation or treatment after the clinic's or treatment provider's cancellation deadline

7 Requirements for use of the insurance

When the insured needs help in connection with an illness or injury that requires investigation or treatment, the case must be reported to Falck and must be pre-approved before an investigation or treatment can begin. The insurance does not cover investigation or treatment that has not been ordered by Falck using its network of treatment providers, unless otherwise agreed.

DNB Liv has an agreement with Falck, which assesses the right to use the insurance as well as considering and arranging all investigation or treatment that is to be covered by the insurance. For further information about this and how to use the group health insurance, see dnb.no/en.

The insured is obliged to provide all the information and documentation required for further referral. Falck has the right to obtain any information from doctors and hospitals that is required to process the claim in question.

7.1 Payment for treatment:

Falck pays the expenses for investigation and/or treatment directly to the treatment provider in question in its network of treatment providers, unless otherwise agreed.

The insurance certificate will specify whether or not there is a deductible when using the insurance. The insured must pay their own deductible directly to the treatment provider/clinic.

Any other pre-approved expenses covered by the insurance in connection with the investigation or treatment, and which the insured has paid themselves, will be reimbursed in accordance with the policy conditions.

8 Other provisions

8.1 Relationship between these policy conditions and the general terms and conditions

These policy conditions must be seen in conjunction with the general terms and conditions for the personnel insurance, which also apply to the group health insurance. In the event of any contradiction between the two, the group health insurance policy terms and conditions will take precedence. The general terms and conditions for personnel insurance can be found at dnb.no/en.

8.2 Disenrollment/expiry

Unless otherwise agreed and specified in the insurance certificate, the insurance coverage will expire when the employee turns 72.

The insurance coverage will in any case expire when the insured leaves the policyholder's employment.

Even if an insured individual is still employed after the age of 72, the insurance will expire at the latest at the end of the insurance year in which they reach the age of 72 or another agreed termination age.

There are special notification rules in connection with the expiry of insurance coverage. These are set out in section 19.6 of the Insurance Contracts Act.

Liability period:

DNB Liv will reimburse expenses for investigation or treatment for up to 3 months after the insurance expires, provided that the insurance event was reported and pre-approved by Falck during the insurance coverage period.

However, reimbursement of expenses for investigation and/or treatment will be discontinued if the insured is covered by comparable insurance from elsewhere.

The insurance coverage will expire if the insured no longer has a permanent address in a Nordic country or is no longer a member of a national insurance scheme in a Nordic country.

If the policyholder or DNB Liv cancels or fails to renew the insurance policy, or DNB Liv's liability ceases due to failure on the part of the policyholder to pay the premium, the members of the group insurance scheme must be notified in writing or by other appropriate means. In such an event, the insurance coverage for the individual member will expire 1 month after notice has been sent or the member has been informed by other means.

Any insured who is on sick leave during the insurance period must be included in the insurance scheme until they have been declared to have capacity to work or until any claim settlement has been concluded. Such inclusion is limited to the period when the insured is still an employee of the policyholder.

8.3 Right to continuation coverage

The insured has the right to continue the group health insurance on an individual basis without providing a new health declaration. Such continuation insurance must be taken out no later than 6 months after the termination date for the individual's group coverage. The insurance will not cover insurance events that occur in the period from when the group health insurance coverage expires until an individual policy is taken out. Individual insurance policies cannot be taken out after the age of 72 and will expire when the insured reaches the age of 72, unless otherwise agreed and specified in the insurance certificate. The termination age will be the same as in the original agreement, but in any case, it will never be higher than 75.

8.4 Liability of the place of treatment

The place of treatment that treats the insured is responsible for the investigation and treatment covered by the insurance, and any patient injuries as a result of the investigation or treatment performed. This also applies to expenses resulting from patient injuries in accordance with the Norwegian Patient Injury Act and corresponding rules and legislation in the Nordic countries.

9 Definitions

9.1 Alternative forms of treatment

Treatment methods that are not scientifically verifiable.

9.2 Treatment

In this context, the term 'treatment' means measures that aim to cure or lead to permanent improvement of an illness, disorder, ailment or injury.

9.3 Treatment of an experimental nature/experimental treatment:

- Undocumented treatment that is not based on or documented through controlled clinical trials, and for which the effects, risks and side effects are not known or fully established
- Treatment that is being tested as part of a scientific study, but where the requirements for documentation in relation to established treatment have not yet been satisfactorily fulfilled

9.4 Diagnosing

- Examination by a medical specialist
- Diagnostic imaging (e.g. X-rays, MR, CT, ultrasound) and other tests required to make a diagnosis

9.5 Falck's network of treatment providers

Hospitals, clinics and treatment providers in the areas of physical therapy, medical treatment, talking therapy with a psychologist and other relevant health services, with which Falck has an agreement at any given time.

9.6 The Insurance event

- For investigation or treatment that requires a referral, the insurance event is considered to have occurred on the date a referral is issued by a doctor or other professional authorised to issue referrals. It is a prerequisite that the investigation or treatment the referral concerns is covered by the policy conditions. The referral cannot be older than 12 months old, and radiological referrals cannot be older than 6 months. If the referral has a shorter validity, the specified expiry date applies
- For treatment that does not require a referral, the insurance event is considered to have occurred on the date the case is reported to Falck

9.7 Cure

For a treatment to be considered to cure an illness, disorder or injury, there must be objective medical documentation that the treatment in question will remove symptoms and normalize functions for an expected duration of over 5 years after the end of the treatment.

9.8 Chronic disorder

A chronic disorder is an illness or condition that lasts over a long period of time, that is often persistent or recurring and that usually requires continuous treatment or monitoring.

9.9 Doctor

Officially registered and licensed medical doctor. This person cannot be a relative or close friend of the insured.

9.10 Medical specialist

Officially registered and licensed medical specialist. Psychiatrists, general practice specialists and specialists in occupational or community medicine are not defined as medical specialists in this context.

9.11 Co-insured

A spouse/cohabitant and children under the age of 25 can be co-insured

9.12 Medically necessary treatment

Medical treatment is deemed necessary when the underlying illness or condition will have an adverse impact on the length of life and/or functional ability of the insured, and a lack of treatment will cause a worsening of the illness or condition. The treatment must be documented through knowledge-based practices and able to cure the illness/heal the injury or lead to permanent improvement.

9.13 Primary treatment (cancer)

Primary treatment is defined as the first course of treatment for a cancer disease, for which the goal is to cure the disease. Palliative treatment or any treatment for cancer recurrence is not considered primary treatment.

9.14 Investigation

In this context, the term "investigation" refers to measures to investigate and document symptoms, conditions and/ or causes of illnesses, disorders, ailments or injuries in order to clarify the need for treatment, including tests, diagnostic imaging and examinations by a medical specialist or a physical therapist.

9.15 Permanent improvement

For a treatment to be considered to permanently improve an illness, disorder or injury, there must be objective medical documentation that the treatment in question will cause a significant reduction in symptoms and considerably normalise functions, and the improvement is expected to last longer than 5 years after the end of the treatment, without relapse or deterioration.

9.16 Emergency care

- Treatment of an unforeseen acute illness/injury or acute worsening of a known illness that requires immediate treatment to restore or maintain vital functions, to prevent or limit serious impairment of function due to injury or illness, or to provide adequate treatment of pain in an acute phase.
- What constitutes emergency care must be determined on the basis of a proper medical assessment in each individual case.
- According to Section 2-1 of the Norwegian Patients' Rights Act, 'the patient is entitled to emergency care' from the public health service.

10 Process for filing a complaint

If you disagree with Falck's decision or believe that mistakes have been made in the processing of your case, you are entitled to lodge a complaint. If you receive a written rejection from Falck, you will receive information about the options available to you for making a complaint. The deadline for filing a complaint is six (6) months from the date on which you received written notification of Falck's decision.

The complaint is to be sent to DNB Liv's internal complaints board by encrypted email to personskade@dnb.no or by post to:

DNB Livsforsikring AS Personskade
Attn.: Internal complaints board
PO Box 7500
5020 Bergen
Norway

By providing the exact name and address of the policyholder and the policy number on the insurance certificate, you ensure that your case will be processed as quickly and correctly as possible. If new information has come to light concerning your case, we recommend that you first raise the matter with DNB Liv.

Further complaints body

If you're dissatisfied with the processing of your complaint by the internal complaints board in DNB Liv, the case can be brought to the Norwegian Financial Services Complaints Board (FinKN). FinKN has been appointed by law and its mission is to process complaints and disputes from insurance customers. The secretariat of FinKN processes cases in the first instance and the decision can be appealed to the Complaints Board. FinKN decisions are not legally binding.

Enquiries should be sent to:

Norwegian Financial Services Complaints Board,
PO Box 53
0212 Skøyen
Oslo
Norway

For more information, read more on FinKN's website: www.finkn.no.

Complaints can also be brought directly before the ordinary courts of law / the Conciliation Board in accordance with the provisions of the Norwegian Dispute Act if you disagree with DNB Liv's decision. We recommend that you follow the complaints procedure described, to save both time and money.