

Effective as of 1 January 2026

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### **1. Who the insurance covers**

The insurance covers all employees who are below the agreed termination age.

The insurance covers all employees employed by the policyholder, and who belong to the Norwegian National Insurance Scheme.

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

### **2. Where the insurance applies**

The insurance is valid worldwide.

### **3. What is covered by the insurance**

The insurance gives the right to a lump-sum payment in the event of long-term incapacity for work when the insured has been at least 40 per cent incapacitated for work in accordance with one of the two types of cover mentioned below:

- incapacity for work, irrespective of the reason, or
- incapacity for work as a result of illness that occurs during the insurance period. Illness is defined as a deterioration in the state of health that is not a consequence of an occupational injury/disease or an accidental injury. Accidental injury means a bodily injury caused by a sudden and unforeseen external physical event - accident - that occurs during the insurance period.

during the agreed payment period(s).

When determining whether the Insured is sick, the definition used is based on scientific generally recognized medical standards, cf. Section 12-6, second subsection of the Norwegian National Insurance Act.

The insurance certificate will show which of the two types of cover apply to the insured.

### **4. Requirement for capacity for work and health**

#### **4.1 Requirement for capacity for work**

In the case of an employee who is employed when the insurance contract enters into force, the company's liability begins when the contract enters into force, provided that the policyholder declares in writing that the employee was fully fit for work at that time. The same also applies when increasing the sum insured.

For employees employed after the insurance contract entered into force, the company's liability begins on the day the employee takes up their position, provided that the policyholder submits a written declaration that the employee was fully fit for work on taking up the position.

For employees who are not fully fit for work, the company's liability begins from the date on which the policyholder has declared to the company that the employee is fully fit for work.

#### **4.2 Requirement of an approved health declaration (if the number of employees is less than five)**

If, in addition to 100 per cent capacity for work, the establishment of the insurance is dependent on an approved health declaration, the insurance applies from the time of enrolment on condition that the insureds' health is approved.

The same rules will apply to those later enrolled in the insurance scheme, even if the number of employees during the insurance year is five or more.

### **5. When the incapacity for work occurs**

The incapacity for work is to be seen as occurring on the first day of the sick leave period that leads up to an insurance event.

### **6. Insurance event**

An insurance event is deemed to have occurred at the time the insured has been at least 40 per cent incapacitated for work continuously for the number of months agreed and stated in the insurance certificate, and if there at this time is a decision confirming that the insured has been granted work assessment allowance or disability benefit from the National Insurance Scheme based on at least 40 per cent incapacity for work.

The decision to grant work assessment allowance and any transition to disability benefit must have been in place and have applied continuously from the end of the sickness benefit period and extend beyond the agreed payment period(s) chosen.

The incapacity for work prior to the insurance event must be continuous.

### **7. Types of cover under the sickness assessment insurance**

#### **7.1 Lump-sum payment in the event of the insured's incapacity for work**

The insurance may consist of one or more types of cover (payment periods):

- Sickness assessment 18
- Sickness assessment 24
- Sickness assessment 30
- Sickness assessment 36
- Sickness assessment 42
- Sickness assessment 48

The insurance certificate will state:

- the agreed payment period(s);
- the scope of compensation that has been chosen (as a result of other sickness or regardless of the cause of the incapacity for work);
- the applicable sums insured;
- whether the sum insured is in proportion to the age of the insured.

### **8. Compensation settlement**

#### **8.1 Due date**

The insurance is due for payment when an insured event has occurred and a claim for compensation has been made.

#### **8.2 Who the compensation is paid to**

The compensation is paid to the insured.

#### **8.3 How the compensation is calculated**

Where the sum insured is stated in G (the National Insurance basic amount), the G amount at the time the insurance event occurs is used.

Where the sum insured is based on salary, the actual salary at the time of the insurance event occurring is used.

Actual salary means basic salary and any fixed agreed supplements that the employee had with the policyholder at the time the incapacity for work occurred, cf. section 5. This applies unless otherwise agreed and stated in the insurance contract and the insurance certificate.

Where a fixed amount has been agreed, this amount will be paid out.

Unless otherwise agreed and stated in the insurance certificate, the compensation will amount to 100 per cent of the agreed sum insured in the event of 100 per cent incapacity for work. If the insured is less than 100 per cent incapacitated for work, the compensation is reduced accordingly.

Compensation will not be paid if the insured's level of incapacity for work is less than 40 per cent.

If it is specified and stated in the insurance certificate that there is a decrease in the selected cover(s) as the insured becomes older (decreasing term insurance), the age of the insured at the time of the insurance event is also used when calculating the compensation.

#### **8.4 Determination of incapacity for work**

The degree of incapacity for work that will form the basis for the compensation amount is determined based on the insured's average incapacity for work during the last 30 days before the insurance event occurred.

Information from NAV (the Norwegian Labour and Welfare Administration) forms the basis for assessing the average incapacity for work.

#### **8.5 Medical treatment**

If the insured refuses surgery or other treatment without reasonable grounds, the probable improvement that such treatment could have resulted in is to be taken into account when determining the degree of incapacity for work.

#### **8.6 Right to new compensation period**

In cases where the insured has received compensation for a period of incapacity for work, the insured must be 100 per cent fit for work for at least 26 consecutive weeks before a new period of incapacity for work can trigger the right to compensation under the same cover.

The cover will entitle the insured to new compensation once the insured has been at least 40 per cent incapacitated for work for a continuous period up to the agreed payment date. In addition to the above, the provisions described in section 6 of the policy conditions apply.

### **9. Limitations on the company's liability**

#### **9.1 The company has not required a self-declaration of health**

When, in accordance with the company's rules, a self-declaration of health has not been required from the individual insured at the time of commencement, the following applies:

- The company is not liable for any incapacity for work that occurs within two years from when the company's liability begins, and which is due to illness, injury or disability that the insured had at this time and of which it must be assumed that they were aware. In the event of an increase in the sum insured that is within the scope of the insurance contract, a corresponding provision applies. The two-year deadline is then calculated from the day the sum insured was increased.

#### **9.2 The company requires a self-declaration of health**

When the company's rules require a self-declaration of health on enrolment in the scheme, the following applies:

Sickness assessment insurance is not given in the event of:

1. illness, injury or disability for which the company has made a special reservation;
2. incapacity for work that is a result of illness, injury or disability that has been detected or has shown signs or symptoms within three months of the insurance policy entering into force.

The same applies to late enrolment, automatic inclusion in the insurance scheme and when the sum insured is increased.

#### **9.3 Incapacity for work that occurs after termination age has been reached**

The insurance does not give the right to compensation when the first day of the last continuous period of sick leave occurs after the insured has reached the agreed termination age for the type(s) of cover stated in the insured's insurance certificate.

#### **9.4 Illness covered by the Act relating to workers' compensation insurance (Lov om yrkesskadeforsikring, available in Norwegian only) or caused by an accidental injury**

If the agreed scope of cover is incapacity for work as a result of an illness that does not result from occupational injury, occupational disease or accidental injury, cf. section 3 of the policy conditions, the insurance does not give the right to compensation for illness resulting from occupational injury, occupational disease or accidental injury.

#### **9.5 Deaths that occur during the period of incapacity for work**

If the insured person dies before an insurance event has occurred, no compensation will be paid.

#### **9.6 Refusal or restrictions**

If the company does not deem the state of health of the insured to be satisfactory, the application for insurance may be refused, or restrictions may be stipulated for specific injuries, illnesses, conditions or disabilities.

### **10. Other provisions relating to the insurance**

#### **10.1 Relationship to the general terms and conditions**

The general terms and conditions apply to this insurance, as these are also valid for the sickness assessment insurance. In the event of any conflict, the policy conditions for the sickness assessment insurance take precedence.

#### **10.2 Which policy conditions are to be used**

When filing a claim for a payment under the insurance, the policy conditions in force on the first day of the insured's last continuous period of sick leave that led up to the insurance event are to be used.

#### **10.3 Right to continuation insurance**

The insured has the right to continue the insurance on an individual basis without providing a new health declaration. The insured must notify the company of the use of this right, and this notification must be received by the company in writing within 6 months of the company's liability ceasing.

This right does not apply in cases where the insurance is transferred to another company with no change in the sum insured and/or cover. If, in connection with moving or renewing the insurance, the sum insured and/or cover becomes lower than they were originally, the right to continuation insurance only applies to the reduction in the sum insured and the cover.

The continuation insurance can have up to the same sum insured as the original insurance contract and the same termination age. Any reservations in the original insurance contract are continued. The price of the insurance is calculated annually depending on the insured's age and gender based on an individual tariff.