

URA Insurance

Insurance terms and conditions, 1 January 2022



KAMMARKOLLEGIET

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1 Signing, scope and deductible

1.1 What insurance policies can be arranged?

This insurance policy can be arranged by a government agency that wishes to provide insurance cover for posting abroad in accordance with the Agreement on Overseas Contracts and Guidelines for Employment Conditions for Service Abroad (URA). The definitions in the agreement are applied to this insurance policy.

The insurance policy can be arranged either as a group insurance policy or as an individual insurance policy for named persons. A prerequisite for being able to arrange an insurance policy is that the persons are registered in the URA contract.

1.1.1 Group insurance

If the government agency chooses to arrange a group insurance policy, the authority must, before each insurance period (normally 12 months), provide information to Kammarkollegiet about the expected (estimated) number of insured personal days during the period for both employees posted abroad and accompanying family members. The insurance policy will then cover all the government agency's employees posted abroad, all accompanying family members of such employees and all non-accompanying family members who visit the employee in the country of service.

1.1.2 Individual insurance

When arranging an individual insurance policy, the government agency must state the following in its order:

- names and personal ID numbers of those to be covered (children aged 19 or over are not covered)
- the insurance period
- the location of the foreign posting
- contact person, invoicing address and invoice reference

For each such order, the government agency receives an insurance confirmation and an invoice for the premium, which is calculated based on the number of insured personal days. If it is not clear when the order is placed whether, and if so when, family members who are outside the country of service are to make trips to visit, insurance policies for these persons must be arranged separately.

1.2 To whom does the insurance policy apply to and when is it valid?

The insurance policy is valid all over the world, including Sweden (except 2.5 Healthcare, dental care and repatriation cover, which only applies abroad). It is also valid in war zones and in countries where the Ministry of Foreign Affairs advises against travel.

1.2.1 Group insurance

In the case of group insurance, the policy is valid for the employee during the entire period of service. In addition to the period of service, the insurance policy is also valid for the direct outbound or return journey between the place of residence in Sweden and the country of service, provided that this journey is made no earlier than two weeks before the period of service commences or two weeks after the period of service ends.

For an accompanying family member, it is valid during the same period, with the following exceptions:

- The insurance policy is not valid during the time when the family member has not yet made his/her outbound journey and not during the time after the family member's final journey home.
- It is not valid during travel to and from and any stay in a third country that is not directly adjacent to the country of service, when the employee does not accompany the family member on the journey or stay in that country. If special reasons apply, the group insurance policy may be valid in third countries for an accompanying family member if the employee does not accompany them on the journey. Special reasons may be, for example, evacuation to a third country for security reasons.

The insurance policy is valid for family members staying outside the country of service who visit the employee in the country of service, provided that the employer has paid the costs of travel. In addition to the period of the visit in the country of service, the insurance policy is also valid during the direct outbound or return journey between the place of residence in Sweden and the country of service.

Before the period of service commences

The insurance policy covers the employee and accompanying family member who, for example in connection with moving into a place of residence, stays in the country of service for a maximum of two weeks before the period of service commences.

After the period of service ends

The insurance policy covers the employee and accompanying family member who, for example in connection with moving out of a place of residence, stays in the country of service for a maximum of two weeks after the period of service ends.

Schooling

The insurance policy covers accompanying children who are staying in a third country due to schooling, on the condition that the employer is paying the cost of their schooling.

The insurance policy covers the employee, accompanying children and a family member who, due to schooling, stays in the country of service before the employee has taken up his/her position. The insurance policy covers accompanying children over the age of 19 who attend upper secondary school or equivalent for which the employer pays an education grant (or would have paid if the school had charged fees). The insurance policy is, however, only valid until the child reaches the age of 21.

1.2.2 Individual insurance

In the case of individual insurance, the insurance cover is valid for the period specified in the insurance confirmation from Kammarkollegiet.

1.2.3 Limitation

If a government agency has arranged a group insurance policy, individual policies cannot be arranged for the persons covered by the group insurance policy.

1.3 Deductible

The insurance policy applies without any deductible, with the exception of clause 2.8 Legal costs, where the deductible is calculated according to the method specified in that clause.

2 Insurance cover

2.1 Personal injury cover

In the event of personal injury due to an accident suffered by the insured party during the insurance period, reimbursement for personal injury is paid in accordance with chapter 5, sections 1, 2 and 5 of the Swedish Tort Liability Act (1972:207) as if liability to pay damages had existed. In questions of reimbursement for loss of earnings, the rules on calculation of the annuity base in chapter 41, sections 8-18 of the Swedish Social Insurance Code (2010:110) apply. These rules relating to loss of earnings do not apply to sick leave that is shorter than 31 days.

Reimbursement for personal injury according to chapter 5, sections 1 and 2 of the Swedish Damages Act includes, among other things, healthcare costs, loss of income, pain and suffering and disfigurement or other permanent injury. Reimbursement according to point 2 of the above mentioned act also covers funeral costs, loss of maintenance and personal injury for the next of kin of the deceased.

Personal injury in connection with assault is compensated to the extent that the insured does not, within a reasonable time in consideration of the nature of the injury and the need for reimbursement, receive damages from the perpetrator, the perpetrator's insurance company or another, although no later than three years after Kammarkollegiet has been notified. If the insured party has been negligent, the reimbursement may be adjusted.

Necessary and reasonable costs for dental care are reimbursed in the event of damage to teeth caused by an accident. For implant treatment and dental veneers, reimbursement is only paid on condition that the treatment is of such a kind as is covered by the general dental insurance policy. Before treatment is given, the insured party must contact Kammarkollegiet for an assessment of whether the treatment is reasonable. The insurance policy only provides reimbursement for one (1) permanent treatment. Reimbursement is not paid for damage caused by chewing or biting, as this is not considered to be an accident under this clause.

If a dental injury is an occupational injury, the Swedish Social Insurance Agency can reimburse the costs of dental care.

2.1.1 Provisions

An assault must be reported immediately to the local police. The insured party must produce evidence that a police report has been made. If Kammarkollegiet so requires, the insured party must bring legal action for damages against the perpetrator.

Kammarkollegiet will then cover all the insured party's costs that are not otherwise covered.

The insured party must observe normal caution, i.e. if possible avoid dangerous areas and situations and otherwise do what may reasonably be expected in order to avoid being the victim of assault or other injury. In the event of negligence, the reimbursement is normally halved, unless the circumstances are such that the negligence was very minor or had little significance for the insurance claim. In the event of gross negligence, the right to reimbursement may be lost completely. The same applies if the insured was under the influence of alcohol, sleeping pills, narcotics or other intoxicant or committed a deliberate act that could lead to at least a fine under Swedish law.

2.1.2 Exceptions

Personal injury cover under this insurance policy only applies to the extent that corresponding reimbursement cannot be given through a collective agreement on reimbursement for occupational injuries or through another corresponding insurance policy, through motor vehicle insurance or according to the rules of liability for the operator of rail or air travel or other facility for which the rules for injury are specifically regulated by law.

In cases where there is a right to annuity according to the Social insurance Code (2010:110), the occupational injury annuity is coordinated with reimbursement under this insurance policy.

This insurance policy covers damages/injuries or expenses only to the extent that reimbursement cannot be obtained according to the Swedish Social Insurance Code (2010:110), other legislation or other insurance policy.

The insurance policy does not cover injuries that have not been documented in the form of medical records, certification, etc. within the healthcare service in connection with the event.

The insurance policy does not cover victimisation or abusive behaviour.

2.2 Disability and death benefits

In the event of an accident that results in medical disability, a lump sum is paid pro rata to the degree of medical disability. In the event of a medical disability of one hundred per cent, the lump sum is 22 base amounts. This calculation uses the base amount for the year in which the disability is confirmed. The amount is paid as soon as it has been possible to confirm the definitive degree of disability. If this has not

been possible within one year of the accident, a provisional amount is paid in relation to the lowest permanent degree of disability the accident is deemed to give rise to. Final settlement then takes place as soon as the definitive degree of disability has been confirmed. If this has not been possible within three years of the accident, a final settlement is made in accordance with the definitive degree of disability assessed at this time. Any surplus due from the provisional amount will not be reclaimed.

If an accident results in death within three years, a lump sum payment is made upon death. If the insured party has not drawn up a special beneficiary provision for the insurance policy, the spouse or cohabitant and children under the age of 20 or - if there are no such relatives - the legal heirs shall be the beneficiaries.

If one of the surviving dependents is a spouse or cohabitant or if at least one of the surviving dependents is the insured party's child under the age of twenty, the sum is 11 base amounts.

If there is both a spouse or cohabitant and children under the age of 20 among the surviving dependents, the sum is 22 base amounts.

In other cases, it is 6 base amounts.

When performing the calculation, the base amount in the year of death is used. Where appropriate, what has been paid as a lump sum for disability is deducted from the lump sum in the event of death.

If a spouse or cohabitant and children are beneficiaries, half of the insurance sum shall be paid to the spouse or cohabitant and the remainder to the insured party's children.

If a divorce case was in progress at the time of death, the spouse is not the beneficiary.

If the person who may be covered by the insurance policy wants beneficiaries other than those stated above, a special beneficiary provision must be drawn up. The amounts stated above, depending on the group of surviving dependents, can be distributed in the manner specified by the insured party himself/herself in the beneficiary provision. A form for this is available from Kammarkollegiet. Once drawn up, a provision must be submitted immediately to Kammarkollegiet for storage.

2.3 Visits by close relatives

In the event of a life-threatening medical condition or death of the insured party, reasonable costs of travel and accommodation are reimbursed for a maximum of three close relatives in connection with visits. The same applies in connection with a funeral abroad. If the close relative is in a country other than Sweden, the insurance policy can reimburse travel costs corresponding to what a trip from Sweden would have cost. The illness or death must be confirmed by means of a doctor's certificate or death certificate.

2.4 Travel to a close relative

The insurance policy reimburses reasonable additional costs for a return trip to Sweden in the event of the life-threatening medical condition or death of a close relative. The insurance cover is limited to one (1) trip per life-threatening illness and/or death of a relative. Travel to and from the airport in the country of service can be reimbursed if the trip is made by public transport. Costs incurred in Sweden are not reimbursed.

If the close relative is in a country other than Sweden, the insurance policy can reimburse travel costs corresponding to what a trip to Sweden would have cost. Costs incurred in third countries are not reimbursed.

The illness or death must be confirmed by means of a doctor's certificate or death certificate.

2.5 Medical care, dental care and home transport cover

2.5.1 Medical care

Reimbursement is paid for necessary, reasonable and documented costs of emergency medical care abroad. For each event, such costs are reimbursed for a maximum period of 90 days from the first contact with the care provider.

Any additional costs (e.g. board and lodging, rebooking of ticket) are not reimbursed.

The insurance policy does not reimburse costs of medical check-ups, vaccinations or other planned medical care.

2.5.2 Maternity care and childbirth

In connection with pregnancy, necessary and reasonable costs are paid for maternity care and childbirth. Reimbursement is also paid for follow-up on the mother and checks on the child until it reaches the age of one.

If it may be considered unsuitable to proceed with a birth at the posting location, for medical or other reasons, the reasonable cost of travel is reimbursed to Sweden or another country where the insured party has their domicile/citizenship before the birth, and subsequently for travel back to the posting location.

Costs incurred during a stay in Sweden or the country where the insured has their domicile/citizenship are not reimbursed.

The insurance policy also reimburses additional costs for a return trip to Sweden in connection with the birth for other family members covered by the insurance policy.

Provisions

A person who becomes pregnant should contact Kammarkollegiet and Falck Global Assistance at an early stage for a decision on maternity care, a doctor and/or a maternity clinic. In connection with Kammarkollegiet receiving a notification of pregnancy, more detailed information is sent out to the pregnant woman.

If adequate maternity care and childbirth care comparable to general Swedish healthcare in accordance with the guidelines in Region Stockholm are available in the country of posting, in the first instance any costs of such medical care services are reimbursed.

If Falck Global Assistance advises against giving birth in a particular country, costs of childbirth in that country will not be reimbursed.

Anyone planning to fly to Sweden to give birth to their child must check with the airline to find out rules the company has for pregnant passengers. According to IATA's rules, there is a maximum time limit for flying, but many companies also require a recently-issued doctor's certificate for flights after week 28 (27 + 6). Any costs incurred due to a person not following the airline's rules are not covered by the insurance policy.

2.5.3 Dental care

Reimbursement is paid for necessary, reasonable and documented costs of emergency dental care abroad. For each event, such costs are reimbursed for a maximum period of 90 days from the first contact with the care provider.

Any additional costs (e.g. board and lodging, rebooking of ticket) are not reimbursed.

If damage to teeth has arisen as a result of an accident, any necessary and reasonable costs for treatment of the damage in Sweden are also reimbursed, if the cost cannot be reimbursed by any other party. Both treatment and the cost must be approved in advance by Kammarkollegiet.

If damage to teeth is an occupational injury, the Swedish Social Insurance Agency must consider the question of compensation in the first instance. Kammarkollegiet then decides whether the damage can be reimbursed in accordance with this clause.

Limitation

In the event of damage to teeth caused by chewing or biting, reimbursement is only paid for the emergency treatment that is performed abroad.

Permanent crowns, bridges or implants are not reimbursed.

2.5.4 Home transport cover

The insurance policy reimburses necessary and reasonable additional costs of home transport to Sweden by the insured party due to the fact that he/she has suffered a serious illness or major personal injury abroad. The insurance policy also reimburses a return trip to the country of posting. The insurance policy also reimburses the cost of repatriation to Sweden of a deceased person. The insurance policy does not reimburse costs in Sweden.

If the insured party's domicile is in a country other than Sweden, the insurance policy can reimburse repatriation there, on the condition that the costs do not exceed the cost of a corresponding repatriation to Sweden.

Comment re. clause 2.5

Sweden currently has agreements on healthcare benefits with the Nordic countries, with other countries in the EU and with some convention countries. In these countries, the public healthcare system must be used in the first instance.

Anyone travelling to a country within the EU or to another convention country should take with them a certificate from the Swedish Social Insurance Agency showing that he/she belongs to it, so that he/she can safely receive medical care in accordance with the EU rules and in accordance with the convention, i.e. at no other cost than a patient fee, if applicable.

Anyone travelling to a non-convention country should take with them a personal insurance certificate. Documentation for such a certificate is provided by Kammarkollegiet and issued by the relevant government agency. The purpose of the

certificate is to ensure that the insured party has quick access to emergency medical care by enabling the healthcare institution to immediately establish that there is an insurance policy that will cover the costs.

Regulation re. clause 2.5

In the event of a serious illness, major personal injury, hospitalisation, pregnancy, need for repatriation or other active assistance with injury abroad, Falck Global Assistance or Kammarkollegiet must be contacted before medical care or repatriation commences.

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If Falck Global Assistance recommends home transport to Sweden or evacuation to a third country and the insured party does not agree with this, Kammarkollegiet may decline to pay reimbursement for continuing care abroad for the illness/injury in question.

The insurance policy does not cover emergency medical care in the country where the insured party is a citizen or domiciled. If the insured party does not have access to healthcare benefits in that country, the insurance policy applies. If the country of posting is the same as the country where the insured party is a citizen or is domiciled, no costs for maternity care or childbirth are reimbursed if the insured party has access to healthcare benefits.

Anyone who falls ill during a temporary stay in another EU/EEA country, Switzerland or another convention country must submit an application to the Swedish Social Insurance Agency, which will examine whether the care provided can be reimbursed. Receipts and other documentation about the care provided must be attached to the application. Kammarkollegiet has the right to request a power of attorney from the insured party, which includes applying for compensation afterwards for healthcare costs in another EU/EEA country, Switzerland or another convention country and to receive such compensation on behalf of the insured party.

2.6 Baggage delay

If baggage that has been checked in for an outbound journey is delayed for more than two hours, any necessary and reasonable costs will be reimbursed to a maximum of SEK 5,000. An outbound journey for the employee and accompanying family

members refers to travel from the country of posting. Outbound journey also refers to the posting journey from Sweden.

Provisions

The insured must party present a certificate of delay from the transport company. As a first step, the transport company's liability, obligations or offers must be requested and used.

2.7 Liability cover

2.7.1 Scope

Liability cover with the insurance applies to:

- Claims for damages against the insured as a private individual
- Claims for damages that are directed against the insured in the relationship between the insured as tenant and a landlord

The insurance covers damage that occurs during the insurance period caused by the insured due to negligence or for which the insured is strictly liable according to pre-contractual right to compensatory damages.

2.7.2 Exceptions

The insurance does not cover:

- Damage caused to some extent intentionally or due to gross negligence by the insured
- Claims for damages against the insured as an entrepreneur
- Family disputes such as divorce, custody dispute, inheritance dispute etc.
- Undertakings by the insured that exceed the prevailing right to damages
- Claims for damages against the insured as the owner, user or driver of a motor vehicle, boat or aircraft,
- Claims that are covered by an employer's principal liability and
- claims that arise as a result of the insured committing an offence for which, under Swedish law, imprisonment is a possible sanction.

The insurance does, however, apply to claims for damages from someone other than the vehicle owner or hirer against the insured as the driver of a hired or borrowed

vehicle, to the extent that the claim is not covered by applicable motor vehicle or corresponding insurance.

Note

The insurance only provides reimbursement for damages. As such, it does not cover fines or penalties.

2.7.3 Claims regulation

If the insured receives a claim for damages because of an incident that has occurred during the insurance period, Kammarkollegiet undertakes to do the following for the insured:

- investigate whether liability exists,
- negotiate with the other party,
- represent the insured party in legal or arbitration proceedings and thereby pay the legal or arbitration costs that the insured party incurs or is liable to pay and that cannot be obtained from the counter party or other party and
- pay the damages the insured party is liable to pay in accordance with applicable liability law, although only up to a maximum of SEK 5,000,000.

2.7.4 Provisions

Kammarkollegiet is not bound by the insured having undertaken in advance to reimburse for any damage, admit liability for damages or approve claims for reimbursement. If any claim is made, the insured must refer to the insurance with Kammarkollegiet. The insured should note the names, addresses and telephone numbers of witnesses and others who can provide information about what has occurred.

2.8 Legal costs

If the insured, as a private individual, claims damages from anyone because of an event that has occurred during the insurance period, the insured's reasonable legal costs will be covered if these cannot be paid by the other party or another. As appropriate, reimbursement is paid for any legal costs that the insured is ordered by a court to pay to the other party.

2.8.1 Scope

The insurance policy covers legal costs:

- If the insured party, as a private individual, makes a claim for damages against another person due to an event that occurred in the country of posting
- If the insured party, as a tenant, makes a claim for damages against another person relating to the accommodation rented during the rental period in the country of posting
- This only applies to disputes that can be heard before a general court.

2.8.2 Exceptions

The insurance policy does not cover the following disputes:

- Between the insured party and the policyholder (the government agency).
- Where the value is less than one half price base amount (small claims).
- Relating to professional or service-related practice or labour law disputes
- Related to family or inheritance law, such as divorces, custody disputes, distribution of estate or inheritance disputes. Disputes within registered partnership or cohabitation according to the Cohabitees Act (2003:376) are not covered.
- Relating to pledges, guarantee obligations, similar obligations or other agreements entered into by the insured and benefiting a legal person or other private person.
- Relating to the insured as a property owner or owner of an apartment or with tenant-owner rights
- Relating to the insured as owner, user or driver of a motor vehicle, trailer, boat or aircraft*
- Relating to transferred claims
- Relating to personal injury regulation, provided that reimbursement for the costs of representation cannot be obtained via traffic insurance

* The insurance does apply, however, when the insured is the driver of a hired vehicle and is, according to an agreement with the hire company, the registered driver, in disputes with another party than the hire company/car owner, to the extent that the claim is not covered by prevailing traffic insurance or other corresponding insurance.

2.8.3 Reimbursement amount and deductible

The maximum reimbursement amount is SEK 200,000 per contract period. The deductible is 20% of the total cost of damages, although with a minimum of SEK 1,500 and a maximum of SEK 6,000.

2.8.4 Provisions

The insured shall as a first resource make use of legal aid and accept compensation from public funds.

The insured shall as a first resource engage a Swedish lawyer as legal representative. In the case of a dispute abroad, the insured shall engage a legal representative approved by Kammarkollegiet.

The insurance does not cover the costs incurred when the insured waives the right to legal aid from public funds, or costs incurred when the insured waives the right to compensation for costs from the counter party.

The insurance does not cover costs or value of own work, loss of income, travel and board and lodging or other costs for the insured.

Compensation may be paid when the parties have reached a settlement or for other reasons do not take the case to court

3 Insurance claim

The claim form is available at www.kammarkollegiet.se.

A claim form must be signed by both the insured party and the government agency.

The party claiming reimbursement must also do the following:

1. In the event of assault, attach proof of reporting issued by the police in the place where the claim arose.
2. In the event of a delay in baggage that has been checked in, attach a certificate issued by the transport company.
3. Submit a specified claim for reimbursement and attach digital receipts or other verifications. Receipts in paper originals may be requested by Kammarkollegiet up to six months after the claim has been received by us.
4. If another insurance policy applies for the same claim, advise Kammarkollegiet of this.
5. If Kammarkollegiet so requests, attach information and provide doctor's certificates and other documents that Kammarkollegiet needs to settle the claim.

Provisions

If the insured party neglects obligations in accordance with the terms of the URA insurance policy, the reimbursement may be reduced or refused altogether.

4 General conditions

4.1 Other insurance

With the exception of lump sum payments for disability or death, this insurance policy only reimburses damage or expenses to the extent these cannot be reimbursed by a personal injury agreement (PSA or TFA), the Swedish Social Insurance Code or other insurance policy, ordinance or law.

As stated in clause 1.2, this insurance policy is valid for the employee throughout the entire period of service in the case of group insurance, and during the agreed insurance period in the case of individual insurance. This means that it is also valid during business travel. Damage/injury or expenses during business travel are therefore reimbursed from the state's business travel insurance policy only when the compensation rules there are more favourable for the insured party. In such a case, no reimbursement is paid from this insurance policy.

4.2 Statutory limitation

The right to reimbursement ceases three years after the date of the event, if no notification has previously been received by Kammarkollegiet. In the case of liability cover, the date of the claim is deemed to be the date on which a claim was made against the insured party. In other cases, the date of the claim is the date of the event that forms the basis of the insurance claim.

4.3 Reclaiming

To the extent that Kammarkollegiet has paid reimbursement in a claim, Kammarkollegiet takes over the insured party's rights in respect of others who are liable for the damage.

4.4 Foreign currency

If expenses are incurred in a currency that is not SEK, the reimbursement amount will be according to the exchange rate on the day the expense was incurred.

4.5 Joint claims register (GSR)

Under the insurance policy, Kammarkollegiet has the right to register reported claims in the insurance industry's joint claims register (GSR).

4.6 Application

If there are differences between terms and conditions in Swedish and in English, the Swedish applies.

5 Definitions

The insurance policy applies the definitions specified in the Agreement on Overseas Contracts and Guidelines for Employment Conditions for Service Abroad (URA), as well as the definitions set out below.

Acute illness

Urgent and relatively short-term medical condition, which may need to be treated immediately.

Emergency medical care

Emergency healthcare has the same definition as the term “immediate healthcare” in section 4 of the Swedish Health and Medical Services Act (1982:763).

Emergency dental care

Emergency dental care has the same definition as the term “immediate dental care” in section 6 of the Swedish Dental Services Act (1985:125). Emergency dental care means that the patient becomes free of pain and infection, has one (1) functioning chewing surface and that any visible gaps are temporarily filled. The term “visible gap” means the complete or partial loss of any of the ten front teeth in the lower or upper jaw.

Base amount

Base amount refers to the base price amount in accordance with the Swedish Social Insurance Code (2010:110).

Family members staying outside the country of service

“Family members staying outside the country of service” refers to the spouse and any children under the age of 19 who are dependents of the employee.

Chronic medical condition

A long-term medical condition or illness for which care and/or treatment is planned. Chronic conditions can also deteriorate and become acute, in which case the required treatment becomes acute.

Life-threatening medical condition

Condition in which death is imminent.

Accompanying family members

“Accompanying family members” refers to the accompanying spouse/cohabitant and any children under the age of 19 who are dependents of the employee. The accompanying family members must be permanently resident in the country of service and also be registered in the URA contract.

Close relative

“Close relative” refers to the employee’s:

- Spouse/cohabitant
- Child
- Sibling
- Parents
- Parents-in-law

Necessary and reasonable costs

“Necessary and reasonable costs” refers to what is customary and usual both in terms of the size and nature of the cost, and taking into account circumstances such as time, place, etc.

Accident

“Accident” refers to a bodily injury caused by an involuntary and sudden event involving external violence to the body. This means that repetitive strain or overload injuries, as well as twisting of anything other than the knee, do not count as an accident. The same applies to heart attack, cerebral haemorrhage, etc. that did not arise in connection with a sudden and involuntary event involving external violence to the body.

Also considered as accidents are illnesses or injuries caused by biological or chemical substances, if it is probable that someone has intentionally spread the biological or chemical substance for the purpose of causing illness or injury to people. If the illness or injury does not appear until after the insurance period, a medical expert assessment must be used as a basis for taking a position on the question of whether the illness or injury may be assumed to have affected the insured party during the insurance period.

Planned care

Investigation and/or treatment that is not medically urgent.

Cohabitant

“Cohabitant” refers to the same term used in the Swedish Cohabitation Act (2003:376).

“Close relatives” applies correspondingly to the accompanying family members. For accompanying children, grandparents are also included in the term “close relative”.

Assault

Assault refers to injury caused by violence against a person, unprovoked and without consent.