

Insurance for yourself
and your loved ones

OP



Insurance for yourself and your loved ones

This product description is valid as of 1 January 2017.

Our insurance services are always with you

vahinkoapu.op.fi

In the event of loss or injury, the number and address of our partner closest to you will be readily made available. You can conveniently report the loss or injury at the same time. To file a report, you need the login identifiers and key code for your online bank.

OP-mobile

As a cooperative bank customer, you can view your insurance policy and any loss or injury on OP-mobile. In the event of loss or injury, the number and address of our partner closest to you will be readily made available. You can conveniently report the loss or injury at the same time. To file a report, you need the login identifiers and key code for OP eServices.

eInsurance Services

Log into the online service at op.fi or pohjola.com with your user identifiers for OP eServices. You can

- Buy insurance
- Report a loss and file claims.
- Make changes to your insurance
- View your insurance documents.

Insurance services number +358 (0)10 253 133

You can take care of your insurance business on weekdays until 10 p.m.

Benefits from loyalty.

By concentrating your banking and insurance services with OP Financial Group

- You only need one user ID and password to use banking and insurance services at op.fi or on OP-mobile.
- As a customer-owner you accumulate OP bonuses not only from your banking transactions but also from Vehicle Cover and Extrasure insurance premiums.
- You can use the bonuses to pay for home, family and motor vehicle insurance premiums.
- You can earn considerable banking and insurance discounts.

For more information, please go to op.fi/edut.

Phone us

Banking services	358 (0)100 0500
Insurance services	+358 (0)10 253 1333

Call rates

OP +358 (0)100 0500 telephone service:

- As specified in your mobile telephone operator's price list, or
- the same as for normal local calls.

Insurance services number +358 (0)10 253 133

- From mobile phones and landline networks in Finland, EUR 0.0835 per call plus EUR 0.12 per minute.

We record customer calls to assure the quality of customer service, among other things. Read more about the subject at uusi.op.fi/dataprotection.

Find a doctor easily

The contact details of our partner doctors and easy instructions are always within your reach:

- vahinkoapu.op.fi
- op.fi

Insurance services number +358 (0)10 253 133

Pohjola Hospital

Pohjola Hospitals in Helsinki and Tampere have an A&E and GP on-call service and a range of specialist services, for example orthopaedics and hand surgery. Health Care Managers make sure that you receive swift treatment. Patients are referred for treatment directly from their appointment with a specialist and, if surgery is required, the hospital will endeavour to arrange an appointment for the same week. The hospital's physiotherapists, in turn, ensure that rehabilitation goes smoothly. During weekdays, OP insurance customers' claims can be handled in connection with the visit to the doctor.

pohjolasairaala.fi

Appointments +358 (0)10 2578 100

Extrasure is an insurance contract whose policies are granted by OP Insurance Ltd, Eurooppalainen Insurance Company (travel insurance) and OP Life Assurance Company Ltd (life insurance).

This product description contains the main content of the policies and the primary exclusions. The details are found in the terms and conditions, which are applied to claims.

Pick the policies that that provide the protection you and your family need.

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Health and accident insurance packages

We want to offer you and your loved ones a suitable Health or Accident insurance package, taking into account your age and life situation. You can affect the price of the package by the amount of deductible that you choose.

Health Package	Health package to supplement occupational health care	Comprehensive accident insurance package	Accident insurance package
Illness and injury	Illness and injury	Accident or latent disorder	Accident
In case of sudden illness or accident, you will receive the most comprehensive care and help right from the first doctor's appointment until you get home. We provide you with the necessary therapies to recover quickly from an illness or injury. Therapy may sometimes be an alternative to surgery.	Have the commonest pains and aches taken care of by occupational health care or at your own expense. If you have a sudden illness or accident, you can have special examinations or surgery, therapy, rehabilitation and various types of support either to recover or to cope with your condition.	Not only will you get help comprehensively for accidents but also for individual illnesses listed on page 19. A sprain in the tendons or muscles in your shoulder, neck or back will be compensated even if there was no accident. A rupture of a knee meniscus or hernia of an intervertebral disk is often discovered in connection with an accident, but will be compensated although often caused by an illness.	If you have an accident, you will receive good and comprehensive treatment. An accident insurance package does not cover an illness, such as degeneration of a shoulder or Achilles tendon.
Medical Treatment Cover <ul style="list-style-type: none"> • Doctor's consultations and examinations • Special examinations • Surgery • Medication Therapy and rehabilitation <ul style="list-style-type: none"> • Musculoskeletal therapy • Occupational therapy • Special expenses Dental cover in case of accidents or missing tooth resulting from illness Permanent handicap caused by accident	Cost Cover <ul style="list-style-type: none"> • - • Special examinations including doctor's consultations • Surgery including doctor's consultations • Medication 	Medical Treatment Cover <ul style="list-style-type: none"> • Doctor's consultations and examinations • Special examinations • Surgery • Medication Therapy and rehabilitation <ul style="list-style-type: none"> • Musculoskeletal therapy • Occupational therapy • Special expenses Dental Cover in case of accidents Permanent handicap caused by accident	
Optional:		Optional:	
Psychotherapy Home help package <ul style="list-style-type: none"> • Home health care • Home adaptations • Home help • End-of-life care Accidental death		Home help package <ul style="list-style-type: none"> • Home health care • Home adaptations • Home help Accidental death	

Doctor close to you

The packages include OP Claim Help. You can find the nearest doctor in OP Claim Help, OP-mobile or at vahinkoapu.op.fi. Then you can go to a health centre or hospital emergency service and then, if necessary, go to Pohjola Hospital or any of our partner doctors.

Health Package

A Health Package for illnesses and accidents is designed for all from newborn babies to people up to 100 years of age. The total sum insured has been designed to be sufficient to last a lifetime. You will receive quick treatment in case of illness or accident. You will receive sufficient support to make a recovery.

Health package to supplement occupational health care

A health package to supplement occupational health care is suitable for you if you are covered by at occupational health care providing at least GP services, and also the treatment of illnesses.

Use this package for medical expenses, special examinations, such as MRIs and surgery including doctor's consultations. The package also covers therapies and rehabilitation prescribed by occupational health

care. An optional home help package ensures that you get help at home to recover from an illness or accident.

When you need something that is not covered by occupational health care or you want to treat general pain and ache quickly by private health care providers, you can change into a more comprehensive Health Package without having to fill in a health declaration.

Comprehensive accident insurance package

Both young people and adults can have an illness referred to in the terms and conditions: sprain, degenerative change or a fault that displays symptoms in connection with an accident. The treatment of illnesses specified in the terms and conditions (see p. 19) will be compensated under this package in connection with normal accident, and even if there was no accident. Often sprains and degenerative changes require therapy and rehabilitation, for which this package provides comprehensively.

Accident insurance package

Slipping, falling over, falling down and many other sudden accidents are covered under this package comprehensively right from the first doctor's appointment until you get home. Please note that an accident insurance package does not cover an illness, such as a degenerative change or Achilles tendon degeneration.

We are currently making changes to the webshop, introducing the packages there a little later. Cost Cover is not currently available in the webshop.

Treatment for illness and plenty of help for recovery

	Why?	What does it cover?
Medical Treatment Cover	Ensures that you get quick treatment if you fall ill or have an accidental injury. You can go to a private doctor or use public health care.	Comprehensive cover of doctor's appointment, medication, examinations and operations.
Cost Cover	You can complement your occupational health care covering illnesses.	Compensates medication, special examination expenses and surgery and doctor's consultations related to surgery or special examinations.
Supplementary Medical Treatment Cover		
Musculoskeletal therapy	This will speed up your recovery. Musculoskeletal therapy may also be an alternative to surgery.	Compensates for the examination and treatment expenses of physiotherapists, foot therapists, osteopaths, chiropractors or naprapaths.
Occupational therapy	Speeds up recovery after a serious accident or illness, for example, strokes.	Compensates for the examination and treatment expenses of occupational or speech therapist.
Psychotherapy	Enables quick access to therapy in acute crises.	Compensates for psychotherapy provided by a psychotherapist.
Special expenses	Provides cover for many treatments that are usually not covered by insurance.	Compensates, for example, removal or treatment of varicose veins, removal of symptomatic moles, and examinations and treatment by nutritional therapists.
Home health care	Enables you to ask for a doctor or nurse to make a house call.	Compensates for examinations and treatment provided by a doctor or nurse in the insured person's home.
Home help expenses	Provides cover when, for example, you cannot manage alone at home following surgery or if your child under school age falls ill.	Compensates, depending on the age of the insured person, for carer expenses (child care/personal carer) and home cleaning expenses.
Home adaptations	Provides cover when your home has to be adapted so that you manage from day to day with an illness or injury.	Compensates, for example, expenses for home adaptations when the insured person has a permanent or temporary disability owing to an illness or accident.
End-of-life care	Ensures that you do not have to compromise on high-quality end-of-life care because of the expenses. We recommend that you combine this with your life insurance policy.	Compensates, for example, treatment given by a doctor or nurse in your home, and includes medical accessories and medication.
Dental Cover	You get coverage in case of accidents or, when choosing a more comprehensive option, missing tooth resulting from illness.	With dental injuries, we provide cover for dental examination, treatment and medication. As to illnesses, we cover prosthetic treatment.
Permanent handicap caused by accident	You get support to cope in daily life following a permanent handicap caused by an accident.	You will get with financial aid if you have an accident and are diagnosed by a doctor to have a permanent disability.
Death Cover	Your loved ones will get financial security if you happen to die in an accident.	Your beneficiary will receive a lump-sum compensation.

Read also about general matters related to personal insurance on pages 18–21.

The insured is the person entered in the insurance policy, although in this product description we describe the policies as if you were the insured person.

Do you want us to compensate expenses incurred abroad, too?

Compensation from Health Insurance is by default only paid for costs arising in Finland. Make a separate agreement if you want expenses incurred also in the EU, the EEA or Switzerland to be covered under health insurance.

Do you do sports?

Check on page 11 whether you or your family members need any sports covers.

Health Insurance

Ear infection, dislocated shoulder, serious illness? Health Insurance covers can provide just what you need in case of illnesses and accidents, or only accidents if you choose so. You will receive treatment and help flexibly in a number of life situations. The insurance is valid until 100 years of age.

Medical Treatment Cover

Medical Treatment Cover enables you to use a wide range of public and private health care services and to receive quick and expert care in a variety of situations.

You can select Medical Treatment Cover:

- In case of accidents and illnesses
- In case accidents and illnesses specified in the terms and conditions
- In case of accidents

With regard to accidents and illnesses specified in the terms and conditions, **Medical Treatment Cover compensates** the following expenses you have paid:

- » fees when a GP, specialist or nurse, for example, examines or treats you or if you need an operation. Coverable examinations include laboratory, endoscopy, X-ray, ultrasound and MRI examinations and CT scans
- » costs for medication and wound dressings sold at pharmacies
- » daily hospital charges of a public or private hospital
- » the first orthopaedic brace you buy owing to a coverable operation or accident, for up to €500 per operation or accident
- » rental costs of forearm or underarm crutches.

If it has been separately agreed on and entered in the policy that expenses incurred abroad will also be compensated, we will compensate for the number of daily hospital charges specified in the insurance policy, max. EUR 400 per day.

Medical Treatment Cover for unborn child

Make sure your child is insured already during pregnancy by taking out Medical Treatment Cover for the child.

We compensate the mother's following pregnancy-related expenses from Medical Treatment Cover taken out for an unborn

- » public health care outpatient clinic fees
- » costs for medicinal products and wound dressings sold in pharmacies
- » public health care daily hospital charges.

We do not compensate expenses caused, for example, by standard pregnancy consultations and examinations. Neither do we compensate any childbirth costs arising from the mother having misused medication or used alcohol or other intoxicants.

Once the child has been born, we compensate the child's expenses under Medical Treatment Cover in the normal way.

Medical Treatment Cover does not cover, for example,

- » examination or treatment by a physiotherapist, foot therapist, chiropractor, osteopath, naprapathy practitioners, masseur or equivalent health care professional
- » acupuncture, lymphatic therapy or psychotherapy or equivalent examination or treatment
- » examination or treatment by occupational therapist, speech therapist, psychologist, neuropsychologist, optician, nutritional therapist or equivalent health care professional
- » examination or treatment by dentist, specialised dentist, dental hygienist or denturist
- » examination or treatment concerning pregnancy, childbirth, abortion, infertility or related complications
- » costs for the purchase of a basic cream or equivalent
- » examination and treatment related to outward appearance or looks These are not compensated even in the case of illness or accident
- » medical treatment expenses related to abuse of medicine or use of alcohol or other intoxicant
- » medical treatment expenses related to dependence on narcotic, alcohol, medicine, nicotine or other substance
- » expenses for the treatment of snoring, unless it is a case of sleep apnoea verified by means of sleep registration
- » obesity and varicose vein treatment, mole removal or correction of refractive errors
- » examination or treatment in the insured person's home, other house call and other than a practice or clinic
- » subsistence, service and accommodation costs related to institution or unit providing social welfare or residential services, even if their operations included health care services.

Granting and validity of Medical Treatment Cover

Coverage	Up to what age can you apply?	Up to what age will it be valid?
Medical Treatment Cover	85 yrs	100 yrs

Health declaration – when do you need to submit one?

- Get cover in case of illness.
- You are over 15 years old and are getting coverage in case of accidents and in case of illnesses specified in the terms and conditions.
- You are over 57 years old and are getting coverage in case of accidents.

Cost Cover's surgery and special examination expenses

Cost Cover will suit you if

- You want to complement your occupational health care coverage
- You want coverage that is not as comprehensive as Medical Treatment Cover.

You can select Cost Cover:

- In case of accidents and illnesses
- In case of accidents

In case of illness or accidents, Cost Cover compensates medication expenses and special examinations, such as MRIs and surgery including doctor's consultations. Other less serious doctor's consultations can be taken care of by occupational health care or at your own expense.

We cover the following expenses:

- » surgery and immediately related daily hospital charges
- » fees of up to 10 doctor's consultations during the insurance period relating to surgery, MRI or CT scan or endoscopy
- » costs for medication and wound dressings sold at pharmacies
- » the first orthopaedic brace you buy owing to a coverable operation, for up to €500 per operation

If it has been separately agreed on and entered in the policy that expenses incurred abroad will also be compensated, we will compensate for the number of daily hospital charges specified in the insurance policy, max. EUR 400 per day.

We do not compensate, in addition to Medical Treatment Cover restrictions on p. 6, for example the following surgery and special examination costs:

- » costs for the purchase of a basic cream or equivalent
- » daily hospital charges unless they are immediately related to a coverable operation.

Coverage	Up to what age can you apply?	Up to what age will it be valid?
Cost Cover	85 yrs	100 yrs

Health declaration – when do you need to submit one?

- Get cover in case of illness.
- You are over 57 years old and are getting coverage in case of accidents.

Dental Cover

Only Dental Cover provides compensation for treatment by dentists and denturist. We recommend that you take out Dental Cover at least in case of accidents.

You can select Dental Cover:

- In case of accidents or missing tooth resulting from illness
- In case of accidents

We cover the following expenses in case of accidents

- » expenses for examinations and treatment by a dentist, specialised dentist, dental hygienist or denturist
- » expenses for a fixed dental prosthetic or dentures made by a dentist or denturist, or removable dental prosthetics or implant-supported dental prostheses
- » medication sold at a pharmacy.

We cover the following expenses in case of illness

- » examinations and treatment concerning the first dental prosthetic of a missing tooth
- » fixed dental prosthetic or dentures made by a dentist or denturist, or removable dental prosthetics or implant-supported dental prostheses when they concern the first dental prosthetic of a missing tooth
- » medication relating to prosthetic treatment that is sold at a pharmacy.

Dental Cover does not cover, for example,

- » preventive care, tartar removal, fillings, root canal treatment, renewal of crown or dental prosthetic, unless resulting from an accident
- » cosmetic dental treatment
- » examination or treatment of jawbone or jaw joints, unless in case of an accident
- » orthodontic treatment or mouthguard
- » dental check-up, local anaesthetic or medical medicinal product unless they are related to treatment that is otherwise covered
- » tooth or dental prosthetic breaking as an accident should you bite into something.

Coverage	Up to what age can you apply?	Up to what age will it be valid?	Health declaration – when do you need to submit one?
Dental Cover, in case of accidents	99 yrs	100 yrs	When you are over 57 year old.
Dental Cover, in case of accidents and illnesses	65 yrs	The insurance policy contains a period of validity, which depends on your age.	When you are over 15 year old.

Points to note in preparation to dental illnesses

When you want to take out Dental Cover in case of a missing tooth caused by accident or an illness, you must fill in a health declaration.

Dental Cover pays for illnesses only for a specified period, after which you only get compensation for dental accidents. This period depends on the age at which you take out Dental Cover in case of illnesses. People older than 65 will not be able to get this policy, and its validity will end when you turn 70. When approaching the end of validity, you can apply to have the coverage against illnesses to be extended by filling in a new health declaration.

Age when you take out the policy that includes dental illnesses	Valid in case of illness
Under 25 years	Up to 35 years
25–45 years	10 years
46–65 years	5 years

Even though Dental Cover will at some stage no longer cover against illnesses, accidents will continue to be included.

Supplementary Medical Treatment Cover

Supplementary Medical Treatment Cover extends the range of coverable health care services. It will help you to recover more quickly. You will get support if an illness or injury makes your daily life difficult.

You can select Supplementary Medical Treatment Cover:

- In case of accidents and illnesses
- Both accidents and specific illnesses
- In case of accidents

Musculoskeletal therapy expenses

By choosing to include musculoskeletal therapy expenses in Supplementary Medical Treatment Cover you will be able to get back to normal more quickly. Therapy may even be an alternative to surgery. If you need surgery, you will recover more quickly with the help of physiotherapy before and after the operation.

We compensate up to 10 sessions of examinations and treatment by a physiotherapist, osteopath, chiropractor or naprapathy practitioner per insurance period.

We do not compensate medical equipment or other aids, treatment devices, orthotic insoles, braces or bandages, for example.

Occupational therapy expenses

By including occupational to include therapy expenses in Supplementary Medical Treatment Cover you get help to manage in your daily activities following a serious accident or illness. This help you, for example, to recover from a stroke.

We compensate up to 20 sessions of examinations or treatment by an occupational or speech therapist or neuropsychologist per insurance period.

We do not compensate any aids, treatment devices, orthotic insoles, braces or bandages, for example, nor speech therapy costs for a child who needs help in forming letters or pronouncing sounds.

Psychotherapy expenses

By choosing to include psychotherapy expenses in Supplementary Medical Treatment Cover you will help to adapt to a new life situation, because falling ill or having a disability is never just a physical thing alone. You get expert therapy quickly.

We compensate up to 10 sessions of psychotherapy per insurance period. If you take part in couple, family or group therapy, we pay for your part.

We do not compensate, for example, if expenses are caused by the treatment of an addiction to drugs, alcohol, medicine, nicotine or other similar substance, or from treatment of other types of addiction.

Special expenses

By choosing to include special expenses in Supplementary Medical Treatment Cover you increase the range of health care services that are coverable.

We compensate expenses for

- » removal of cosmetic skin defects provided they were caused by a coverable illness or accident
- » removal of symptomatic moles
- » breast reduction operation if their size causes physical symptoms of illness
- » removal or treatment of varicose veins when they have caused pigment changes on the skin, lesions or daily swelling despite treatment with compressions socks or stockings
- » daily hospital charges if they are related to the above operations
- » examinations or treatment by nutritional therapist during an insurance period, up to 5 sessions
- » rental of aids, treatment devices, furniture and equipment
- » purchase of aid, treatment device or exercise equipment of up to a combined total of EUR 200 per insurance period
- » clinical nutritional products prescribed by a doctor and sold at a pharmacy, no more than half of what is left after reimbursement by Kela.

We do not compensate, for example, medication or expenses for examinations or treatments performed by doctor or other health care professional before or after a coverable procedure.

Expenses for home health care

By choosing to include expenses for home health care in Supplementary Medical Treatment Cover, you can ask a doctor or nurse to make a house call.

We compensate when a doctor or nurse makes a house call. We will also pay for one telephone consultation with a doctor following a house call.

We do not compensate, for example, prescription medicine; treatments or examinations related to pregnancy, outward appearance or looks; therapies that aid recovery; acupuncture; or treatment of obesity.

Home help expenses

By choosing to include home help expenses in Supplementary Medical Treatment Cover you will get help, for example, if you cannot manage alone at home following surgery or if your child under school age falls ill.

- » When the insured is a child under school-going age, we compensate the child carer's expenses up to EUR 2,500 per insurance event. Expenses are compensated for up to 10 hours per day if a child who normally goes to day care outside the home must remain at home owing to illness or injury.
- » When the insured is a school child or older, we compensate the expenses of a personal assistant following surgery for up to EUR 2,500 per insurance event. We compensate expenses for up to 10 hours a day a maximum of 3 months if, according to the doctor, the insured person will not manage at home without help.
- » When the insured is an adult, we compensate home cleaning expenses for up to EUR 1,500 per insurance event. Expenses are compensated for up to 4 hours of cleaning for each starting week of sick leave provided the doctor has given a sick leave of at least 14 days.

We do not compensate, for example, if the need for expenses or a service is related to outward appearance or looks; pregnancy; treatment improving the person's quality of life; or the treatment of varicose veins or obesity.

Home help must be obtained from a local service provider that has a business ID. We will compensate you for home help expenses that were incurred after the qualifying period. The qualifying period related to the services of a personal assistant begins on the day when you are back home after surgery and cannot manage on your own according to the doctor. In the case of child care services, the qualifying period which begins on the first day when the child was in home care under doctor's orders.

Expenses for home adaptations

By choosing to include expenses for home adaptations in Supplementary Medical Treatment Cover you will be compensated when, for example, adaptations have to be made to your home or your need aids to manage from day to day with an illness or injury.

Expenses for home adaptations will provide coverage when

- you need help to live at home independently
- you need help to increase your personal safety and safe living
- you need aids, home appliances, equipment or safety devices to manage in your daily life.

We pay for home adaptation expenses that are not compensated by virtue of the Act on disability services (380/1987), Social Welfare Act or other Act. For example, when you first receive benefits by virtue of the Act on disability services for half of the cost of any aid, equipment and device, we will pay for the other half. Benefits obtained by virtue of Social Welfare Act are rather low in cases of illness or injury, and paid in proportion to your income, assets and any independent decisions made by your home municipality. This means that the home adaptation expenses that we pay for constitute a major financial assistance.

Home adaptation work

We help you to adapt your home if you have a permanent or temporary disability caused by a coverable illness or injury, p 10.

In order that you can live independently at home and manage in your daily life, **we compensate** for expenses related to

- » widening of doorways, removal of thresholds and any other obstacles in the home, and installation of support handles inside the home
- » building of disabled ramps and bannisters in other than blocks of flats
- » bathroom and lavatory adaptations
- » lighting changes
- » change of surface materials at home because of serious allergy
- » adaptations to fixtures and fixed building and interior decoration materials
- » any necessary lifting or alarm equipment and other fixtures, including the installation
- » evaluation, design, any building permissions and supervision for the above adaptations.

The above acquisitions must be prescribed by a doctor. In case of a temporary disability, we also require that it makes it difficult to manage independently with your daily activities.

Equipment you need for your daily life

We help you to adapt your home if you have a permanent or temporary disability caused by a coverable illness or injury, p 10.

In order that you may be move and communicate independently, carry out your work duties and cope in your free time, **we compensate** expenses for

- » aids, home appliances and equipment
- » devices that increase your personal safety and safe living.

We require that the aids, home appliances, equipment and safety devices must have been prescribed by a doctor and be necessary in order that the insured may move about independently, communicate with others or manage some other activity in his work or leisure time.

How do we compensate home adaptation work?

During the insurance's validity, we compensate home adaptation work up to a sum that you chose as the maximum compensation when you took out the policy. We compensate up to the following.

Coverable property	Diagnosed permanent disability, max. EUR	Diagnosed temporary disability, max. EUR
Home adaptation and home fixtures	Maximum compensation you chose	2,000
Aids, home appliances and equipment	10,000	1,000
Devices that increase your personal safety and safe living	3,000	500

When doctors or other health care professionals are assessing the disability and writing the prescription for home adaptation work, they will consider all the diseases and injuries you have at the time. A service provider with a business ID operating near your home must complete the adaptation work within two years of the doctor's prescription.

We do not compensate expenses for, for example,

- » situations in which, on the basis of the Act on disability services (380/1987), you have been diagnosed to require continuous institutional care
- » renovation, adaptations or extension of flat or house that increase the floor area
- » holiday home adaptation that enhance its quality or constructions
- » adaptations outside the flat
- » if a home adaptation or fixture takes place in other than the home or holiday home
- » caused by correction of a design, foundation, installation and construction error and damage caused by such an error
- » anything caused by mould allergy
- » when you move into a new home, even if the need arose from a new illness
- » motor vehicle or motor vehicle part purchase or motor vehicle alteration or improvement
- » the purchase of spectacles, sunglasses or contact lenses
- » software in computer data media.

Expenses are compensated only for one flat on the basis of all the illnesses and injuries the insured person is suffering from when the level of permanent or temporary disability is being evaluated.

What do we mean by permanent disability?

Permanent functional disability refers to a medically assessed general handicap which the insured has incurred through illness or injury and which, according to medical prognosis, is unlikely to be healed. A permanent functional disability must also have continued for at least three months, before any assessment for home adaptation will be entered upon.

What do we mean by temporary disability?

By temporary functional disability we refer to what is medically assessed as a temporary disability caused by a coverable illness or injury that prevents you from managing daily activities on your own.

Expenses for end-of-life care

By choosing to include expenses for end-of-life care in Supplementary Medical Treatment Cover you can ensure that you will not have to compromise on the quality of end-of-life care because of the expense.

When the doctor has made a decision on end-of-life care, **we compensate** for the following

- » daily hospital charges of a public or private hospital
- » expenses for home health care, including care supplies, medicinal products sold at pharmacies, basic creams or lotions and clinical nutritional products
- » rental expenses for aids, furniture and treatment devices that you need at home
- » expenses of a personal assistant acquired through a service provider if the doctor thinks you need personal assistance in your daily activities.

If it has been separately agreed on and entered in the policy that expenses incurred abroad will also be compensated, we will compensate for the number of daily hospital charges specified in the insurance policy, max. EUR 400 per day.

We do not compensate expenses that are caused, for example, by services of a unit providing social welfare or residential services even though they may also include health care services.

Supplementary Medical Treatment Cover expenses	Up to what age can you apply?	Up to what age will it be valid?
Musculoskeletal therapy expenses	85 yrs	100 yrs
Occupational therapy expenses		
Psychotherapy expenses		
Special expenses		
Expenses for home health care		
Home help expenses		
Expenses for home adaptations	85 yrs	100 yrs
Expenses for end-of-life care		

Health declaration – when do you need to submit one?

- Get cover in case of illness.
- You are over 15 years old and are getting coverage in case of accidents and in case of illnesses specified in the terms and conditions.
- You are over 57 years old and are getting coverage in case of accidents.

Fitness Cover

Fitness Cover will help you to recover from illness or injury and to prevent falling ill or injuring yourself.

You can choose Fitness Cover if you have already chosen Medical Treatment Cover or Cost Cover to include illnesses.

What do you want Fitness Cover to compensate to you?

- Fitness test expenses
- Fitness tests and expert services expenses

The prerequisite for compensation is that a doctor or other health care professional recommends exercise to you owing to an illness, injury or factor that threaten your health.

Fitness tests

The service provider conducts the fitness test, carried out as a cycle ergometer test. The fitness tests will be the basis for feedback and exercise recommendation to help you get in better fitness and to make exercise a regular and long-term part of your life.

We compensate a total of up to three fitness tests on the basis of all the illnesses, injuries or factors that threaten your health that you had at the time when exercise is recommended. We only pay for one fitness test per insurance period.

Fitness tests and expert services

The more comprehensive of the Fitness Cover options provides compensation not only for the above fitness tests expenses but also expenses caused by use of expert services.

Whenever you have taken a coverable fitness test, you can choose of the following expert services. **We compensate** up to a total of EUR 160 of each alternative.

- » You visit a GP for a basic health check-up and any laboratory tests prescribed by the GP.
- » You use the services of a nutritional therapist.
- » You receive personal and individual gym or exercise instructions.

We do not compensate for the expenses of a fitness test or expert services if an illness, injury of factor threatening the insured person's health is the result of abuse of medicine or the use of alcohol or other intoxicants.

Coverage	Up to what age can you apply?	Up to what age will it be valid?	Health declaration – when do you need to submit one?
Fitness Cover	99 yrs	100 yrs	Not necessary

Cover for sport

All policies are valid when you do exercise for your own pleasure, for example, is you go jogging or skiing. However, there are sports for which you need specific coverage in case of accidents. We consider this to be the case when

- **you do competitive sports**
We consider you to do competitive sports if you take part or prepare for competitions or matches organised by a sports association or club.
- **you are trying out or regularly go in for high-risk sports.**
We call these sports special sports and high-risk sports, p. 12.

If you need coverage against sports injuries

- in case of expenses incurred in Finland, you must choose **Athletes' Medical Treatment Cover, Athletes' Supplementary Medical Treatment Cover and Athletes' Dental Cover.**
- in case of expenses incurred abroad, you must get an expansion for a fixed period or indefinitely through Eurooppalainen Traveller's Insurance Medical Treatment Cover and perhaps also Travel Interruption Cover (even better coverage). Read the Travel Insurance product description.
- in case of permanent disability, you must extend your Disability Insurance.

Life Insurance, the Disability Cover under Living Allowance Insurance and Death Cover are valid in all sports.

Insurance cover for competitive sports. What is competitive sports?

When you do competitive sports or are preparing for a competition or a match organised by a sports association or club, you should take out an appropriate insurance policy. Take out a policy for competitive sports or the sports you do.

By competitive sports we mean sports games or matches arranged by a sports association or sports club and training arranged according to a training programme or other training typical of the sport, regardless of the level of competitiveness or the age of the insured person. By training arranged according to a training programme we mean training carried out following either a written or verbal training plan (the coach does not have to be present).

Other training typical of the sport refers to training that supplements the main sport when done as part of preparation to games or sports.

Children's sport hobbies

You can take out insurance for children under 16 that is valid in all competitive sports, excluding high-risk sports. The cover will expire at the end of the insurance period during which the insured person has reached the age of 16.

NB. Expenses that incurred after the insurance terminated will not be covered.

If necessary, you also insure a child's individual sport hobby. If a certain sport, for example basketball, has been chosen for a child under 16, instead of all competitive sports, the cover continues beyond the age of 16.

Specific situations in competitive sports

Even if you take out a policy for competitive sports, you will not be covered against the high-risk sports below regardless of whether you compete in them or not. These sports have the greatest risks. So if you go in for high-risk sports, you must always take out a separate policy that covers everything related to high-risk sports, including competing in them.

Athletes' Medical Treatment Cover, Athletes' Supplementary Medical Treatment Cover and Athletes' Dental Cover taken out for competitive sports are not valid at the two highest levels of football (called in Finnish Veikkausliiga, Naisten Liiga and Ykkönen), ice hockey (SM-liiga, SM-sarja and Mestis), volleyball (Mestaruusliiga and 1-sarja) and at the highest level of Under-21 hockey (SM-liiga, SM-sarja).

Insurance cover for special sports

If you do special sports but not competitively, you can insure yourself against injuries in all such sports with a single policy.

Special sports are:

- combat and contact sports
- winter sports: luge, freestyle skiing, downhill and speed skiing
- aviation, such as hot air and gas ballooning, motorised flying, hang- and paragliding, microlight flying, parachuting, flying with amateur-built aircraft and use of gliders and motor gliders
- strength sports: powerlifting, weightlifting and body building
- scuba diving
- other special sports: BMX cycling, bungee jumping, parasailing, kitesurfing and kite surfing, sail- and flyboarding, parkour, abseiling, acrobatics and free running.

Competitions are arranged in some of the above special sports. If you compete in these sports, you must extend your policy to cover competitions, too.

Insurance cover for high-risk sports

If you do a **high-risk sport** but do not compete in it, you need sports insurance. Each high-risk sport has to be insured separately; however, a single disability insurance policy will provide coverage for all high-risk sports.

High-risk sports are:

- team sports: American football, Australian football, rugby and lacrosse
- Mixed Martial Arts
- Wrestling
- Off piste skiing
- roller derby
- Ice and rock climbing
- Ice and mountain climbing
- Strength athletics
- Downhill biking
- Downhill skating
- Ocean sailing
- BASE jumping
- Trekking into uninhabited areas, such as research expeditions or treks to mountains, jungles, deserts or wilds or other similar areas
- Wildwater canoeing
- Freediving
- Other sports where the risks are at similar level.

If you take out a policy for a high-risk sport, it automatically covers competitions, too. Competitions are arranged in downhill biking and strength sports, for example.

Sports covers

Treatment Prevention	Recovery	Support
Athletes' Medical Treatment Cover Compensation for treatment, examination and medication expenses in sports for which you are insured.	Athletes' Supplementary Medical Treatment Cover provides compensation for expenses you have chosen for the following: <ul style="list-style-type: none"> • Musculoskeletal therapy • Occupational therapy • Home health care • Home help • Home adaptations • Special expenses 	
Athletes' Dental Cover Compensation for treatment, examination and medication expenses concerning dental injuries in sports for which you are insured.		

You can select Sports Covers for:

- Accidents, exertion and illnesses specified in the terms and conditions
You get compensation for expenses caused by sports accidents and specified illnesses caused by sports. Illnesses caused by sport are listed on page 13. We do not compensate costs caused by other illnesses.
- Accidents and exertions
You only get compensation for costs caused by a sports accident. We do not compensate expenses caused by illnesses.

Please see below under each cover which alternatives are possible. An entry will be made in your insurance policy to indicate which alternatives you have chosen.

Athletes' Medical Treatment Cover

Select Athletes' Medical Treatment Cover if you do competitive sports, some special sport or high-risk sport. You can take out Athletes' Medical Treatment Cover on its own or to supplement Medical Treatment Cover.

By choosing Athletes' Medical Treatment Cover, you can use a variety of public and private health care services and get expert help quickly with any sports injury.

You can select Athletes' Medical Treatment Cover for:

- Accidents, exertion and illnesses specified in the terms and conditions
- Accidents and exertions

The list of expenses compensated for by Athletes' Medical Treatment Cover is the same as above for Medical Treatment Cover. In case of an exertion, only one MRI is compensated and surgery not at all. The requirement is that a sports injury has taken place when doing a sport you have coverage.

We do not cover expenses under Athletes' Medical Treatment Cover that are not coverable under Medical Treatment Cover.

Coverage	Up to what age can you apply?	Up to what age will it be valid?
Athletes' Medical Treatment Cover	85 yrs	100 yrs
Health declaration – when do you need to submit one? <ul style="list-style-type: none"> • Get cover in case of illness. • You are over 57 years old and are getting coverage in case of accidents. 		

Athletes' Dental Cover

Athletes' Dental Cover enables you to quickly get expert care in dental injuries sustained during sport. Athletes' Dental Cover is valid in case of accidents.

The list of expenses **we compensate** under Athletes' Dental Cover is the same as above for accidents included in Dental Cover. The requirement is that a dental injury has taken place when doing a sport for which you have coverage.

We do not compensate from Athletes' Dental Cover expenses for, for example

- » physiotherapy
- » dental check-up, local anaesthetic or medical medicinal product if they are not related to treatment that is otherwise covered
- » cosmetic dental treatment.

Coverage	Up to what age can you apply?	Up to what age will it be valid?
Athletes' Dental Cover	85 yrs	100 yrs
Health declaration – when do you need to submit one? When you are over 57 year old.		

Athletes' Supplementary Medical Treatment Cover

Athletes' Supplementary Medical Treatment Cover increases the range of health care services that are coverable. It will help you to recover more quickly. You will get support if an illness or injury makes your daily life difficult.

You can select Athletes' Supplementary Medical Treatment Cover for:

- Both accidents and specific illnesses
- In case of accidents

What do you want Athletes' Supplementary Medical Treatment Cover to compensate to you? – Choose what you want from the following.

- Musculoskeletal therapy expenses
- Occupational therapy expenses
- Expenses for home health care
- Home help expenses
- Expenses for home adaptations
- Special expenses

The list of coverable expenses from Athletes' Supplementary Medical Treatment Cover is like above for Supplementary Medical Treatment Cover concerning expenses for musculoskeletal therapy, occupational therapy, home health care, home help and home adaptations (see pages 8–10). The requirement is that a sports injury has taken place when doing a sport you have coverage.

Athletes' Supplementary Medical Treatment Cover **does not compensate** expenses that are not coverable from Supplementary Medical Treatment Cover concerning expenses for musculoskeletal therapy, occupational therapy, home health care, home help and home adaptations (see pages 8–10).

By choosing Athletes' Supplementary Medical Treatment Cover to include **special expenses we compensate**, for example, the following expenses resulting from illness or injury

- » acquisition of an orthopaedic brace enabling you to carry on doing a sport
- » removal of cosmetic defects
- » rental of medicinal aids, treatment devices, furniture and equipment
- » purchase of medicinal aids, treatment devices or exercise equipment of up to a combined total of EUR 200 per insurance period

We do not compensate from Athletes' Supplementary Medical Treatment Cover's **special expenses**, for example, medication or expenses for examinations or treatments performed by doctor or other health care professional before or after a coverable procedure.

Matters related to the granting and validity of Athletes' Supplementary Medical Treatment Cover are the same as in the table on page 10.

What are the medical conditions specified in Sports Cover? Why should you be insured against them?

The medical conditions specified in the Athletes' Medical Treatment Cover and Supplementary Medical Treatment Cover are abdominal, umbilical or groin hernia, rupture of meniscus in the knee or dislocation of kneecap, shin splints, stress fracture, tennis elbow or golfer's elbow, inflammation or rupture of Achilles tendon, inflammation of shoulder tendons, bursitis and plantar fasciitis.

It is advisable to be insured against such specified medical conditions, because stress injuries, for example, are not compensated unless you have coverage against them. We do not usually compensate specified medical conditions as accidents although they often emerge in connection with accidents.

When does exertion mean in athlete's cover?

Athletes' Medical Treatment Cover and Supplementary Medical Treatment Cover compensates for muscle strain or rupture caused by an exertion and diagnosed by a doctor when doing a sport covered by these policies, provided medical care has been given within 14 days. In case of an exertion, only one MRI is compensated and surgery not at all.

Living Allowance Insurance

An accident may result in disability, temporary work disability or death. Fortunately you can prepare for the financial consequences of these. Disability Cover and Death Cover can also be taken out for an unborn child.

Permanent handicap caused by accident

Disability Cover provides you with financial aid if you have an accident and are diagnosed by a doctor to have a permanent disability.

We compensate

- » a lump-sum compensation for a full disability (handicap class 20) that was valid at the time of the accident
- » a lump-sum compensation for a partial, permanent disability (handicap classes 1–19) equal to as many twentieths of the sum as indicated by the handicap class.

Disability Cover is valid also when you do competitive sports, or some special or high-risk sport (see pp. 11–12).

We do not compensate the mental consequences of an accident.

The degree of handicap is determined in accordance with the handicap classification decree by the government when the accident occurred. Injuries are divided into 20 handicap classes, with class 20 corresponding to full handicap and class 1 to the smallest coverable handicap. The handicap class is only determined by the nature of the handicap disregarding occupation, hobbies or any other individual circumstances. Permanent disability is determined three months after the accident at the earliest, and three years after the accident at the latest. The cover must be valid at this time.

A lump-sum compensation paid under Disability Cover is tax-exempt income to the insured person.

Disability Cover for unborn child

We recommend Disability Cover to be taken out for an unborn child. The cover continues automatically after birth and will remain valid until the age of 100. The requirement for an unborn child's Disability Cover is that a health insurance covering accidents and illnesses has been taken out for the unborn child. Medical Treatment Cover included in an unborn child's health insurance, p. 5

When the insured is an unborn child, coverable events consist of the following:

- » the insured suffers permanent disability in a road accident involving a motor vehicle
- » the insured suffers permanent disability during labour with the birth taking place no earlier than the 32nd week of pregnancy.

The amount of compensation payable to an unborn child does not depend on any diagnosed handicap class (1–20). Any any of the above events has caused a handicap of at least one handicap class, the compensation is always the entire sum insured entered in the policy document.

A handicap is considered permanent once it has been medically diagnosed as such between three and six month after birth. The cover must be valid at this time.

This insurance does not cover home births.

Death Cover

Death Cover provides your loved ones financial security if you die in an accident.

- » If you die as a result of an accident, **we will pay** your beneficiary a lump-sum that was valid when the accident occurred.

The beneficiary must be identified in writing when taking out the policy, and any changes must be submitted in writing, too.

Death Cover is valid also when you do competitive sports, or some special or high-risk sport (see pp. 11–12).

We do not compensate if you die over 3 years after the accident.

Compensation paid to a beneficiary is taxed in Death Cover the same way as in Life Insurance, see p. 16.

Death Cover for unborn child

We recommend Death Cover to be taken out for an unborn child. The cover continues automatically after birth and will remain valid until the age of 100. The requirement for an unborn child's Death Cover is that a health insurance covering accidents and illnesses has been taken out for the unborn child. Medical Treatment Cover included in an unborn child's health insurance, p. 5

When the insured is an unborn child, coverable events consist of the following:

- » the insured unborn child is stillborn as a result of a road accident involving a motor vehicle
- » the child is stillborn in week 32 of the pregnancy or later and if the reason for the death is an external factor
- » the child dies owing to an external factor during labour taking place no earlier than the 32nd week of pregnancy

The compensation is the sum entered in the insurance policy valid at the time of the coverable event.

This insurance does not cover home births.

Daily Allowance Cover

Daily Allowance Cover provides financial assistance if you become unable to work as a result of an accident.

We compensate by paying a daily allowance for the days when, as a result of the accident, you are unable to perform your normal work duties. If you are partly unable to work, we compensate a corresponding part of the daily allowance.

The amount of daily allowance is what you chose when you took out the insurance.

You will receive benefit for as many days as the disability continues in excess of the qualifying period mentioned in the policy. The deductible will be subtracted once per each accident. The qualifying period begins on the day when a doctor declares you unable to work.

You will receive a daily allowance on the basis of the accident for up to the maximum period you chose as you took out the policy.

Daily Allowance Cover is not valid also when you do competitive sports, or some special or high-risk sport (see pp. 11–12).

We do not compensate the psychic consequences of an accident unless you were in an employment relationship when the accident occurred.

Daily allowance paid under Daily Allowance Cover is taxable income to the insured person.

Living Allowance Insurance	Up to what age can you apply?	Up to what age will it be valid?	Health declaration – when do you need to submit one?
Disability Cover	99 yrs	100 yrs	When you are over 69 year old.
Death Cover	99 yrs	100 yrs	When you are over 69 year old.
Daily Allowance Cover	69 yrs	70 yrs	You are over 64 years old.

Read also about general matters related to personal insurance on pages 18-21.

The insured is the person entered in the insurance policy, although in this product description we describe the policies as if you were the insured person.

Life and Disability Insurance

It is worth pausing to think how your loved ones will manage if you should happen to die suddenly or how your daily life or finances would be affected if you became permanently disabled.

In case of death	In case of work disability
Life Insurance Helps your loved ones financially if you should die as a result of an illness or accident.	Disability cover You get financial aid if you get a permanent work disability as a result of an illness or injury.

Life Insurance

Life insurance is important for anyone, but especially if you have children, if you have taken out a big loan or if your family's livelihood depends on you. A statutory survivors' pension is often not enough to cover the absence of your income.

We will pay the valid amount of compensation to your beneficiaries if you die during the validity of the insurance. Whether the death is caused by illness or accident is irrelevant.

We do not compensate if the reason for the death was suicide within 12 months of the date when the policy was taken out.

Death benefits are subject to inheritance tax to the next of kin that are the insured person's beneficiaries. If the beneficiary is other than the insured person's next of kin, the entire death benefit is taxable capital income. Taxation is based on legislation valid when this product description went to print, which may change during the insurance period.

Who is considered next of kin for tax purposes?

The taxation terminology, 'next of kin' includes the policyholder's spouse, heirs in direct ascending or descending line, adopted child, adopted child's direct heir, foster child or spouse's child. A common-law spouse is considered a next of kin if they lived in the same household and if they have or have had a child together or were previously married to each other.

How to estimate your life insurance needs

Amount of life insurance benefit

- = family's loans
- + parent's annual gross income
- + at least EUR 20,000 per child in your care
- existing life insurance coverage
- family's existing assets

Calculate your life insurance needs at (only in Finnish). Remember that even small life insurance policy is better than none at all.

Free increase to maximum compensation

If you concentrate your insurance with OP or if you are an OP bonus customer, you will receive an annual increase to the amount of benefit.

This additional benefit is provided under the principle of equity. The solvency and financial condition report of OP Life Assurance Company Ltd is available on the op.fi website.

Single or joint cover?

You can take out Life Insurance either as single or joint cover. Joint cover is a good solution when your family's livelihood depends on two people. This is a cheaper alternative to taking out policies for two people individually. The agreed benefit is paid only once under joint cover also if both persons included in the policy die at the same time. If this happens, each one's beneficiary is entitled to half of the amount of compensation. Joint cover ends if either of the insured persons dies or turns 70, after which the insurance continues as single person cover.

NB Life Insurance is valid also when you do competitive sports, or some special or high-risk sport (see pp. 11-12).

NB You must agree separately if you want your Life Insurance to cover war or other armed conflict, for example if you are a peacekeeper.

You can select a fixed or reducing coverage for your Life Insurance or Disability Insurance

You can select a fixed or reducing coverage for both Life Insurance or Disability Insurance.

If you choose fixed coverage, the amount of benefit remains the same taking into account the annual index adjustment, and the premium increases annually.

As you become older, your loan repayments become smaller and your children get older, which means that the need for Life and Disability Insurance reduces. In other words, reducing coverage is a very good option to insure yourself. The amount of benefit is calculated in this option on the basis of insurance premium. The insurance premium remains the same taking into consideration the annual index adjustment, and the amount of benefit reduces annually until it reaches the lowest level of EUR 10,000. After this it continues as a standard fixed policy. If you take out Disability Insurance when you are over 50, the coverage is automatically reducing.

NewLife

As a parent of a child under 12 months, you can take out a life insurance policy called NewLife with a EUR 20,000 death benefit per parent. During the #Perheenlisä ("New family member") launch from 9 May 2016 to 31 December 2017, the amount of compensation is €40,000 per parent. The insurance is free for the first 12 months, and it can be granted without a health declaration.

NewLife continues after the 12 months, which is when premium payment begins. If you do not wish to continue the policy after the 12 months, you can cancel it. Such cancellation must be made in writing.

	Life Insurance	Disability cover
Insurable age	2–65 yrs, with joint cover 15–65 yrs	18–58 yrs
Up to what age will it be valid?	70 yrs	63 yrs
Health declaration	Always required.	Always required.
Fixed coverage with the amount of compensation remaining the same and the premium going up annually	For persons between 2 and 14 years, you can choose the amount of compensation between EUR 5,000 and EUR 10,000, and those between 15 and 65 years	For persons between 18 and 49, you can choose the amount of compensation to be EUR 10,000 or more.
Reducing coverage with the premium remaining the same and the amount of compensation going down annually	For persons between 15 and 65, you can choose the amount of compensation to be EUR 50,000 or more.	For persons between 18 and 58, you can choose the amount of compensation to be EUR 50,000 or more.

Disability cover

Disability Insurance offers financial security especially if you have balanced your expenses on the basis of your earned income. Statutory disability pension is determined on the basis of your earned income and will, even at best, only be about 60% of your wage or salary.

We pay you the agreed amount of compensation if, during the policy's validity, owing to an illness or injury you become permanently disabled to continue to do your work or any other work which taking into account your age and professional skills is suitable to you and ensures a reasonable living. The compensation can only be paid out when your permanent disability has continued for 3 months. The policy must also be valid during this period.

A pension paid on the basis of reduced working capacity does not automatically entitle the insured to a benefit under this insurance.

We do not compensate disability if the disability has been caused by misuse of alcohol or medicines, use of narcotics or suicide attempt within 12 months from the beginning of the validity of the insurance. We do not compensate disability that is caused during competitive, special or high-risk sports (see pp. 12–13). We do not pay compensation if you apply for it after your death.

NB You have to make a separate agreement if you want your Disability Insurance to be valid also when you do competitive sports, or some special or high-risk sport (see pp. 11–12).

Read also about general matters related to personal insurance on pages 18–21.

The insured is the person entered in the insurance policy, although in this product description we describe the policies as if you were the insured person.

General issues concerning insurance of the person

Read more about the key points of Health Insurance, Living Allowance Insurance, Life Insurance and Disability Insurance.

Insured person

The insured person is the person entered in the insurance policy.

What is a health declaration?

Next to each cover, you will find a table telling you whether you have to fill in a health declaration.

Based on the applicant's state of health, we will decide whether the policy can be granted:

1. A pre-existing illness or injury may be excluded from coverage.
2. Life and Disability Insurance may be granted as such against a higher premium.

Unfortunately there are situations under which we cannot grant the applied policy. A loss comprehensive policy may be the right solution, so do not hesitate to ask us for an offer. In some cases we will offer you an alternative policy in reply to your application.

Confidentiality: Only our experts specialising in health declarations will see the applicants' health details.

Fill in the health declaration online

Fill in the health declaration online once you have completed the online purchase or received an offer.

Adults provide their own health information, while minors' health information is submitted by the parent or guardian. The health declaration of an unborn child is filled in by the mother. One health declaration per person to be insured is enough even if you are applying for several policies at a time.

The number and content of the questions depends on which kind of coverage you are choosing and whether you want the standard or comprehensive options.

If you are a cooperative bank customer, log in to op.fi and go to 'Vakuutukset ja vahingot' (Insurance policies and claims). Then go on to Vakuutukset - Terveys selvitys to fill in the health declaration.

If you are not a cooperative bank customer, you can fill in the health declaration by logging into the Internet Service at pohjola.com using your own bank's identifier and password. Then go on to Vakuutukset - Terveys selvitys to fill in the health declaration.

Have all the information and papers available when you start filling in the health declaration form, because for data security reasons the connection will be cut off automatically if you stay on a single page for more than 20 minutes.

By sending in the health declaration, you will have accepted the insurance offer, but do wait until we have sent you confirmation that the policy has been granted to you before you terminate your existing policy. If you have chosen electronic insurance mail, your insurance policy documentation and our decision will be sent to your Internet Service. Take a moment to read through them once we have sent you an email or SMS notification.

Click on the info button on the health declaration for instructions for filling in the form. You can also ask for advice on the chat service or by phoning 010 253 1333. If you cannot find the health declaration form on the Internet Service or if you have any other problems, you can call the Internet Service support number on 010 253 6189.

Insurance coverage from before birth to up to 100 years

You can insure your unborn child with Health Insurance and Living Allowance Insurance. The policies of an unborn child's mother do not cover the unborn child. Therefore we recommend that you take out a traveller's insurance for any unborn child. Do not hesitate to ask for more information. and many policies may be kept valid up to the age of 100.

When seeking Health Insurance and Living Allowance Insurance for an unborn child, the mother fills in the health declaration online. Our requirement is that the mother is under 46 years of age at the calculated date of birth and has participated in all offered prenatal examinations and screens to determine the child's state of health. You can apply for a policy for an unborn child after the screening for structural foetal anomalies all the way up to the birth.

Note! If you are applying for insurance for your baby only after birth, the baby's own health information may affect whether the insurance will be granted at all or how extensive coverage will be.

You can apply for Health Insurance for your baby to cover medical expenses and accidents once he/she has been examined by a paediatrician.

General requirements concerning compensation

Compensation will only be paid if an insurance event occurred while the policy was valid. Furthermore, no consequence, such as an expense or disability, will be compensated if the policy was no longer valid at the time of occurrence. We will not, for example, compensate expenses incurred after coverage ended, even if, for example, an accident occurred when the insurance was still valid.

We require that any treatment and examinations have been prescribed by a doctor, conform to generally accepted medical practice and are necessary for the treatment of a coverable illness or accident.

What constitutes an accident?

An accident is a sudden, external occurrence during the validity of the policy which is beyond your control and causes bodily injury such as falling over or falling from a height. Typical accidental injuries include fractures, sprains and cuts.

Accidents also include drowning, frostbite, heatstroke or sunstroke.

The concept 'accident' does not include injury caused by

- an event caused by your illness, defect or injury
- poisoning due to medicine, alcohol or other intoxicant you used or due to a substance taken as food
- biting to a tooth or dental prosthetic
- suicide or attempted suicide.

The following are not compensated as accidents:

- hernia of the intervertebral disk, abdominal or inguinal hernia, a rupture of an Achilles tendon, long head of biceps tendon or rotator cuff, or recurrent dislocation unless the injury was caused by an accident that would also cause injury to healthy tissues.
- infectious diseases caused by a bite or sting
- the psychic consequences of an accident
- illness, defect, injury, or degeneration of the musculoskeletal system, which are not related to an accident, even if they had been symptomless before the accident
- slower recovery from accidental injury owing to illness, defect, injury or musculoskeletal degeneration.
- injuries caused by other than an external factor, such as soreness resulting from a singular exertion and movement, for example if you strain your back when lifting a heavy object.

More comprehensive coverage of accident expenses from age 60 onwards

Medical Treatment Cover, Cost Cover and Supplementary Medical Treatment Cover included in Health Insurance provide considerably better coverage against accidents once you have turned 60.

Coverage is more extensive in the following cases.

- You will be compensated even if an accident did not occur as a result of an illness, defect or injury. However, we do not compensate the expenses of the illness, defect or injury itself as accident expenses.

A 70-year-old epileptic has a seizure, falls over and gets a deep cut in his forehead. Although the cut on his forehead was caused by an accident caused by his accident, treatment of the cut is compensated for the duration that it normally takes for such an injury to heal.

- You receive expenses compensation for 4 months even though an illness, defect, injury or musculoskeletal degeneration has significantly contributed to the accidental injury. However, we will not compensate the costs of an illness, defect, injury or musculoskeletal degeneration that materially contributed to the accident as accident costs.

A 61-year-old man is playing tennis. He jumps to reach the ball and twists his ankle when landing, feeling strong pain in the ankle. He is diagnosed to have torn his Achilles tendon. Because medical studies indicate that a healthy Achilles tendon should not rupture in this manner, it is likely that the rupture was caused by a degenerative illness of the tendon. This means that the rupture will not be compensated as an accident. Although an illness unrelated to the accident has materially contributed to the injury, we will compensate for the costs for Achilles tendon rupture only for up to 4 months.

- You will receive compensation in addition to a period in which conventional medicine considers that recovery should have been made for another four months at the most, although an illness, defect, injury or musculoskeletal degeneration unrelated to the accident has made recovery take longer. However, we do not compensate as accident costs any costs that are the result of delayed recovery owing to illness, defect, injury or musculoskeletal degeneration.

A 63-year-old man with osteoporosis loses his balance and falls down the stairs and breaks his shin bone. On the basis of general medical experience it takes about 4 months for a fractured shin-bone to heal. He goes back to the doctor's after six months as symptoms persist. The doctor finds out that the fracture has not yet ossified and that the bone is osteoporotic. The doctor finds out that the fracture has not yet ossified and that the bone is osteoporotic. Although the osteoporosis slows down the healing, we will compensate for expenses caused by the injury not just for what is medically considered the normal recovery period but for an additional 4 months.

What are the medical conditions specified in the terms and conditions? Why should you be insured against them?

The medical conditions specified in the terms and conditions are strain or rupture of tendon, tendinitis or degeneration of tendon, intervertebral disk, abdominal, umbilical or groin hernia, rupture of meniscus in the knee or dislocation of kneecap.

It is advisable to be insured against such specified medical conditions, because they are usually not compensated as accidents although they often emerge in connection with accidents.

What does maximum compensation mean?

Each type of cover chosen for Health Insurance and each type of expenses within a cover has a maximum compensation which will not be exceeded. Each compensation paid to you reduces the amount that can still be paid out to you. Once compensation has been paid to the maximum amount of compensation, the cover and payment of compensation ends.

What does 'amount of compensation' mean?

Amount of compensation means the maximum monetary amount that we will pay per coverable event.

Amount of compensation is available to and the Disability Cover, Death Cover and Daily Allowance Cover included in Living Allowance Insurance, and to Life Insurance and Disability Insurance.

What do 'deductible' and 'qualifying period' mean?

A deductible means the amount of coverable expenses that you must pay.

In Health Insurance, the deductible per insurance period means that we will charge the deductible entered in the policy document (often €100) for each insurance period. The deductible will be charged for all expenses under the cover in question that you make a claim for during the same insurance period. Under Supplementary Medical Treatment Cover, Cost Cover and Athletes' Supplementary Medical Treatment Cover, the deductible will be charged as explained below.

Supplementary Medical Treatment Cover, Cost Cover and Athletes' Supplementary Medical Treatment Cover under Health Insurance can each be chosen in case of more than one type of expense. The expenses of each of these covers come with their own, independent deductible. For example, if you have selected both psychotherapy costs and functional therapy costs for Supplementary Medical Treatment Cover, both of the selected costs have their own separate deductible. If, therefore, coverable costs are incurred from both psychotherapy and functional therapy, a

separate deductible selected for psychotherapy is deducted from the psychotherapy costs, and a separate deductible selected for functional therapy is deducted from the functional therapy costs. The deductible will be charged for each compensation for which a claim has been made in the same insurance period.

In practice you can make a claim as soon as you have first paid for the expenses yourself and applied for any Kela reimbursement. Once the deductible is exceeded, we will transfer the compensation amount to your bank account.

A qualifying period refers to the days following an accident when no compensation is paid yet. A qualifying period is applied to the Daily Allowance Cover included in Living Allowance Insurance and to the Home help expenses under Supplementary Medical Treatment Cover included in Health Insurance.

In case of loss or damage

If you fall ill or injure yourself, you have at your disposal our extensive network of partner doctors that covers the entire country. This will ensure that you have quick access to excellent treatment.

The contact details of our partner doctors and easy instructions are always within your reach:

- vahinkoapu.op.fi
- op.fi
- Insurance services number +358 (0)10 253 133

According to our insurance terms and conditions, we can refer your examination or treatment to be carried out by one of our partners. If, however, owing to difficult circumstances, you cannot go to any of our partners, for example if your injury requires urgent treatment, you can first go to the closest doctor and after that use one of our partners.

Fill in a loss report by logging into op.fi or pohjola.com using your bank credentials.

Please see op.fi or pohjola.com for the claims forms and instructions for **Life and Disability Insurance**.

Insurance pricing

Each insurance policy and the cover it includes are priced individually. The factors affecting the price vary from one policy to the next. We will try to price each type of insurance to correspond with the risks as closely as possible. The total price depends on the personal information of the insured and the insurance coverage choices.

The table below shows the factors affecting the policy price at the time of purchase and also during its validity.

Insurance pricing	Health Insurance	Living Allowance Insurance	Life Insurance	Disability cover
Age of insured person	•	•	•	•
Insured person's year of birth			•	•
Place of residence	•			
Whether the insured is covered by National Health Insurance (Kela)	•			
Age of mother if the insured is an unborn child	•			
Dental status in Dental Cover	•			
Chosen cover and any expenses included under it	•	•	•	•
Which risks and expenses are covered (for example, are only accidents covered, or both accidents and illnesses)	•			
Chosen maximum compensation or sum insured	•	•	•	•
Chosen deductible	•	•		
Has the policy been extended to cover expenses abroad, too?	•			
Does coverage extend to competitive sports, special sports or high-risk sports?	•			•
Chosen sports that are covered	•			
Chosen qualifying period in Daily Allowance Cover		•		
Individual cover or joint cover			•	
Is the chosen amount of compensation reducing or fixed?			•	•

Change in premium

The premium changes annually when the value of a pricing factor (such as the insured person's age) or attribute (such as the insured person's domicile) changes. The premium level changes annually in particular on the basis of the age of the insured person, because this has been found to correlate heavily with claims paid to customers. We weigh the effect of the policy's existing pricing factors, such as age, on the premium price on the basis of claims paid out, and review the price to ensure that the price can meet the potential risk involved.

Because insurance of the person is often a long-time agreement, the price may change considerably in the long run. The change will take effect from the beginning of the next insurance period following the change.

Example of premium changes of Health Insurance

During its validity, the price of a Health Insurance policy is affected by the age of the insured person and municipality of residence, among other things.

The insured person is 30 years old and living on Savonlinna at the commencement of the policy. Later, at the age of 50, the person has moved to Helsinki, and the price has gone up, because the factors detailed earlier that affect the price have changed.

We also review the prices annually, if necessary, in accordance with the general terms of contract, on the basis of claims expenditure and under other insurance terms and conditions.

In addition to the above, the insurance company has the right to make price changes as a result of bonus and customer loyalty and other similar reasons. The premium amount is affected, at the time the policy is taken out and also later during its validity by any customer benefits and discounts, the amounts of which and the grounds for granting them, and duration and validity periods may change, for example, when a fixed-period discount or campaign discount comes to an end.

The maximum compensation and amount of compensation is tied to changes in the latest index series of the consumer price index. The adjustment index used is the index for September of the calendar year preceding the first day of the insurance period. Index-linkage ensures that maximum compensation and amount of compensation remain at the right level despite inflation.

Contact us when your life situation or your insurance needs change

- You want to check your insurance cover.
- You are moving abroad.
- You need insurance cover for competitive sports, special sports and high-risk sports.

Points to note

General cover restrictions and exclusions

We do not cover any loss or damage caused wilfully or through gross negligence. Moreover, the insurance policies do not cover nuclear accidents or loss or damage indemnified under a specific guarantee, law or other agreement.

Inception and termination of insurance and the minimum payment

Your policy will come into force as soon as we have received your insurance application. If you wish, you may choose a later date of commencement. If the policy cannot be granted, we are not responsible for any damage. The insurance will remain effective for an agreed fixed period or until further notice but you may give notice of termination of the insurance at any time.

Note! During the insurance period, we may charge an insurance-based minimum premium.

If the bill for the premium is not paid by the due date, we can terminate your insurance contract automatically with two weeks' notice. We also charge penalty interest and collection costs.

The insurance can also be terminated if the policyholder or the insured has

- provided incorrect information
- failed to observe the safety regulations
- caused loss or damage wilfully or through gross negligence
- increased the risk of loss or damage, for example by giving property to the use of a third party.

The policy may be changed annually

We have the right to alter the insurance terms and conditions, and premiums and other terms of contract at the end of your insurance period on the basis of

- new or amended legislation or a regulation issued by the authorities
- unforeseen change in circumstances, such as an international crisis
- a change in the claims expenditure for the insurance
- a change in interest rates concerning life insurance.

Please note that various price factors affect the insurance premium at the moment of purchase and that, on that basis, the payment may also change while the insurance is valid.

We may also make minor changes to the insurance terms and conditions and other terms of contract provided that the changes do not affect the primary content of the insurance contract.

How to claim indemnity

A claim for compensation must be made within 12 months from the date when you became aware of the insurance and received information about the loss or damage and its consequences and, at the latest, within 10 years of the occurrence of the loss or damage or, in the case of insurance taken out against bodily injury or liability for damages, the damaging consequences were caused.

For advice concerning compensation and insurance policies,

phone our insurance policy and claims service number on +358 (0)10 253 1333

Insurance and financial advice is provided by

- The Finnish Financial Ombudsman Bureau (FINE) provides insurance and financial advice on +358 (0)9 685 0120, www.fine.fi

If you wish to file a complaint or an appeal, please contact

- Customer ombudsman asiakasasiamies@op.fi
- The Finnish Financial Ombudsman Bureau and Insurance Complaints Board (FINE), tel. +358 (0)9 685 0120, www.fine.fi
- Consumer Disputes Board, tel. +358 (0)10 366 5200, www.kuluttajariita.fi
First visit: www.kuluttajaneuvonta.fi.
- Traffic Accident Board, tel. +358 (0)10 286 8200, www.liikennevahinkolautakunta.fi

You may also submit the case to court within three years of our decision.

Insurance sales commissions

OP Insurance Ltd and Eurooppalainen Insurance Company Ltd will pay a commission that is either a percentage of the insurance premiums or a fixed fee based on the number of policies sold. The commission and its amount is affected by the insurance product and sales channel. The commission is paid to the agent or insurance company employee.

OP Life Assurance Company Ltd will pay the agent a percentage-based fee on the basis of insurance premiums.

Confidentiality

We will handle your personal data according to the law, Privacy Statement and Privacy Policy and also make use of automatic decision-making in insurance and claim settlement decisions.

When you buy an insurance policy, any automatic decision to grant the policy will be based on the information you have submitted, our customer register and the credit information register, in accordance with our customer selection guidelines. Should a loss occur, any automatic decision by us will be based on the loss details you have provided, on the insurance terms and conditions and our customer register. The insurance policy is also terminated automatically in the event of the non-payment of premiums.

Read more about privacy protection at uusi.op.fi/dataprotection

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OP Insurance Ltd, Business ID 1458359-3; Helsinki
Gebhardinaukio 1, FI-00013 OP.

OP Life Assurance Company Ltd, Business ID 1030059-2, Helsinki
Gebhardinaukio 1, FI-00013 OP.

Domicile: Helsinki, main line of business: insurance operations

Pooling our resources.

