

Reader's guide to the insurance conditions

The purpose of insurance conditions

Pension and insurance schemes established with Danica Pension are governed by Danica Pension's terms and conditions for insurance. The conditions describe in details

- how you notify a claim
- the situations and events that trigger the disbursement of insurance benefits
- the rules applying to the various types of insurance cover under the your policy
- the financial aspect of your insurance policy
- when and how you are covered by the insurance
- the conditions that apply to all insurance policies in general

How to get an overview of your insurance cover

The table of contents – which you will find just after this reader's guide – enables you to get an overview of what your pension scheme or insurance policy contains. If you need detailed information about the events that may result in your receiving insurance benefits, the table of contents will guide you through to the right spot.

Important information

If you do not contribute to your pension scheme or pay your premiums through your employer, we will remind you when payment of the contribution or premium is due. However, it is important to note that you must always remember to update us on your situation to maintain your eligibility for the insurance cover you have chosen. This means that you must notify us if

- you stay abroad or move to another country for more than one year
- become ill
- have an accident
- you wish to change your beneficiary or beneficiaries

If you move to another country or the like, your insurance cover eligibility is cancelled either immediately or after a certain period. Therefore, it is important that you notify us so that we can inform you about the duration of your insurance cover.

Glossary

We are aware that it may be difficult to understand some of the words and concepts we use in the insurance conditions. Therefore, we have made a list with explanations of the most difficult words and concepts.

The policyholder

- establishes the pension scheme or takes out insurance with us
- receives the pension or insurance benefits unless it has been agreed that others should receive the benefits in whole or in part
- is responsible for the premium and any single premiums being paid on time
- owns the insurance
- has full vesting of the insurance unless the policyholder has restricted the vesting right or assigned it to someone else.

Insured and co-insured

- are the persons on whose life and health the insurance has been taken out.

Designated beneficiary

- is the person to whom the pension or insurance benefits are disbursed or assigned on the policyholder's death.

The insurance event

- is the event, loss or risk that makes the insured eligible to receive the insurance benefit.

Occupational pension scheme

- is the agreement on pension savings and insurance cover which an employer has taken out with us. Under group schemes, the employer is the policyholder and the employee the insured.

Group scheme

- is the insurance written for a defined group of people, such as all the employees of a company. Such schemes may be either voluntary or compulsory.

The Danish Financial Supervisory Authority (the Danish FSA)

- is an administrative authority under the Danish Ministry of Economic and Business Affairs
- supervises the Danish financial industry, including pension and insurance providers
- ensures that the conditions applying to the policyholder and other beneficiaries under the insurance contract are satisfactory and reasonable and that they observe the provisions stipulated in Sections 20 and 21 of the Danish Financial Business Act
- receives regular reports from us which must specify the technical basis, applicable at any time, for the computation of premiums and regulations, paid-up policies, surrender values, bonuses, etc.

The waiting period

- is the period of time until benefits are paid out to the insured after submitting the claim and having satisfied all the conditions for receiving compensation under the insurance.

General insurance conditions of Danica Pension

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General insurance conditions

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Notification of claim

How to file a claim

To report an insurance event, you have to fill in and sign a special form, which we send you on request. You can also download it from Danica Pension's website.

Please note that you must observe a special set of rules when notifying a claim under the Health insurance cover.

Health insurance

The insured must notify us immediately if the insured has an accident or contract an illness covered by the Health insurance. The insured and the attending healthcare staff each complete their part of the claims form. The section on "Cover of Health insurance" defines the various accidents and illnesses covered by the insurance.

Danica Pension covers only expenses incurred for treatment that has been approved in advance.

When notifying a claim for benefits, the insured must inform us whether the insured are covered elsewhere for the same risk. If so, our cover will be reduced or cancelled altogether as the insured cannot take out double insurance against the same risk with two different insurance providers.

Cover

Cover of Health insurance

The Health insurance consists of a basic module and supplementary modules at the insured's option.

Qualifying for benefits

Benefits are disbursed to cover expenses for treatment on the following conditions:

- The insured suffers from an illness or conditions resulting from an accident and, according to general medical opinion, would recover or get better if the insured receives proper treatment (medical or surgical treatment or the like).
- The insurance cover has commenced, and the diagnosis is made and given to the insured before the insurance period expires.
- The insurance cover has already commenced the first time the insured sees a doctor or receives treatment for an illness or injury. If the insured has received treatment for an illness or injury before the insurance cover commenced, the insurance does not provide cover for any subsequent complications. Treatment must be provided by a health care professional authorised or licensed by the Danish National Board of Health.
- The treatment is prescribed by a doctor.
- The treatment is reasonable according to general medical opinion.
- The treatment is provided in Denmark by a specialist medical practitioner, excluding specialist physicians, or at a private hospital. The list of major private hospitals is available on our

website and is regularly updated. The insurance does not cover treatment provided in Greenland and the Faroe Islands.

- The insurance does not cover treatment received more than three months after the insurance cover expired, irrespective of the cause of the expiry.

If we recommend certain hospitals or clinics, and the insured chooses to receive treatment elsewhere, we can decide to cover only the expenses that correspond to our estimated price for a treatment at the recommended hospitals or clinics.

We may determine that the insured must receive medical treatment at a certain hospital or clinic.

The insurance covers the insured's actual costs after deduction of public reimbursements and reimbursements from other health insurance agreements. The annual maximum insurance amount is specified in the statement of cover. The amount covers the benefits payable under the basic module and any supplementary modules at the insured's option.

Important when submitting a claim at the expiry of the insurance cover

The notification of a claim must have reached us no later than six months after the insurance cover has expired irrespective of the cause of the expiry. Claims received at a later date will not be covered by the insurance.

Basic module

The basic module covers expenses incurred for

- 1. consultation and preliminary examination**
- 2. operation**
- 3. medicine during hospitalisation**
- 4. accommodation and meals**
- 5. follow-up consultation**
- 6. outpatient retraining**

The Exclusions section specifies what the insurance does not cover.

1. Consultation and preliminary examination

The insurance covers the insured's expenses for consultation and preliminary examination. The insurance also covers expenses incurred for other examinations, such as X-ray examinations or lab analyses, required in connection with the consultation/preliminary examination to diagnose an illness.

To become eligible for compensation, the consultation/preliminary examination must either lead to a diagnosis and subsequent treatment in a private hospital or by a specialist medical practitioner, or the consultation/preliminary examination must be considered reasonable and relevant, in our medical opinion, to determine whether the insured suffer from illness.

2. Operation

The insurance covers the expenses of an operation irrespective of whether the insured is an outpatient or inpatient. The insurance also covers expenses for temporary adjuncts for medical care, the price of which is at least DKK 1,000 per item, required for post-operative care, excluding retraining. The adjuncts must be prescribed by the attending doctor, and the expenses of such are covered up to six months after the operation took place.

3. Medicine during hospitalisation

The insurance covers expenses incurred for medicine treatment while the insured are hospitalised.

4. Accommodation and meals

The insurance covers expenses incurred for the insured's accommodation and meals at a private hospital.

5. Follow-up consultation

The insurance covers the expenses incurred for a follow-up consultation covered by the insurance, including X-ray examinations and lab analyses. If required, the insurance covers additional follow-up consultations not later than one year from the last day of treatment.

6. Outpatient retraining

The insurance covers the insured's expenses for outpatient retraining on condition that

- the insured have been operated for an illness or injury covered by the insurance
- the retraining has been prescribed by the insured's doctor or the place of medical treatment
- the retraining takes place at a private hospital, specialist medical practitioner or physiotherapist
- the retraining takes place in Denmark within six months from the day of operation.

The insurance does not cover expenses incurred for temporary adjuncts for outpatient retraining.

Exclusions

The basic module does not cover expenses incurred for treatment of an illness or injury as a result of an accident induced intentionally or by gross negligence. This applies regardless of the insured's state of mind at the time of the accident. An accident is defined as a sudden, external event – unintended by the insured – that results in proven injury to the insured's body. If the insured's arms or legs are injured, however, we require only that the insurance event should be sudden and result in a proven injury.

The basic module does not cover expenses incurred for examination and treatment

- by general practitioners
- at casualty wards
- unavailable in Denmark at approved private hospitals or specialist medical practitioners
- performed abroad, including Greenland and the Faroe Islands
- of a general or preventive nature
- of mental diseases, including dependence of gambling
- of HIV infection and complications caused directly or indirectly by the HIV infection
- of involuntary childlessness, pregnancy or delivery, including miscarriage.

Additional exclusions

- prescribed medicine if the insured are not hospitalised
- expenses incurred for transport, accommodation and meals in connection with treatment in Denmark
- chronic dialysis treatment
- organ transplant
- eye-surgery correcting short- and long-sightedness or astigmatism
- cosmetic treatment and surgery, except breast reconstruction after removal of tumour and treatment resulting directly from an accident

- treatment of dependence or abuse of medicine, alcohol or other drugs, including any resulting conditions
- dental treatment, except treatment of dental injury resulting directly from an accident covered by the insurance, for instance the resetting of a jaw fracture by surgery (must be performed by a dentist at a hospital on the basis of a medical opinion)
- acupuncture
- obesity surgery or treatment irrespective of the reason for the surgery or treatment
- alternative treatment – that is, when the practitioner is not authorised or licensed by the Danish National Board of Health.

The basic module does not cover expenses incurred for treatment as a result of

- participation in fights
- accidents caused by self-inflicted intoxication
- accidents caused by abuse of alcohol or self-inflicted influence of drugs or other toxins
- attempted suicide and any resulting conditions
- participation in dangerous sports, such as motor racing, bobsleighbing, tobogganing, boat racing, rafting, mountain climbing, rappelling, hang gliding, parasailing, paragliding, stunt flying, ultra light flying, ballooning, parachuting, kendo, wing tsun, Thai boxing, kick boxing, tractor pulling, Australian football, and diving outside Danish territory
- release of nuclear energy, war or war-like conditions, including civil war.

The basic module does not cover complications that arise as a result of examinations or treatments specified in the Exclusions section.

Module 1

The insured has chosen to supplement the cover provided under the health insurance with module 1. Module 1 covers expenses incurred for treatment of illnesses and accidents as follows:

- 1. medicine**
- 2. physiotherapy**
- 3. chiropractic treatment**
- 4. zone therapy**
- 5. acupuncture**
- 6. psychologist consultation**
- 7. dietician**

1. Medicine

The insurance covers medical expenses up to six months after the first day of treatment.

It is a condition that the medicine is dispensed on doctor's prescription only and is part of the treatment.

2. Physiotherapy

The insurance covers expenses incurred for up to eight treatments by a physiotherapist within one calendar year provided the insured have been referred by a doctor.

The treatments must take place in Denmark and be part of the treatment of the insured's illness or condition following the accident.

3. Chiropractic treatment

The insurance covers expenses incurred for up to five treatments by a chiropractor and one X-ray examination within one calendar year.

The treatments must take place in Denmark and be part of the treatment of the insured's illness or condition following the accident.

4. Zone therapy

The insurance covers expenses incurred for up to eight treatments by a zone therapist within one calendar year.

Cover is subject to the following conditions:

- the treatments take place in Denmark and are part of the treatment of the insured's illness or the insured's condition following the accident
- the zone therapist is a certified registered alternative therapist – (Registreret Alternativ Behandler (RAB)) – will appear from the original bill and the claims form

5. Acupuncture

The insurance covers expenses incurred for up to eight treatments by an acupuncturist within one calendar year on the following conditions:

- the treatments take place in Denmark and are part of the treatment of the insured's illness or the insured's condition following the accident
- the acupuncturist is a doctor or a certified registered alternative therapist – (Registered Alternativ Behandler (RAB)) – will appear from the original bill and the claims form

6. Psychologist consultation

a. Subsidised by the Danish Health Care Service

The insurance covers expenses incurred for up to 12 consultations at a certified, practising psychologist in Denmark within one calendar year.

The insurance covers up to 12 consultations that relate to the same insurance event.

Cover is subject to the insured having been referred by a doctor.

b. Not subsidised by the Danish Health Care Service

The insurance covers expenses incurred for up to eight consultations at a certified, practising psychologist in Denmark within one calendar year. The consultations must relate to the same insurance event.

The statement of cover lists the maximum cover per consultation.

Cover is subject to the insured having been referred by a doctor in writing and not being eligible to receive reimbursements from the Danish Health Care Service.

The insurance provides cover under either 6.a or 6.b for the same insurance event.

7. Dietician

We cover the insured's expenses incurred for up to ten consultations at a clinical dietician. The insurance covers expenses incurred for up to two sessions of treatment within the entire insurance period. The interval between the two sessions must be at least 12 months. Cover is provided on the following conditions:

- the insured has been referred to the dietician by a doctor
- the insured's BMI score (body mass index) is 35 or higher.

Module 2

The insured has chosen to supplement the cover provided under the health insurance with module 2. Module 2 covers expenses incurred for treatment of illnesses and accidents as follows:

- 1. temporary home care**
- 2. rest cures and stays at a health resort**
- 3. treatment abroad**
- 4. transport to and from Denmark**
- 5. companion's transport and accommodation if the insured receives treatment abroad**
- 6. increase of maximum annual benefit**

If the insured is diagnosed with cancer or a disease in the locomotive system when taking out the insurance

The insurance covers the insured's expenses incurred for treatment of cancer or a disease in the locomotive system irrespective of the diagnosis having been made before the insured took out the insurance and the insured having received treatment.

If the insured is transferring from another insurance company, we also cover expenses for treatment of diseases other than cancer or a disease in the locomotive system that arose while the insured was insured by the transferring insurance provider, but only if the transferring provider is not under a contractual obligation to cover these expenses.

1. Temporary home care

The insurance covers expenses incurred for temporary home care at our discretion. Temporary home care includes personal hygiene assistance, help with getting dressed and undressed, cleaning help and help with the grocery shopping. The insurance covers expenses incurred for the number of hours within one calendar year specified in the statement of cover.

Cover is subject to the temporary home care being

- necessary because of the insured's illness or the insured's condition following the accident. The doctor's diagnosis and the treatment of the insured's illness or the insured's condition following the accident must be given within the insurance period
- prescribed by a general practitioner or the attending doctor
- performed by the local authority or a home care business.

2. Rest cures and stays at a health resort

The insurance covers expenses incurred for rest cures and stays at a health resort in Denmark at our discretion. The annual maximum insurance amount is specified in the statement of cover.

Cover is subject to the following conditions:

- the cure or stay takes place in continuation of the insured's hospitalisation because of the insured's illness or the insured's condition following the accident. The doctor's diagnosis and the treatment of the insured's illness or the insured's condition following the accident must be given within the insurance period
- the treatment is reasonable according to general medical opinion
- the treatment is prescribed by a doctor

- the rest cure or health stay resort is on our list of such approved resorts. The list is updated regularly.

3. Treatment abroad

The insurance covers expenses incurred for medical treatment at a private hospital abroad. The maximum insurance amount will not be more than 30% higher than our estimated price for treatment in a Danish private hospital. If the treatment is not offered by private hospitals in Denmark, the annual maximum insurance amount is specified in the statement of cover.

4. Transport from and to Denmark

The insurance covers expenses incurred for a flight ticket from and to Denmark.

The statement of cover specifies the maximum insurance amount that we cover for the insured's return flight.

The insurance does not cover the transport costs of the insured's repatriation if the insured dies abroad.

5. Companion's transport and accommodation if the insured receive treatment abroad

The insurance covers expenses that we and a doctor consider necessary and reasonable of a companion's transport, accommodation and meals if the insured receives treatment abroad. The statement of cover specifies the maximum insurance amount that we cover for the insured's return flight and accommodation per day.

Cover is subject to the insured having made an arrangement with us in advance that the insured brings a companion.

6. Increase of maximum annual benefit

We increase the maximum annual benefit by DKK 500,000 compared with the benefit payable under the basic module. The increased amount is specified in the statement of cover.

Module 4

The insured has chosen to supplement the cover provided under the health insurance with module 4. Module 4 covers expenses incurred for treatment of illnesses and accidents as follows:

- 1. ADDIS test, diagnosis of dependence of medicine and/or alcohol**
- 2. preliminary examination and treatment of dependence of medicine and/or alcohol**
- 3. preliminary examination and treatment of dependence of other drugs**
- 4. preliminary examination and treatment of dependence of gambling**
- 5. medicine**
- 6. follow-up consultation**

The insurance does not provide cover under module 4 until 12 months after the commencement date of the supplementary cover, irrespective of when the insured's dependence or abuse began. The insurance covers expenses incurred for up to two sessions of treatment of dependence of medicine, alcohol and/or other drugs after the first 12 months of the insurance period until the insurance expires.

1. ADDIS test, diagnosis of dependence of medicine and/or alcohol

The insurance covers the insured's expenses for being tested for dependence of medicine and/or alcohol (ADDIS test), provided the insured can produce a written medical report.

2. Preliminary examination and treatment of dependence of medicine and/or alcohol

The insurance covers expenses incurred for the following examinations and treatments of dependence of medicine and/or alcohol:

- preliminary examination
- treatment
- accommodation
- meals.

The insurance also covers expenses incurred for outpatient's treatment and other treatment as a result of the insured's dependence.

Cover is subject to the following conditions:

- in the opinion of the attending practitioner at the place of treatment, there is a realistic chance that the insured will recover
- the insured is able to produce a written medical certificate
- any former treatment covered by the insurance has been completed
- the place of treatment is situated in Denmark and is on our list of approved places of treatment. The list is updated regularly.

3. Preliminary examination and treatment of dependence of other drugs

The insurance covers expenses incurred for the following examinations and treatments of dependence of drugs other than medicine and/or alcohol:

- preliminary examination
- treatment
- accommodation
- meals.

The insurance also covers expenses incurred for outpatient's treatment and other treatment as a result of the insured's dependence. Drugs other than medicine and alcohol are defined as cannabis and benzodiazepines, such as sleeping drugs and tranquilisers, as well as centrally stimulating substances, such as amphetamine and ecstasy. If the insured is a needle addict, the insurance does not provide cover for expenses incurred for treatment of drug dependence.

Cover is subject to the following conditions:

- in the opinion of the attending practitioner at the place of treatment, there is a realistic chance that the insured will recover
- any former treatment has been completed
- the insured is able to produce a medical report stating that the insured requires treatment for the insured's dependence of a drug other than medicine and alcohol
- the place of treatment is situated in Denmark and is on our list of approved places of treatment. The list is updated regularly.

4. Preliminary examination and treatment of dependence of gambling

The insurance covers expenses incurred for the following examinations and treatments of dependence of gambling:

- preliminary examination
- treatment
- accommodation

- meals.

Cover is subject to the following conditions:

- in the opinion of the attending practitioner at the place of treatment, there is a realistic chance that the insured will recover
- any former treatment has been completed
- a doctor has referred the insured in writing to treatment for the insured's dependence of gambling
- the place of treatment is situated in Denmark and is on our list of approved places of treatment. The list is updated regularly.

5. Medicine

The insurance covers expenses of medicine prescribed during and after the treatment during the first six months after the insured has been discharged from the place of treatment.

It is a condition that the medicine has been described by a doctor at the place of treatment and is part of the treatment for dependence of medicine, alcohol or other drugs.

6. Follow-up consultation

The insurance covers expenses of follow-up consultation during the first 12 months after the insured have been discharged from the place of treatment.

Cover is subject to the expenses of follow-up consultation being reasonable according to general medical opinion.

Premiums, benefits and costs

Payment of premiums

The following sections deal with the payment of premiums.

Date of payment

The first regular premium and/or single premium fall due at the commencement of the insurance. Subsequent premiums fall due on the dates specified in the statement of cover.

Method of payment

Regular premiums and/or the single premiums are paid according to agreement. If the policyholder chooses to pay the regular premiums and/or single premium by payment forms, we will send the form to the payment address given. The Danish national registration office automatically notifies us if the policyholder moves. However, if the payment address is not identical to the policyholder's registered home address, the policyholder must personally notify us accordingly.

Due date of payment

The premium falls due for payment three weeks from receipt of the inpayment form. If the policyholder receives the inpayment form or notice of payment later than three weeks before the due date of payment, the premium must be paid not later than three weeks from receipt of the

inpayment form. The rules governing the payment of premiums are subject to the Danish Insurance Contract Act prevailing at any time. The policyholder pays any expenses relating to the payment of premiums.

Non-payment

If the regular and/or single premium is outstanding, we send the policyholder a reminder not earlier than two weeks from the due date of payment. The reminder will state that cover under the insurance will discontinue if the outstanding premium is not paid within three weeks from receipt of the reminder. We are entitled to charge a fee for sending out reminders.

Cessation of premium payment

Payment of premiums ceases

- according to agreement
- when the insurance benefit is disbursed according to agreement
- when the insured dies.

Adjustment of premium and benefits

We have agreed that the total premium is adjusted upwards annually at the renewal date.

Adjustment of Health insurance

The insurance forms part of a group scheme and is established with a premium that is increased annually on the basis of the composition of the group in terms of age and gender. Unless otherwise agreed, the premium is increased at the annual renewal date of the policy, which is the first day of a new insurance year.

At the same time, we adjust the premium according to the indices of average earnings in the private sector published by Statistics Denmark. The adjustment reflects the correlation between the July indices of the past two years. If Statistics Denmark stops preparing the indices of average earnings in the private sector, we may apply a similar index published by Statistics Denmark.

Increase of premium and change of insurance conditions

The following sections specify when we may raise the premium and when we may change the insurance conditions of non-life insurance.

Premium increase

We are entitled to increase the premium if we change our corresponding tariff premiums. The policyholder will be notified in writing at least one month before the day on which the change takes effect, which will be the next renewal date, unless we specify a later date. If the insurance is a paid-up policy, we cannot increase the premium but may instead proportionately reduce the benefits payable.

If the policyholder does not accept the premium increase, he/she is entitled to terminate the policy. In that case, the insurance will terminate as of the date on which the change would have taken effect.

Change of the insurance conditions

We may change the insurance conditions if the conditions of the insurance cover are changed generally. The policyholder will be notified in writing at least one month before the day on which the change takes effect, which will be the next renewal date, unless we specify a later date.

If the policyholder does not accept the general change in the insurance conditions of the insurance cover, he/she is entitled to terminate the policy. In that case, the insurance will terminate as of the date on which the change would have taken effect.

Occupational pension scheme

If the insurance is taken out under an occupational pension scheme, the insured cannot terminate the mandatory parts of the insurance owing to changes in the premium or the insurance conditions.

Disbursement of benefits

The following sections explain when and how benefits are disbursed following your notification of a claim.

Disbursement of benefits following notification of a claim

Benefits are disbursed as soon as we have received the information necessary for us to assess our obligations under the insurance and determine the size of the benefit. Benefits are automatically credited to your *NemKonto* account. This means that you do not need to notify us in case you change your bank or account. If you are in doubt as to which account is your *NemKonto* account, contact your bank.

If you want us to use an account other than your *NemKonto* account for your benefits, please write to us, specifying the full account number, including branch sorting code. Always remember to state your CPR number (civil registration number) when contacting us. If, on a previous occasion, you have made clear that you do not want to use your *NemKonto* account for this type of transactions, we naturally comply with your instructions. Please note that disbursement of benefits by cheque or the like may be subject to a fee.

Electronic exchange of information

Since Danica Pension and the *NemKonto* system will be exchanging your *NemKonto* account number and your CPR number, the Danish Act on the Processing of Personal Data lays down that we must notify you of the following circumstances:

The Danish Agency for Governmental Management is responsible for maintaining and updating data and for establishing and running the *NemKonto* system. The company KMD A/S is responsible for the day-to-day operations of the *NemKonto* system. We only exchange information about you to be able to disburse one or more amounts to your *NemKonto* account.

In practice, Danica Pension sends a payment order, including information about your CPR number, to KMD A/S, which adds your *NemKonto* account number to the payment order which is then carried out. You can always ask *NemKonto* Support what information *NemKonto* has registered about you. If it turns out that the information is incorrect, it is of course possible to correct it. If you have a digital signature for use in Denmark, you can view and edit the information at www.nemkonto.dk.

Having acknowledged receipt of the claims report, we will notify you of the information we will need to determine the size of the benefit. We base our calculation on the insurance cover applicable at the time of the insurance event unless otherwise stated in the insurance conditions of the individual insurance cover.

Disbursement of benefits under the health insurance

If we are to cover more than one bill for the same insurance event, we compensate the insured the total amount when the session of treatment is complete. We disburse benefits not later than one month after we have received the information necessary for us to assess our obligations and determine the size of the benefit. If the benefit exceeds a certain limit determined by Danica Pension, nonetheless disbursement will take place.

The insured is responsible for giving us the requisite information and authorising us to obtain medical details for our assessment of the insured's claim. The insured must also consent to our passing on information about the insured to other parties in order for us to disburse benefits to the insured. If we do not receive the information, we are not obliged to pay benefits.

We settle bills directly with the place of treatment or refund the insured's expenses paid afterwards. The insured must send us the original bill to obtain a refund of the insured's expenses. The bill must be specified and the insured's payment acknowledged by the place of treatment. The insured's CPR number (civil registration number) or the insured's insurance/policy number must also be stated on the bill.

Danica Pension draws up a number of guidelines for the way bills are to be settled. If the insured decides that the insured wants to receive benefits or be compensated otherwise, we may charge an administration fee.

Extent and period of cover

Insurance contract

We have established the agreement relying on the information given in the proposal form by the policyholder, the insured or co-insured being satisfactory and correct. This also applies to information given in other statements and certificates.

Incorrect information

If the information given is unsatisfactory or incorrect, it may affect the policyholder's and any beneficiaries' right to receive benefits under the insurance.

According to circumstances, the benefits payable under the insurance may be reduced or, at worst, be cancelled altogether. The specific provisions are stated in Sections 4 to 10 of the Danish Insurance Contracts Act and stipulate that

- if the policyholder states incorrect information with intent to defraud, the right to receive benefits is lost
- if the policyholder in any other way states incorrect information, the insurance cover will be reduced to the cover we would have written at the agreed premium, had we received the correct information.

The provisions apply notwithstanding who provides the incorrect information: the insured, the beneficiary or any other person who may have an interest in the insurance.

We may neither reduce nor cancel the disbursement of benefits if the policyholder did not know or could not have known that the information was incorrect.

Please note that the provisions above also apply to the following circumstances:

- when the policyholder resumes the payment of premiums
- when the policyholder increases the premium
- when the policyholder changes the insurance in any other way.

Commencement

Health insurance

The insurance cover commences as of the moment the proposal form reaches us or one of our representatives and the insurance is accepted, unless otherwise stated in the proposal form.

Termination

Cover under the following group schemes

- Health insurance

is automatically terminated

- when the insured resigns from his/her position with the employer
- when the insured reaches the agreed retirement age stated in the pension contract between the employer and Danica Pension.

The Health insurance is also terminated automatically if the insured is admitted to a nursing home or placed permanently under the care of a residential home, a psychiatric hospital or the like. By permanently we understand that the insured is not expected to move from the home or hospital again.

We must be notified without delay if the insured is admitted to a nursing home or placed permanently under the care of a residential home, psychiatric hospital or the like.

Continuation insurance policy

If the insured resigns from his/her job, the insured may establish a continuation insurance policy without having to provide a new health statement. The continuation insurance policy will be established according to the tariff and insurance conditions applicable to individual policies at the time of the insured's resignation.

The extent of cover under the continuation insurance cannot exceed that of the group scheme insurance, and the expiry date of the continuation insurance cannot be after the expiry date of the group scheme insurance.

Any restrictive conditions applying to the cover under the group scheme insurance will also apply to the continuation insurance.

Notice of termination

The following sections specify the rules for giving notice of termination of

Group schemes

The policyholder (the employer) and Danica Pension may each give written notice of termination of the insurance.

Otherwise, the insurance policy is automatically renewed one year at a time.

Geographical extent of cover

The Health insurance covers the following geographical areas:

The insurance provides cover when the insured lives in Denmark, exclusive of the Faroe Islands and Greenland, or the insured is stationed abroad for a limited period of time, provided the insured's employer has concluded a written agreement with us.

In general

Legislation and contractual basis

This insurance is governed by Danish law.

The insurance conditions are supplemented with the Danish Insurance Contract Act.

The contractual basis consists of the insurance conditions, the statement of cover, the summary of cover and any special conditions stated in the statement of cover or in an appendix.

The insurance is established as part of an employer scheme, and your employer may therefore have agreed on special terms with us.

Use of customer information

In connection with the change or establishment of an insurance policy or an insurance cover, we register some of the information we obtain about the insured and the policyholder. Name, address and CPR No. are examples of information we must register to comply with statutory requirements. In some cases, we also need to register health information.

We generally obtain the requisite information from the policyholder and/or the insured. If the insurance has been taken out through an employer, we may also obtain information about salaries and wages from employers. Finally, we may obtain information from doctors, hospitals, public authorities and insurance companies on condition that the insured has given us his/her consent to do so. The nature of the requisite information may vary according to the agreement we have concluded, and we register only what is necessary for us to fulfil our part of the agreement.

The registration of information helps us in our administrative work and enables us to offer the insured the best possible advisory services and appropriate marketing material. When signing a declaration of consent, you also specify to what extent we may handle or pass on the information we obtain about you and whether you want to receive any marketing material. We must always register the information necessary to establish and manage the agreement.

You may always ask us what information we have registered about you. If it turns out that our information about you is incorrect, we correct it immediately and make sure that anybody to whom we have passed on this information is notified.

Secrecy

Generally, we do not pass on any information about the insurance to any other party. We are bound to observe professional secrecy and treat all information we have obtained in connection with the insurance policy in strict confidence. This means that no unauthorised person or party can gain access to the information.

In some circumstances, however, we are under an obligation to pass on information to public authorities such as the Danish tax authorities (SKAT).

Consent

If you have given your consent, we may pass on information about the insurance to other insurance companies or other companies of the Danske Bank Group, for instance. Any party or person to whom we pass on the information is bound by the same professional secrecy as we are.

If you have not given your consent to our passing on information to other companies of the Danske Bank Group, we may only pass on whatever information is required to manage the insurance. We may always pass on general customer information, for instance, name and address, to other companies of the Danske Bank Group, but only if there is a reason for passing on the information and if doing so is not contrary to your interests.

You can always submit new declarations of consent or revoke consent already given, provided that you notify us. You may also request details about the individual declarations of consent you have given at any time; this includes the nature of consent you have given, the information we are authorised to pass on under the individual declaration of consent, the purpose of the consent and to whom we may pass on the information.

Complaints

If a dispute arises between you and Danica Pension about the use of the information we have registered about you, please contact Danica Pension first. If you are not satisfied with the outcome of your enquiry to us, you may submit your complaint to the Danish Data Protection Agency at the following address.

Datatilsynet (the Danish Data Protection Agency)
Borgergade 28, 5. sal
DK-1300 København K
E-mail: dt@datatilsynet.dk

Disputes

How to file a complaint

If a dispute arises between you and us about your insurance, please contact Danica Pension first. If you are not satisfied with the outcome of your enquiry to us, you may submit your complaint to the Danish Insurance Complaints Board at the following address:

Ankenævnet for Forsikring (The Insurance Complaints Board)
Anker Heegaards Gade 2,
DK-1590 København V
Tel. +45 33 15 89 00 (open 10am-1pm)

Complaints must be filed on a special form which is available from us, the Danish Consumer Council (*Forbrugerrådet*), and the Secretariat of the Danish Insurance Complaints Board. You can also download the form from the Board's website www.ankeforsikring.dk.

Filing a complaint to the Complaints Board is subject to a small fee.