

Danica Children's Health Insurance

## 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 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.

## Reader's guide to the insurance conditions

### 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

### General insurance conditions

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## Notification of claim

### How to file a claim

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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 or from Danske Bank.

Please note that you must observe a special set of rules when notifying a claim under the Children's health insurance cover.

#### Children's health insurance

The children covered by Children's health insurance, see the section "Cover of children's health insurance", are referred to as the insured in the insurance conditions.

The insured must notify us immediately if the insured has an accident or contract an illness covered by the Children's health insurance. The insured and the attending healthcare staff each complete their part of the claims form. The section on "Cover of Children's 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 Children's health insurance

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#### The Children's health insurance covers expenses in connection with treatment of the following children

- The policyholder's biological and adopted children aged 2 to 18.
- The biological and adopted children aged 2 to 18 of the policyholder's spouse. The child or children must be registered at the policyholder's address at the time when the illness or their condition following an accident is diagnosed
- the biological and adopted children aged 2 to 18 of the policyholder's cohabitant. The child or children must be registered at the insured's address at the time when the illness or their condition following an accident is diagnosed. Cover is subject to the cohabitant having lived with the policyholder in a conjugal relationship at a shared address for at least two years before the diagnosis of the illness or the condition following an accident is given.

In order to share an address the cohabitant of the policyholder and/or the insured must be registered at the same address in the Danish National Register. In respect of the insured, the joint address is

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not considered to have ceased in case of temporary stays at another address if the stay at such other address is due to the insured's education, for example a stay at a continuation school.

## Children's health insurance

Children's health insurance covers expenses in connection with

- 1. consultation and preliminary examination**
- 2. operation**
- 3. medicine during hospitalisation**
- 4. accommodation and meals**
- 5. follow-up treatment**
- 6. outpatient retraining**
- 7. physiotherapy**
- 8. chiropractic treatment**
- 9. zone therapy**
- 10. acupuncture**
- 11. psychologist consultation**

Exclusions appear from the section "Exclusions of Children's health insurance".

## 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 insured is covered by the insurance, when the diagnosis is made.
- The insurance has commenced and has not expired when the diagnosis is made.
- Treatment takes place following the first three months of the term of the insurance – even though the insured becomes ill during the first three months.
- 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. However, expenses for treatment by certain zone therapists and acupuncturists are covered.
- 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 received more than three months after the insurance cover expired, irrespective of the cause of the expiry.

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.

**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 Children's health insurance.

**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. In addition, we cover the expenses – according to our assessment - in connection with a companion's accommodation and meals when the insured is hospitalized and treated at a private hospital in Denmark.

**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.

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### **7. Physiotherapy**

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

It is a condition that treatments take place in Denmark and are part of the treatment of the illness or conditions following the accident

### **8. 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 consultations must take place in Denmark and be part of the treatment of the illness or conditions following the accident.

### **9. 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 illness or conditions 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.

### **10. Acupuncture**

The insurance covers expenses incurred for up to eight treatments by an acupuncturist within one calendar year.

Cover is subject to the following conditions:

- treatment is received in Denmark and is part of the treatment of the illness or conditions following the accident
- the acupuncturist is a doctor or a certified registered alternative therapist – (Registreret Alternativ Behandler (RAB)) – will appear from the original bill and the claims form.

### **11. Psychologist consultation**

#### **a. Subsidised by the Danish Health Care Service**

The insurance covers the insured's outlays for up to 12 consultations at a psychologist in Denmark within one calendar year.

The insurance covers only 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**

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The insurance covers expenses for up to eight consultations for the insured at a 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.

The insurance provides cover under either 12.a or 12.b for the same insurance event.

### Exclusions of Children's health insurance

Children's Health Insurance does not cover diseases/disorders or physical disability occurring before the inception of the insurance. This means that congenital disorders, for example, are not covered. Nor will any subsequent conditions resulting from the diseases/disorders or the physical disability be covered.

The children's health insurance 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 Children's health insurance does not cover expenses incurred for examination and treatment

- by general practitioners
- 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

- 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)
- alternative treatment – that is, when the practitioner is not authorised or licensed by the Danish National Board of Health.

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- obesity surgery or treatment irrespective of the reason for the surgery or treatment.

The Children's health insurance 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.

## Premiums, benefits and costs

### Payment of premiums

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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 inpayment 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.

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### 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

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

The adjustment is made 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

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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 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.

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## Disbursement of benefits

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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 credited to a bank account in a bank in Denmark selected by the policyholder. Please note that disbursement of benefits by cheque or the like may be subject to a fee.

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 Children's health insurance

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. The policyholder is responsible for giving us the requisite information and authorising us to obtain medical details for our assessment of the insured's claim. If we do not receive the information, we are not obliged to pay benefits.

We settle bills directly with the place of treatment, if possible. If not, we will refund the expenses when we receive the original bill. The bill must be specified and receipted. The insured's CPR number (civil registration number) or the insured's insurance/policy number must also be stated on the bill.

## Extent and period of cover

### Insurance contract

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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

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- 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.

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## Commencement

### Children's health insurance

The children's health insurance 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.

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## Cessation

In this section, you can read about the rules for cessation of Children's health insurance.

The insurance ceases on the policyholder's termination of the insurance and on the policyholder's death.

Children's health insurance automatically ceases if the insured is permanently admitted to a residential home, a psychiatric hospital or other treatment institution. By permanently we mean that the insured is expected to have to remain in the institution.

If the insured is permanently admitted to a residential home, a psychiatric hospital or other treatment institution, we must be informed.

Moreover, Children's health insurance automatically expires at the time agreed with the policyholder. The time of expiry appears from the benefit statement.

Children's health insurance does not automatically cease before the agreed time of expiry if there are no longer any children that satisfy the conditions for being covered. It is thus for the policyholder to assess whether the insurance continues to be relevant or whether it should be terminated.

## Notice of termination

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In this section, you can read about the rules for termination of

- cover established as non-life insurance.

### Children's health insurance

The policyholder may terminate the insurance in writing. In that case, the insurance must be terminated not later than one month before the next premium due date at which time the policy will expire. It may also be terminated 30 days before the end of a calendar month, i.e. with reduced notice of termination, in which case we may charge a fee determined by us.

We may terminate the insurance by giving one month's written notice to the end of an insurance year.

If the insurance is not terminated, we renew it for one year at a time.

The policyholder and we may both terminate the insurance policy until one month after a claim has been closed or we have rejected a claim for compensation. In that case, the insurance expires 14 days after the notice of termination has been received.

## Geographical extent of cover

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In this section you can read about the geographical areas covered:

The insurance provides cover when the insured lives in Denmark, exclusive of the Faroe Islands and Greenland, or the insured temporarily stays abroad for up to one year.

## In general

### Legislation and contractual basis

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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.

## Use of customer information

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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.

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You can always submit new declarations of content or revoke consent already give, 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

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### 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](http://www.ankeforsikring.dk).

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