

In case of any discrepancy between the Danish text and the english translation,
the Danish text shall prevail.

Insurance conditions for AP Health Insurance Fritid

Health insurance

Insurance conditions in force from 1 July 2022

No. Fritid F-08-010722

Contents

1. About the insurance	2
2. How the insurance covers	2
3. What the insurance covers.....	3
4. Not covered by the insurance	7
Cover by third party	8
5. Terms of agreement on insurance	9
6. Registration for the insurance	10
7. Payment for the insurance	10
8. Termination and cessation	11
9. Governing law and complaints	12

1. About the insurance

The insurance was established with AP Pension livsforsikringsaktieselskab, company reg. (CVR) no. 18530899 – in the following referred to as AP Pension.

The health insurance Fritid entitles the insured to cover of expenses for, among other things, preliminary examination, treatment and rehabilitation through AP Pension's network of specialists and private hospitals to the extent and with the exceptions set out in these insurance conditions, provided the applicable conditions are met.

The health insurance Fritid offers online consultations with a doctor.

2. How the insurance covers

2.1 Contact AP Pension and own doctor

Before reporting a claim, the insured¹ must consult his or her own doctor, who must recommend or refer the insured for the examination and/or treatment for which the insured is seeking cover. Consultation with own doctor may be by telephone, by e-mail or by personal attendance.

When the doctor has assessed the condition of the insured and recommended or referred him or her for an examination or treatment, the insured may report a health insurance claim.

AP Pension may require the insured to have a written referral for the examination and/or treatment for which the insured is seeking cover. AP Pension assesses when a written referral is required.

A doctor's referral is not required for cover of treatment by a physiotherapist, a chiropractor, an acupuncturist, a massage therapist, a reflexologist, a chiropodist, an occupational therapist, an ophthalmologist, a psychologist for urgent counselling or counselling by a psychologist due to work-related stress, divorce or infidelity.

The insurance only covers expenses for examination and/or treatment pre-approved by AP Pension.

2.2 Treatment guarantee

AP Pension guarantees that the examination and/or treatment procedure will commence within ten working days of a claim being reported and AP Pension having received and approved all relevant information concerning the claim.

The examination and treatment guarantee does not apply if:

- a. an approved and scheduled examination and/or treatment is postponed as a result of a medical assessment or reason
- b. the insured has entirely or partially declined AP Pension's offer of examination and/or treatment
- c. no examination or treatment is available because of an unusual diagnosis, a unique course of illness or because no private examination/treatment is available
- d. epidemics, pandemics or force majeure has limited the capacity.

2.3 Choice of treatment and therapist

AP Pension only approves treatments using methods with a documented effect and approved by the Danish public health authorities. It is also a condition that there is a high probability that the treatment can significantly and permanently cure the illness or injury – or that it can significantly and permanently improve the insured's state of health following the claim.

AP Pension collaborates with a network of quality-controlled private hospitals and specialists, and the insured must use the therapist within this network to whom AP Pension refers him or her. In case of psychological counselling, physiotherapy, chiropractic treatment, osteopathy, reflexology and acupuncture, the insured is free to choose any therapist.

Unless otherwise agreed with AP Pension, the insurance covers examination and treatment in Denmark (excluding Greenland and the Faroe Islands), Norway, Sweden and Germany. If AP Pension considers it reasonable and prudent, the insured may be offered treatment in other EU countries if no appropriate treatment offers are available in Denmark or other of the above-stated

¹ In these insurance conditions, 'the insured' is the employee of a company who is comprised by the insurance agreement between AP Pension and the company.

countries. The cover is limited to expenses that are common and reasonable for the area or the country in which the treatment takes place.

AP Pension is not responsible for the result of any examinations, treatments or assessments, even if a treatment is ineffective or results in errors. In such cases, claims must be made against the clinics or hospitals carrying out the treatment.

2.4 Information supporting assessment

AP Pension may from time to time request any medical file information and certificates that AP Pension deems necessary to make a professional assessment of whether the insured is entitled to treatment.

The insured is responsible for ensuring that AP Pension receives the necessary information. AP Pension may also request the insured to undergo medical examinations to assess his or her eligibility for cover.

Irrespective of clause 4.3 g, AP Pension will cover all expenses in relation to obtaining such certificates and medical file information that AP Pension deems necessary to process the claim. This does not include referrals or recommendations by doctor, see clause 2.1.

AP Pension has the right to inquire into the insured's state of health and to contact any treatment provider who is treating, or has previously treated, the insured for physical or mental disorders, including physicians and hospitals. AP Pension has the right to obtain any medical files or other material in writing concerning the insured's state of health.

2.5 Damage prevention

The insured has a duty to prevent or limit the damage, and AP Pension has the right to enforce any measures to help ensure such prevention or limitation.

3. What the insurance covers

The insurance covers illnesses and disorders arising as a result of leisure-related strains. AP Pension defines illness as health problems giving rise to a medically justified need for examination and/or treatment. AP Pension determines which examination or treatment is needed.

3.1 Telephone advice

AP Pension offers professional telephone advice on leisure-related problems, illnesses or injuries that do not require treatment *per se*. The telephone advice consists of

consultative interviews with professional nurses or physiotherapists who can help the insured, for example in connection with bullying, harassment, occupational accidents, substance abuse, stress, dismissal and other work-related crisis situations, or provide guidance in connection with training and rehabilitation.

The telephone advice may be anonymous, unless it is assessed that the insured needs examination or treatment, so that a course of treatment via the health insurance must be initiated.

3.1.1 Online consultations with a doctor

The insurance covers necessary professional online consultations with a private doctor for the entire household, i.e. the insured, the spouse/cohabitant and the household's children living at home.

During an online consultation, the doctor can provide medical advice and guidance and answer any questions about illnesses and symptoms which do not require physical examination. The online doctor can write prescriptions and renew most prescriptions as well as provide advice on non-prescription medicine.

The online doctor can refer the insured to own doctor, Lægevagten (emergency services) or regional public hospitals if this is deemed necessary according to a medical assessment.

3.2 Specialist

The insurance covers reasonable and necessary expenses for examination and treatment by a specialist, except for consultation and treatment by specialists in general medicine, including the insured's own doctor.

AP Pension requires referral by a specialist, including the insured's own doctor to approve ultrasound scans, x-ray examinations, MR scans or similar examinations for diagnostic purposes.

3.3 Physiotherapist, chiropractor and osteopath

The insurance covers reasonable and necessary treatment by a certified physiotherapist, chiropractor or osteopath.

To ensure optimum treatment of the case at hand, AP Pension's nurses and physiotherapists will regularly assess how many treatments the insured needs.

Treatments for prevention and maintenance purposes are not covered.

The insured is free to choose any therapist.

The insurance covers a maximum amount of DKK 500 per treatment by a physiotherapist or an osteopath.

In connection with chiropractic treatment, the amount covered corresponds to the patient's share after national health service subsidies according to the collective agreement's rates.

3.4 Reflexologist and acupuncturist

The insurance covers a maximum of ten treatments within a 12-month period from the date on which the claim is reported to AP Pension. The therapist must be an RAB-approved reflexologist or acupuncturist. The ten treatments are the maximum total covered by AP Health Insurance Erhverv and AP Health Insurance Fritid in aggregate.

To ensure optimum treatment of the case at hand, AP Pension's nurses will regularly assess how many treatments the insured needs.

The insured is free to choose any therapist. The insurance covers a maximum amount of DKK 600 per treatment.

3.5 Psychologist

The insurance covers reasonable and necessary consultation with and counselling by a certified psychologist.

To ensure optimum treatment of the case at hand, AP Pension's nurses will regularly assess how many consultations the insured needs.

The insurance covers emergency crisis therapy following robbery, kidnapping, mugging, break-in, fire, accident or explosion, where such incident causes acute trauma.

The insurance covers medically justified individual psychological counselling. It is a condition for cover that AP Pension assesses that the insured suffers from a symptomatic mental disorder/injury, and that there is a medically documented need for treatment.

AP Pension assesses whether the insured needs to obtain a written referral or recommendation by doctor. A doctor's referral is not required for cover of urgent psychological counselling or counselling by a psychologist due to work-related stress, divorce or infidelity.

The treatment must ensure progression/improvement of the condition.

Treatment of mental disorders which, in our assessment, cannot be cured or permanently improved are not covered.

Based on a professional assessment, the healthcare team will refer the insured to the relevant form of treatment. AP Pension offers various types of treatment of stress and anxiety, for example.

Couples therapy, family consultations, coaching, personal development, conversations for support and maintenance purposes as well as counselling by psychologist for prevention purposes are not covered.

The insured is free to choose any therapist. The insurance covers a maximum amount of DKK 1,100 per consultation.

3.6 Psychiatrist

The insurance covers up to ten consultations with a psychiatrist within a 12-month period from the date of the first treatment. The ten consultations are the maximum total covered by AP Health Insurance Erhverv and AP Health Insurance Fritid in aggregate.

The insurance covers psychiatric treatments other than consultations only if the insured has reached the age of 21.

In connection with psychiatric diagnoses, the insurance covers a maximum amount of DKK 100,000 in aggregate expenses for the periods in which the insured is covered by AP Pension. This maximum amount also applies if the insured resumes an insurance cover or takes out new insurance with AP Pension. The DKK 100,000 is the maximum amount covered by AP Health Insurance Erhverv and AP Health Insurance Fritid in aggregate.

Non-psychotic patients who are treated under the so-called package courses in the public healthcare system must use the services offered by the public system. AP Pension offers advisory services and assistance in the subsequent process, and the insurance covers where AP Pension assesses that the insured has experienced unnecessary waiting time or the purposes of the package course have not been met.

3.7 Surgery and treatment at private hospital

The insurance covers examinations prescribed by a physician and pre-surgical preparatory examinations, outpatient or inpatient surgical procedures and treatment at private hospitals.

In case of treatment of life-threatening cancer or heart disease under the so-called package

courses in the public healthcare system, the insured must use the services offered by the public system.

AP Pension offers advisory services in the subsequent process, and the insurance covers where AP Pension assesses that the insured has experienced unnecessary waiting time or the purposes of the package course have not been met.

3.8 Rehabilitation

The insurance covers outpatient rehabilitation by a certified physiotherapist or an occupational therapist prescribed by a specialist directly following hospitalisation or surgery for a condition requiring treatment which is covered by the insurance – for a maximum of 24 months, however. See also clause 9.6 'Cover on cessation'.

Rehabilitation comprises expenses for convalescence stays in Denmark up to a maximum amount of DKK 25,000 per diagnosis and directly following hospitalisation or surgery for a condition requiring treatment which is covered by the insurance.

In connection with rehabilitation, AP Pension may require a treatment plan.

3.9 Mobility aids

The insurance covers reasonable expenses for any temporary mobility aids deemed by a specialist to be reasonable and necessary for the insured to recover from an illness or an accident covered by the insurance.

3.10 Medicine

The insurance covers reasonable expenses for prescription medicine prescribed by a physician in connection with hospitalisation or outpatient surgery for a condition requiring treatment which is covered by the insurance – for a maximum of two years from the date of the first treatment, however.

3.11 Help in the home

The insurance covers reasonable expenses for up to 20 hours' help with cleaning, grocery shopping etc. following hospitalisation or surgery for a condition requiring treatment which is covered by the insurance.

3.12 Transport

The insurance covers reasonable expenses for transport to and from hospitalisation or surgery for a condition requiring treatment which is covered by the insurance. The insurance covers transport only if the insured is unable to use private or public means of transport due to illness and if the transport cannot be covered by any other means.

AP Pension also covers repatriation if the insured dies at a treatment facility (hospital or clinic) outside Denmark and the treatment was approved by AP Pension. AP Pension assesses and approves the chosen mode and means of transport.

3.13 Accompanying escort

The insurance covers reasonable expenses for travel, transport and accommodation for an accompanying escort if the insured is hospitalised outside Denmark.

3.14 Medical escort

The insurance covers reasonable expenses for travel, transport and accommodation for a medically-trained escort to a hospital outside Denmark. The medical escort is chosen by AP Pension and is to ensure that the insured:

- receives the best possible care during travel and hospitalisation
- is admitted to hospital
- understands the diagnosis, course of treatment and dialogue with local physicians.

3.15 Opinions

The insurance offers a second opinion, which means that the insured can obtain two further medical assessments by a specialist. A second opinion is relevant if the insured

- suffers from a life-threatening or particularly serious illness or injury
- faces a decision as to whether to submit to a particularly risky treatment which in itself may be life-threatening or may cause permanent injury.

It is possible to get a third opinion if two specialists disagree on your diagnosis or what type of treatment to offer you. In such case, AP Pension may choose to cover a third opinion.

3.16 Dietician

The insurance covers consultations with a clinical dietician for a period of four months from the date of the first treatment. To be eligible for treatment, the insured must have a doctor's referral and a BMI of less than 18 or more than 30.

The insurance provides one course of treatment for the periods in which the insured is covered by AP Pension. This also applies if the insured resumes an insurance cover or takes out new insurance with AP Pension.

3.17 Chronic musculoskeletal disorders

Unless the insured obtains better cover under the other provisions of these insurance conditions, the following applies:

3.17.1 Physiotherapy, chiropractic and osteopathic treatment of chronic musculoskeletal disorders

In case of osteoarthritis diagnosed by a specialist, the insurance covers up to 12 treatments by a physiotherapist, a chiropractor or an osteopath per 12-month period. The treatments are granted in portions.

In case of other chronic musculoskeletal disorders (not osteoarthritis) diagnosed by a specialist, the insurance covers up to 12 treatments by a physiotherapist, a chiropractor or an osteopath per 12-month period if such treatments are deemed to significantly improve the condition. Each disorder is covered for a maximum of three years. The treatments are granted in portions.

Only one course of treatment of a chronic disorder may be granted per 12-month period. If the insured receives acupuncture or reflexology treatment, such treatments are offset against the number of treatments.

As part of the treatment of a chronic musculoskeletal disorder, AP Pension may cover the insured's fitness club subscription (taken out via AP Pension). The subscription will be covered for a three-month period, after which the subscription is covered only if the frequency of training sessions (in the first month and subsequent months) is at least eight. AP Pension may require documentation of the frequency of training session attendance.

3.17.2 Acupuncturist and reflexologist treatment of chronic musculoskeletal disorders

In case of a chronic musculoskeletal disorder, the insurance covers up to ten treatments by an acupuncturist or reflexologist per 12-month period from the date of the claim if such treatments are deemed to significantly improve the condition. The treatments are granted in portions.

Only one course of treatment of a chronic disorder may be granted per 12-month period

from the date of the claim. If the insured receives chiropractic, physiotherapeutic or osteopathic treatment, such treatments are offset against the number of treatments.

3.17.3 Surgery and medical treatment of chronic musculoskeletal disorders

The insurance covers surgery and medical treatment for a chronic musculoskeletal disorder if such surgery and/or the medical treatment is deemed able to cure or significantly improve the condition.

3.17.4 Date of diagnosis

In connection with cover under clause 3.17 regarding chronic musculoskeletal disorders, the condition that chronic illnesses diagnosed before the insurance entered into force are not covered is set aside. Current and planned treatment are not covered, however.

In connection with cover under clause 3.17 regarding chronic musculoskeletal disorders, the condition that treatment of chronic illnesses diagnosed after the insurance entered into force is covered for a maximum period of six months from the date of diagnosis is also set aside.

3.18 Massage therapy

The insurance covers up to four treatments of a musculoskeletal illness/injury/disorder per 12-month period from the date of the claim. The treatments are granted in portions.

Treatments must be carried out by an RAB-approved massage therapist or a physiotherapeutic massage therapist and will be covered for an amount of up to DKK 395 per treatment.

3.19 Chiropody

The insurance covers up to six treatments per 12-month period from the date of the claim. Treatments must be carried out by a registered chiropodist comprised by the agreement with the national health service.

3.20 Occupational therapy

The insurance covers up to ten treatments of a musculoskeletal illness/injury/disorder per 12-month period from the date of the claim. Treatments are granted in portions and will be covered for an amount of up to DKK 395 per treatment.

3.21 Vaccine

The insurance covers expenses for preventive allergy vaccines of up to DKK 1,000 per 12-month period. Vaccines are covered for a total of three years.

4. Not covered by the insurance

The following medical conditions and diagnoses, treatments and forms of treatment are not covered by the insurance. In addition, a number of general limitations of cover apply.

4.1 Medical conditions and diagnoses

The insurance does not cover expenses in connection with the following medical conditions and diagnoses:

- a. Emergency treatment and emergency situations, including examination and treatment requiring quick assistance, which cannot await scheduled treatment. This includes traffic accidents, accidents, bone fractures, thrombosis, cerebral haemorrhages, heart disease and any other areas of diagnostics which AP Pension and/or the public healthcare system defines as acute, including cancer courses, life-threatening cancers and ischaemic heart disease. If you need emergency assistance, including emergency room or ambulance assistance, you must always call your own doctor, Lægevagten, Akuttefonen (emergency medical service), the emergency room or 1-1-2. The insurance covers expenses for psychological counselling in connection with emergency crisis therapy.
- b. Fertility treatment.
- c. Phobias.
- d. Complications from alcohol, medicine or drug abuse.
- e. Chronic illnesses, or complications from chronic illnesses diagnosed before the insurance with AP Pension entered into force, unless otherwise provided in these conditions.

Chronic disorders and complications from chronic illnesses diagnosed before the insurance entered into force will be covered if there is a medical assessment stating that treatment was not necessary before the effective date of the insurance.

A chronic illness or disorder is characterised by being persistent,

causing permanent complications and/or impairment and/or being caused by incurable changes. The illness or disorder may be without symptoms for short or long periods of time, with or without treatment.

- f. Chronic illnesses diagnosed after the insurance with AP Pension entered into force are covered for a maximum period of six months from the date of diagnosis, unless otherwise provided in these conditions. Venereal diseases, HIV infection and illnesses resulting from HIV, organ transplant and organ donation and dialysis treatment.
- g. Congenital disorders.
- h. Dyssomnia, unless there is medical suspicion of sleep apnoea.
- i. Examination and treatment for ADHD including subtypes.
- j. Examination and treatment for anal fistula, anal fissure or pilonidal cysts.
- k. Examination and treatment of dementia.

4.2 Treatments and forms of treatment

The insurance does not cover expenses for the following examinations, treatments or forms of treatment:

- a. All forms of contraception, including sterilisation or similar contraceptive treatments such as fitting and removal of contraceptive coils.
- b. All forms of dentist treatment, dental procedure and dental surgery, including oral surgery.
- c. Botox or Xiapex treatment.
- d. Obesity treatment or obesity surgery, including surgery for or treatment of complications.
- e. Examination and treatment for prevention or maintenance purposes.
- f. Cosmetic treatments and surgical procedures and complications of these. Procedures not covered by the insurance include, but are not limited to, face lifts, breast reconstruction surgery, hair transplants, liposuction, breast augmentation or reduction surgery.
- g. Removal of benign birthmarks or spots, skin transplants or actinic keratosis, treatment of warts, lipoma, sebaceous cysts, acne, sagging eyelids and varicose veins as well as complications of these.

- h. Eyesight and hearing correction examinations and surgery and expenses for glasses, contact lenses and/or eye tests as well as hearing tests and hearing aids.
- i. Proton therapy or stem cell therapy.
- j. Vaccination (with the exception of allergy vaccines as set out in these insurance conditions), health checks and other preventive checks.
- k. Couples therapy, family consultations, coaching, personal development, conversations for support and maintenance purposes as well as counselling by psychologist for prevention purposes are not covered.

4.3 General limitations

The insurance does not cover the following expenses or injuries if occurring or caused for the following reasons:

- a. Injury occurring in connection with professional sports, i.e. sports which the insured is paid to practice. Sports are considered to be professional if the insured's main source of income is his or her sport or if the insured has a contract with a sports club or sponsors who pay a salary to the insured. Professional sports include training, competitions and non-competitive exhibitions.
- b. Injury as a result of civil unrest, uprisings, war or war-like conditions and terrorist attacks, including bacteriological or chemical attacks.
- c. Injury as a result of nuclear or radioactive discharges, exposure to radiation from radioactive fuel or waste.
- d. Injury or illness occurring during the insured's working hours.
- e. Expenses for scheduled appointments etc. for which the insured has failed to show up.
- f. Expenses for treatment as a result of epidemics and pandemics which are handled by the public healthcare system.
- g. Expenses for certificates, medical file information, referrals and recommendations by a doctor.
- h. Expenses for psychological tests and specialist statements, unless requested by AP Pension. Treatments outside normal working hours (additional charges for weekend and night work, and the like) as well as add-on services such as

shockwave, laser and ultrasound therapy, and the like. Additional expenses for soles, insoles, bandages, taping, etc.

- i. The online doctor does not write prescriptions for medicine that is addictive or has an abuse potential (sleep medication, tranquillisers and opioids).
- j. The online doctor cannot issue statements or medical certificates in connection with driver's licences, activities and health checks.
- k. The online doctor cannot make referrals to radiology.
- l. The online doctor cannot answer questions about the health insurance or make referrals/recommendations to a private specialist practice, psychological counselling, physiotherapy, etc.

Cover by third party

4.4 The insurance becomes secondary

If another insurance company provides cover, AP Pension must be informed when the claim is reported. In such cases, this insurance will become secondary, and the other insurance must thus be applied first.

4.5 Public healthcare coverage

AP Pension is not under any obligation to cover expenses that the public healthcare system:

- has already partially or fully covered
- has offered to cover, or in cases where the public healthcare system is able to offer an appointment under the treatment guarantee set out in clause 2.2, but where the date of the treatment does not suit the insured, whatever the reason.

4.6 Obligation to collaborate

The policyholder and/or the insured is under an obligation to collaborate with AP Pension and to inform AP Pension without undue delay if they can claim compensation from a third party or take other legal measures against a third party.

The policyholder and/or the insured must also keep AP Pension fully informed and take such measures as are necessary to claim compensation from third parties and safeguard AP Pension's interests.

4.7 Liable tortfeasor

In any event, AP Pension is entitled to be directly subrogated to the insured's claim against a liable tortfeasor.

5. Terms of agreement on insurance

The agreement on insurance has been entered into between AP Pension and the company, association or organisation set out as policyholder in the insurance agreement.

The policyholder receives an insurance agreement from AP Pension as proof of the agreement. The insurance agreement sets out, *inter alia*, when the insurance enters into force, the price of the insurance and whether any special insurance conditions apply.

The agreement on insurance is to be understood as the entire agreement, documented by means of:

1. a signed insurance agreement between the policyholder and AP Pension
2. applicable insurance conditions.

5.1 The policyholder owns the insurance agreement

The policyholder is the owner of the insurance agreement and is the (legal or natural) person with whom AP Pension agrees the terms and price. The policyholder has an obligation to inform its insured employees of the scope of the insurance.

5.2 The insured

In these insurance conditions, 'the insured' are the employees of a company covered by the insurance agreement. The insurance agreement may comprise all employees or one or more groups of employees.

The employees must have a permanent registered address in Denmark (excluding Greenland and the Faroe Islands), Norway, Sweden or Germany and be covered by the public healthcare system of that country, unless otherwise agreed with AP Pension.

5.3 Insurance certificate

The insured employees will receive a welcome letter and an insurance certificate (a policy) from AP Pension when the insurance is established. If changes are made to the insurance, the insured will be informed by the policyholder.

5.4 The insurance is subject to correct information

If the policyholder, the insured or other parties provide incomplete or incorrect information to AP Pension when the insurance is established,

the provisions of sections 4 to 10 of the Danish Insurance Contracts Act apply. Consequently, the insurance may lapse in whole or in part.

If the policyholder, the insured or other parties neither knew nor ought to have known that they were providing incorrect information to AP Pension, AP Pension will be liable, as if the incorrect information had not been provided.

5.5 Change in risk

In case of changes to the risk factors, AP Pension must be informed immediately. If such information is not provided, AP Pension may limit the cover or refuse to cover a claim.

AP Pension must be informed if, among other things:

- the insurance agreement, invoice or attached specifications contain incorrect information
- the policyholder takes out or has taken out insurance against the same risks with another provider
- the insured company changes ownership or company registration number or is wound up.

AP Pension determines whether the insurance is to continue and, if so, on what terms.

5.6 Changes to insurance conditions and price

AP Pension may amend the insurance conditions and price at 30 days' notice to the end of a month. In such cases, AP Pension will inform the policyholder in writing.

If an amendment involves stricter insurance conditions or if the price of the insurance increases, the policyholder may terminate the insurance at two weeks' notice. The insurance must be terminated no later than two weeks after AP Pension informs the policyholder of the changes.

Indexation or taxes and the like charged by the public authorities are not considered a change of insurance conditions or price.

5.7 Change of percentage distribution between Erhverv and Fritid

The total price of AP Health Insurance Erhverv and AP Health Insurance Fritid is distributed annually according to a percentage set by AP Pension to determine how large a portion of the premium is tax free and how large a portion is taxable.

At the renewal date, AP Pension may change these percentages without notice.

The percentages may also be changed at 30 days' notice to the end of a month. In such cases, AP Pension will inform the policyholder in writing.

A change of percentages alone does not entitle the policyholder to terminate the insurance.

5.8 Sum insured

AP Pension covers expenses up to a maximum of DKK 3,000,000 per year. The DKK 3,000,000 is the maximum amount covered by AP Health Insurance Erhverv and AP Health Insurance Fritid in aggregate.

The maximum sum insured under the agreement equals the number of insured during the insurance year multiplied by DKK 300,000, but not less than DKK 3,000,000.

The amounts are fixed and not subject to indexation.

6. Registration for the insurance

6.1 No health information

The insured is not required to provide health information to AP Pension in order to be covered by the health insurance.

6.2 Compulsory company agreement

Under a compulsory company agreement, all employees of the company must be covered by the insurance. Accordingly, employees cannot opt out of the insurance, unless otherwise specially agreed with AP Pension.

To conclude a compulsory company agreement, the company must employ at least two persons. All employees must work at least eight hours per week.

Employees who have opted out of the insurance and who wish to register at a later date will be subject to the 6-month waiting period set out in clause 7.3 'Optional company agreement'.

6.3 Optional company agreement

In an optional company agreement, the company's employees are free to decide if they want to register for the insurance.

Under an optional company agreement, the insured is subject to a 6-month waiting period. During that period, the insurance does not cover expenses for treatment of disorders, or subsequent complications from disorders, which occurred or were diagnosed, or which the insured was aware of or ought to

have been aware of, before the insurance entered into force.

6.4 Transfer from other insurance company

When AP Pension takes over a company agreement from another insurance company, the insured employees' seniority from that company will be transferred to AP Pension if the health insurance can be transferred with uninterrupted coverage.

The same applies to future employees who at the date of employment are insured with another insurance company.

7. Payment for the insurance

7.1 Date of payment

AP Pension collects payment by giro or direct debit (PBS). The final date for payment is stated on the invoice. The first payment is due when the insurance enters into force.

AP Pension has the right to charge postage expenses.

7.2 Responsibility for payment and reminders

The policyholder is responsible for ensuring that AP Pension receives timely payment. AP Pension will send a reminder if payment has not been made by the due date. The reminder will inform the policyholder that the insurance will cease to apply, unless the amount due is paid within 21 days of the reminder.

AP Pension has the right to charge fees for:

- sending out payment reminders
- sending information about adjustment
- preparing and delivering documents, information or other extraordinary services.

7.3 Outstanding amounts

If AP Pension has not received payment, AP Pension has the right to offset the outstanding amount against other amounts owed to AP Pension by the insured or the policyholder.

7.4 Taxes

AP Pension collects taxes and fees along with the payment for the insurance.

7.5 Age-specific price

The price of the insurance may depend on the age of the individual insured employees, i.e. based on their age at their next birthday.

7.6 Price assumptions

If the price of the insurance is based on assumptions that no longer apply, AP Pension may adjust the price at the next renewal date.

7.7 Pool agreements

The price of pool agreements is agreed annually in advance for all the insured in the pool. The price is subject to indexation, unless otherwise agreed. For more information, see the rules agreed for the pool.

7.8 Risk accounts

If AP Pension prepares risk accounts for the insurance, the price is adjusted according to special regulations.

7.9 Annual adjustment

The price is adjusted annually, unless otherwise agreed between AP Pension and the policyholder. At the same time, AP Pension will calculate whether the policyholder has paid too much or too little in the past year. This calculation is based on the number of employees registering and deregistering during the period.

7.10 Indexation

The price of the insurance is index adjusted annually at the renewal date.

If changes are made to the insurance between 1 January and a later renewal date during the year, the price is index adjusted at the date of change.

Adjustment is made based on the 'Index of hourly earnings for workers in manufacturing industry', published each year in November by Statistics Denmark. If Statistics Denmark stops publishing this index, AP Pension has the right to use another of Statistics Denmark's indices.

7.11 Renewal of insurance

Insurance covers taken out for one year at a time are automatically renewed at the renewal date.

8. Termination and cessation

8.1 Policyholder's right to terminate

The policyholder may terminate the insurance subject to at least one month's written notice to the next renewal date, but not until the insurance has been in force for a continuous 12-month period.

If AP Pension has offered a special price for a period of several years, the policyholder

cannot terminate the insurance until the end of such period.

8.2 AP Pension's right to terminate

AP Pension may terminate the insurance subject to at least one month's written notice to the next renewal date, but not until the insurance has been in force for a continuous 12-month period.

In addition, AP Pension may terminate the insurance from time to time in case of:

- indications of fraud or attempted fraud
- an outbreak of war, uprisings or civil unrest in Denmark.

If the insurance has been established and is paid in conjunction with a company pension scheme with AP Pension, it may always be terminated in connection with the termination of the pension scheme.

8.3 The insured's right to terminate

The insured may terminate his or her insurance subject to 30 days' notice to the end of a calendar month. The terms of employment may prevent such termination, however.

8.4 Cessation of insurance

Unless otherwise agreed between the policyholder and AP Pension, the insurance ceases to apply without notice:

- on the date of expiry of the insurance agreement
- on the date of the insured's severance of employment
- if the rules set out in clause 6.2 prevent the insured from being covered by the insurance

8.5 Continuation insurance

An insured employee who is no longer comprised by a company agreement with AP Pension can apply for a continuation of the health insurance under AP Pension's general rules.

8.6 Cover on cessation

If the insurance ceases to apply, the right to compensation also ceases. AP Pension covers injuries or illness occurring during the insurance period for up to three months after the insurance ceases to apply. However, this requires that AP Pension has pre-approved the claim.

If the insurance agreement was concluded for a term of less than one year, AP Pension's

liability ceases after the date of termination. This also applies to insurance agreements renewed for terms of less than one year.

If the insurance has ceased to apply and an injury has occurred during the period of insurance, the claim should be reported to AP Pension without undue delay.

9. Governing law and complaints

9.1 Governing law

The insurance is subject to the provisions of the Danish Financial Business Act and the Danish Insurance Contracts Act, unless specifically derogated from in the policy.

9.2 Complaints concerning claims processing

The policyholder or the insured may file a complaint if they disagree with AP Pension's decision on a claim. Complaints must be filed with AP Pension as soon as possible – and no later than six months after the case has been decided – and sent to this address:

AP Pension
Østbanegade 135
2100 Copenhagen Ø
Denmark
Attn.: The person in charge of complaints

For more information on complaints procedures, see appension.dk.

9.3 Complaints Board

If AP Pension and the policyholder or the insured fail to reach an agreement, complaints can be made to the Insurance Complaints Board:

Ankenævnet for Forsikring
Østergade 18, 2nd floor
1100 Copenhagen K
Denmark
Phone number: + 45 33 15 89 00

Complaints to the Insurance Complaints Board are subject to a fee. If the Complaints Board finds in favour of the policyholder or the insured, the fee will be refunded to the policyholder or the insured.

9.4 Jurisdiction and venue

Any disputes regarding the insurance agreement will be decided in accordance with Danish law. Any disputes which cannot be resolved by arbitration will be resolved by the Danish courts of law. The venue is Copenhagen.