

3. Direct debit consent (Autogiro)

Clearing no. ¹⁾	Bank account number	Account holder's national registration number/corporate registration number
		<i>Please note that bank account holders under the age of 18 will not be approved by the Bank giro centre.</i>
Name of bank and location		
<p>Consent for payment via Autogiro</p> <p>I, the undersigned ("the payer"), give my consent for payment to be made through direct debit from the indicated account or the account provided by me as the payer at a later date or from the account that is linked to the indicated bank giro number, at the request of the indicated payee for payment to the payee on a specific date ("the due date") via Autogiro. As the payer I agree that personal data that is provided via this consent may be processed by the payer's payment service provider, the payee, the payee's payment service provider, and Bankgirocentralen BGC AB for administration of the service. The persons responsible for personal data for this processing of personal data are the payer's payment service provider, the payee and the payee's payment service provider. The payer can at any time request to gain access to or make changes to personal data by contacting the payee's payment service provider. Additional information on the handling of personal data in connection with payments may be provided in the terms for the account and in the agreement with the payee. As the payer I can at any time rescind my consent, which would result in termination of the service in its entirety.</p> <p>Description</p> <p><i>General</i></p> <p>Autogiro is a direct debit payment service in which payments are made from the payer's account at the initiative of a payee. In order for a payer to be able to pay via Autogiro, the payer must provide his or her consent to the payee to initiate payments from the payer's account. In addition, the payer's payment service provider (e.g., a bank or payment institution) must give its approval for the account to be used for Autogiro, and the payee must approve of the payer as a user of Autogiro.</p> <p>The payer's payment service provider is not obligated to determine the authorisation of or notify the payer in advance about requested debits. Debits are made against the payer's account in accordance with the rules that apply for the payer's payment service provider. The payer is notified that a direct debit has been made from his or her payment service provider. At the payer's request, the consent can be transferred to another account with the payment service provider or to an account with another payment service provider.</p> <p><i>Definition of business day</i></p> <p>By business day is meant all days except Saturday, Sunday, Midsummer Eve, Christmas Eve, New Year's Eve or other public holiday.</p> <p><i>Information about payment</i></p> <p>The payer will be notified by the payee about the amount, the due date and the method of payment not later than eight business days before the due date. Such notification may be made for each due date or on one occasion for several due dates in the future. If the notification pertains to several business days in the future, the notification shall be made not later than eight business days before the first due date. However, this does not apply in cases</p>		
<p>where the payer has approved the direct debit in connection with the purchase or ordering of a product or service. In such cases, the payer receives a notification from the payee about the amount, the due date and the method of payment in connection with the purchase and/or placement of the order. By signing this consent, the payer gives his or her consent to execution of payments covered by the payee's notification according to this point.</p> <p><i>Sufficient funds must be available in the account</i></p> <p>The payer must make sure that sufficient funds are available in the account by not later than 12:01 a.m. on the due date. If the payer does not have sufficient funds in the account on the due date, it may entail that payments are not executed. If funds are lacking for payment on the due date, the payee may make additional attempts to initiate a direct debit during the following business days. The payer can, upon request, obtain information from the payee on the number of attempts made to execute a direct debit.</p> <p><i>Stop payment (rescindment of a payment order)</i></p> <p>The payer may stop a payment by contacting either the payee not later than two business days before the due date or the payer's payment service provider not later than the business day before the due date, at the point in time specified by the payment service provider.</p> <p>If the payer stops a payment as per the above, the result will be that the payment in question will be stopped for an individual occasion. If the payer wants all future direct debits initiated by the payee to be stopped, the payer must rescind his or her consent.</p> <p><i>Validity of consent, rescindment</i></p> <p>The consent is valid until further notice. The payer has the right at any time to rescind his or her consent by contacting the payee or its payment service provider. In order to stop payments that have not yet been made, a rescinding order must be received by the payee not later than five business days before the due date or, alternatively, by the payer's payment service provider not later than the business day before the due date, at the point in time specified by the payment service provider.</p> <p><i>The payee's and payer's payment service provider's right to terminate their registration with Autogiro</i></p> <p>The payee has the right to terminate the payer's registration with Autogiro thirty days after the payee has informed the payer about such. However, the payee has the right to immediately terminate the payer's registration with Autogiro if the payer on repeated occasions has had insufficient funds on the due date or if the account that the consent pertains to has been closed or if the payee judges that the payer for some other reason should not participate in Autogiro.</p> <p>The payer's payment service provider has the right to terminate the payer's registration with Autogiro in accordance with the terms that apply between the payer's payment service provider and the payer.</p>		

1) If you have an account with Nordea, fill in the above as follows: If you have a "Private account" in which the account number is the same as your national identification number, the clearing number is 3300. If you have a "Private account" in which the account number is not your national registration number, then the clearing number is the first four numbers of your account number.

4. Signature

- I, the undersigned, have read the rules for autogiro and give my consent, regardless of this application's handling in other respects, for transfers of money from my account to Skandia in accordance with this application. I am aware that any repayment of deducted premiums will take place once a month.
- I have filled in Skandia's health declaration and appended it to this application.

The undersigned understands that the information provided on this application forms the basis of the insurance contract. I am aware that the insurance's validity is also dependent on the assumption that information about the insureds, in this or complementary documents, is complete and correct. I confirm that prior to submitting this application, I have received Skandia's information for policyholders based on laws and regulations.

Date YYYY-MM-DD	Signature	Name in block letters
2 0 - -		
Date YYYY-MM-DD	Signature of account holder, if other than the policyholder	Name in block letters
2 0 - -		
Signature of parent or guardian if the insured is under 18 years of age		

Note: Not more than one may have passed from the signature date until health declarations have reached Skandia Lifeline. Retrieved information will be filed by Skandia, regardless of whether the application is approved or not.

Notes

Name of agent/broker	Distribution via agent/broker	Agent/broker code
	<input type="checkbox"/> New policy <input type="checkbox"/> Permanent	
Representative's name	Representative code	
Other information:		

Pre-purchase information for Skandia Lifeline's private healthcare insurance

Following is a brief description of Skandia Lifeline's private healthcare insurance. More information about the insurance, the Major and Minor health examinations, and the complete terms and conditions, can be found on www.skandia.se. The complete terms and conditions for Skandia Lifeline's private healthcare insurance for companies serve as the basis for claims settlement.

Lifeline Basic

This insurance provides healthcare advice, healthcare planning, healthcare guarantee, medical care, patient co-payments, operations and in-patient hospital care, aftercare and rehabilitation, treatment by a physiotherapist, chiropractor or naprapath, medical devices, dietician, travel and lodging. All care and treatment, and all costs must be approved by Skandia in advance. The insurance is valid for care in Sweden.

Lifeline Access

In addition to what is included in Lifeline Basic, the following are included: Treatment by a psychologist, psychotherapist, post-operative home care, pharmaceuticals and second opinion (by specialist in cases of a difficult medical decision).

Lifeline Plus

In addition to what is included in Lifeline Basic and Lifeline Access, the following are included: Treatment by a speech therapist, eye examinations, vaccinations for seasonal influenza and TBE (tick-borne encephalitis), weight loss programme and healthcare coach. The right to a second opinion is determined by Skandia Healthcare Planning. For acute illness during a temporary visit outside one's zone, the insurance covers necessary and reasonable costs for medical hospital care during the first 45 days. Upon payment of a supplementary premium, the insurance can be expanded to apply in Europe (Zone 2) or the entire world (Zone 3).

Lifeline Excellent

In addition to what is included in Lifeline Basic, Lifeline Access and Lifeline Plus, the following are included: Travel service for operations abroad, health checkups every other year, vaccinations for travel abroad, additional costs incurred for stay in hospital, costs for uninterrupted treatment period for diagnosed abuse of alcohol, narcotics or medicine, or for gambling dependency, and where there is a medically justified reason for the treatment.

Lifeline Basic with referral requirement

This insurance has the same scope as Lifeline Basic, however, it requires a referral from a treating physician in primary care to a specialist. By referral is meant a document which constitutes the ordering of a service or request to take over care responsibility for a patient, such as for further investigation or treatment.

Lifeline Access with referral requirement

This insurance has the same scope as Lifeline Access, however, it requires a referral from a treating physician in primary care to a specialist. By referral is meant a document which constitutes the ordering of a service or request to take over care responsibility for a patient, such as for further investigation or treatment.

Health requirements for the insurance

Complete health declaration

The insurance requires submission of a complete health declaration. The person to be insured fills in Skandia's health declaration form. The health declaration is used as a basis for Skandia's actuarial assessment of the prospective insured's medical situation. The policyholder (the primary insured) does not have the right to see information on the coinsured person's health status or medical assessments. The same applies for information on limitations, elevated premium or other special conditions that apply for the insurance and which are based on the coinsured person's health status.

Restrictions

All products have the following restriction:

The insurance does not cover illnesses or problems that the insured has previously been treated for, consulted a healthcare professional about, or which the insured had prior knowledge about before the insurance came into force.

For information on additional limitations, see the complete insurance terms and conditions.

General information

The term of insurance is one year. The term of insurance will be indicated in the policy statement if any other agreement has been reached.

The insurance contract can prematurely cease or be amended during the term of insurance in cases outlined in the Insurance Contracts Act. Unless the insurance contract is terminated, it is extended one year at a time according to the conditions stipulated by Skandia. Thus, Skandia has the right to amend the terms of insurance and premiums. If an amendment is made, it goes into effect from the date of the next annual due date. Skandia must provide notification of the amendment by the time premium payment request invoices are sent. Skandia also has the right to amend conditions of the contract change due to changed legislation or other statutes, changed application of legislation or other statutes, or by authority regulations.

The same applies if the policyholder or insured grossly neglects their obligations, or if other special conditions exist that justify an amendment. An amendment of this kind goes into effect when Skandia has sent notification of the new conditions, or at a point in time stipulated by legislation.

For insurance purchased by an employer for the benefit of an employee, the employee may in no way be considered to be the policyholder when applying the provisions of the Insurance Contracts Act regarding information to the policyholder when an insurance contract has been signed.

The policyholder must, on an annual basis during the term of the insurance and upon renewal of the policy, provide information to the insured regarding the scope and restrictions of the terms of the insurance and other information concerning the

policy that is important for the insured to know. The insurance cannot be purchased in conjunction with employment. Disputes arising as a result of this condition shall be settled by a Swedish court in accordance with Swedish law.

Who can be insured – The insured must be a resident of Sweden and be registered with a Swedish social insurance office. A private person who is a Swedish citizen with residence abroad can be insured with Lifeline Plus or Lifeline Excellent. By residence abroad is meant that the person lives and has a permanent address abroad. The person must have been a resident of Sweden and registered with a Swedish social insurance office at the time the residence abroad began. In the event of residence outside Sweden, the insurance must be expanded to apply in Zone 2 or Zone 3.

When the insurance comes into force – The insurance comes into force starting with the day after application is submitted to Skandia, provided that the conditions for inclusion in the insurance have been met, that complete application documentation has been received by Skandia, and that the insurance can be granted without restrictions. The insurance can be extended one year at a time based on the conditions stipulated by Skandia.

Payment – The premium is calculated one year at a time. The premium is calculated to cover anticipated claim costs and costs for administration, information and sales. The premium can be paid by a giro payment slip or by direct debit (autogiro). The premium shall be paid in advance.

If you change your mind – You have the right to change your mind in the event you are not satisfied with the insurance. If you notify Skandia within 30 days of having received confirmation of the insurance's coming into force, you may immediately terminate the contract. Your premium will then be reimbursed. If you would like to exercise the right to change your mind, contact Skandia on 0771-55 55 00, or by e-mail at privatvard@skandia.se.

Amendments to and cancellations of a policy must be made in writing.

Liability period – The liability period is unlimited as long as the premium is paid.

Sum insured – For Plus and Excellent, the sum insured is SEK 3,000,000 per insurance claim for treatment of illnesses and accidental injuries abroad. The same applies when care and treatment of such illness or accidental injury continues in Sweden and when the insured becomes deregistered from the national registration.

When the insurance ceases to apply – If the premium is not paid on time and the delay is significant, Skandia has the right to terminate the policy. Termination goes into effect 14 days after the day that notification has been sent, provided that the premium has not been paid within this period.

Obligation to report changes in conditions concerning the insured – Point 10 of the insurance terms and conditions stipulates who can be insured. The validity and scope of the insurance are dependent upon fulfilment at any given time of the conditions in point 10 regarding who can be insured. Skandia retains the right – as a result of changes in such conditions – to entirely terminate the insurance or change the scope of the insurance. It is incumbent upon the policyholder to report any change in the conditions stipulated in point 10 of the insurance terms and conditions as soon as possible. If such notification is not provided, Skandia's liability for insurance events may be fully or partly limited.

False information – Incomplete or false information in the application may render the policy invalid. Skandia may verify the information that was provided with care providers or insurance institutions.

Taxation of benefits – A portion of the insurance premium may be subject to benefit taxation for the employee and tax-deductible for the employer. The Swedish Tax Agency can provide further information.

Insurer – Skandia Insurance Company Ltd (publ), reg. no. 502017-3083. Address: SE-106 55 Stockholm, Sweden. The insurer is under the supervision of the Swedish Financial Supervisory Authority.

If you are not satisfied – If Skandia makes a decision pertaining to your insurance that you are not satisfied with, you should first contact the person in charge of your policy at Skandia for a reconsideration. Any misunderstanding can be resolved at that time. If after this you still cannot accept Skandia's decision, you may contact Skandia's Customer Ombudsman, which has a non-partisan and independent relation to the Skandia organisation.

At the request of a policyholder or other person entitled to benefits, the Personal Insurance Board makes advisory statements within the legal framework and applicable insurance terms and conditions for disputes handled outside courts of law between policyholders or other persons entitled to benefits and insurance companies in the areas of disability, accident and life insurance.

The Swedish National Board for Consumer Complaints has a specific department for insurance issues.

Insurance cases can also be tried in Swedish courts of law.

Skandia's Customer Ombudsman (KO)

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E-mail: kundombudsmannen@skandia.se