

Terms and Conditions for Sports Accident Cover linked with Sports Association's license (version 8.4.2024)

Conditions of insurance

This is a translation of the Finnish terms and conditions and if there are differences between the contents, it is the Finnish version that applies.

Table of content:

1	Insured	1
2	When the cover is valid	1
3	Where the cover is valid	1
4	What activities are covered	1
5	What injuries are covered	1
6	Benefits covered	2
7	Limitations (what is not covered)	2
8	Change of risk and safety regulations	3
9	Claims	3
10	Compensation procedure	4
11	Complaints procedure	5
12	Insurance company information	5
13	Data protection	6
14	Sanctions clause	6
15	Applicable law	6
16	Cover extensions	6

1 Insured

The insurance is valid for athletes, coaches, referees and officials under 70 years of age who have registered according to Sports Associations rules and bought an Individual license insurance. For children under 12 years old, the licence insurance covers all licenced sports organized by Finnish sports associations, in which the child has valid licence.

The Sports Association represents its club members in agreeing with Insurer the contents of the Group Benefit Insurance Scheme under which any voluntary Individual licence insurance is issued.

In case the Insured and the Insurance Buyer are separate persons, it is the responsibility of the Insurance Buyer to inform the Insured about the terms and conditions and validity as well as possible changes in them.

2 When the cover is valid

The Insurance is a fixed term policy and valid for one licence period of the Sports Association at a time and ends at the same time as the licence period. The extended license insurance for leisure time accidents has the same insurance period as license cover i.e. license period.

If insurance application is made before the start of the license period, the insurance will come in force from the start of the license period, except for the players who do not have cover for the previous season and who buy the insurance during previous month for the upcoming season – for these players

the cover starts from the date of application. If insurance application is made after the beginning of the license period, the insurance will come into force when the application is made. The insurance will terminate at the end of license period.

If the premium isn't paid in due time, the Insurer has the right to terminate the Individual license insurance 14 days from sending the Individual policy holder information about termination due to non-payment of premium. An Individual license insurance that has been terminated due to failure to pay the premium, can be revived by paying the premium within 6 months from the termination of the Individual licence insurance.

3 Where the cover is valid

The insurance is valid worldwide for games, practices and game/training trips organized by the Finnish Sports Association, its districts and clubs/teams, or when participating abroad as a Finnish team in similar events organized by the local sports association, its districts and clubs/teams.

4 What activities are covered

4.1 Organized sport

The insurance covers organized sports of the type of sport the agreement covers, including exercises/drills which is natural to this sport:

- a) During games, competitions, exhibitions/shows
- b) During recognized practice on sports fields/hall.
- c) During mutual practice outside sports fields/hall by instructor.
- d) During practice outside field/hall which is a natural part of officially organised exercise program.
- e) All warming up/down during any of points a through above.
- f) During training, physical exercise and coaching camps in the sphere of sporting activity when exercising but not at any other times.

During organized sport the insurance covers accidental injury (see point 5.a) and immediate individual exertion or caused by movement of a muscle or tendon strain or tear injury (see point 5.b).

4.2 Travel

During direct travel to/from organized sports event/participation and during a stay there, insurance covers Accidental injury, see point 5.a.

4.3 Stay

During stay at place of organised sport event/practice, see point 4.1, Accidental injury see point 5.a is covered.

5 What injuries are covered

- a) Accidental injury, sudden external, unforeseen, bodily injury due to physical incident during organized sports (see point 4.1), travel (see point 4.2) and stay (see point 4.3). Accidental injury is an injury on the body arising from a sudden external physical occurrence – during the insurance period, or during travel and stay in connection with organised sports.

- b) During organised sports (see point 4.1), in addition to the accidental injury, the insurance covers immediate muscle or tendon strain or sprain injury caused by individual exertion or movement. The injury must be treated by a doctor within 14 days of the injury. The compensation is paid for maximum six weeks starting from the date of the injury and it does not surgery.

6 Benefits covered

Insured treatments, deductibles and sums insured are written in the Schedule for insured benefits and premiums. The compensation is calculated taking into account the sums insured and deductibles at the time of the injury.

The insurance covers the following types of compensation depending on the chosen insurance product. The insurance products available for each licence category are presented in the Schedule for insured benefits and premiums. The deductible according to the Schedule for insured benefits and premiums will be deducted from the compensation.

- 6.1 Benefit in the event of accidental death.
- 6.2 Benefit in the event of permanent injury of medical invalidity of more than 5%.
- 6.3 Benefit in the event of dental injury to sound and whole teeth.
- 6.4 Benefit in respect of physiotherapy/ chiropractor if necessary, after surgery. Physiotherapy can also be compensated in case orthopaedic recommends physiotherapy as an alternative to surgery. In case surgery is necessary after the already compensated pre-surgery physiotherapy, post-surgery physiotherapy costs will be compensated up to the still available insurance limit, where costs for pre-surgery physiotherapy have already been deducted.
- 6.5 Benefit in respect of medical treatment, surgery, medicines, and travel.
- 6.6 Deductible

The deductible according to the Schedule for insured benefits and premiums will be deducted from the compensation.

7 Limitations (what is not covered)

7.1 Strain, wear and tear

The insurance does not cover injuries gradually emerging as a result of strain or wear and tear of joints and tendons including but not limited to strain rheumatism (arthritis), or tendonitis and the like.

7.2 Injury influenced by illness, illness like condition or predisposition.

The insurance does not cover stroke, fainting or other illness like condition including heart attack. If it is believed illness like condition or predisposition together with injury can have had a contribution cause to the death, invalidity or treatment costs, the benefit can be reduced. It will be reduced accordingly to the extent of the illness like condition or predisposition has had to the death, invalidity or treatment costs.

7.3 Injury by medical treatment or use of medical drugs

The insurance does not cover injury caused by medical examination or treatment or by the use of medical drugs unless the Insured is being treated for an injury already covered by the Insurers. Under no circumstances does the insurance cover injuries caused by drugs on the List of Prohibited Substances and Prohibited Methods in Sports by the Finnish Anti-doping Agency FINADA.

7.4 Deliberately causing of injury

The Insurers are not liable if the Insured has deliberately caused the injury. However, it is liable if the individuals could not be blamed for the bodily injury due to his/her age or mental state.

The Insurers are not liable to suicide or attempted suicide due to mental disease. The claimant must prove the suicide or attempted suicide was caused by sudden mental illness – due to age or mental state could not understand the circumstances of his/her action – and not a mental disease.

7.5 Gross negligence caused by Insured

If the insured has shown gross negligence or increased the frame of the injury, the Insurers might reduce or cancel its liability. Same if the Insured by gross negligence has caused the injury by neglect of a safety regulation.

7.6 Other limitations

- a) Initial place to get treatment is claims handlers' contract medical centre at agreed risk rates for medical doctors or municipal medical centre.
- b) Insurance does not cover injury relating to illness, or predisposition.
- c) Insurance does not cover an athlete exercising against medical advice or whilst signed off by a doctor.
- d) Insurance does not cover injury as a result of neglecting the use of safety gear according to the sports' rules.
- e) Damage to glasses or contact lenses is not covered.
- f) If surgery or plastering is treated by private hospital or clinics other than claims handler's contract medical centre, pre-approval for treatment need to be received from claims handler.
- g) The insurance does not cover participation on Men's or Ladies' National A Team.
- h) The insurance does not cover injuries where the insured person can directly claim from the perpetrator of the injury or their insurance company, this does not apply to injuries occurred in normal playing situations.
- i) The insurance does not cover occupational accidents, student accidents or other

accidents that grant entitlement or would have granted entitlement to compensation under the Third Party Motor Liability Insurance Act, the Military Accidents Act, Workers Compensation Act or some other equivalent act.

- j) The Insurers do not cover injury obtained during participation of scuba diving with oxygen or breathing gas, speed racing by motor vehicle/ vehicle, air sports, mountain climbing and expedition like events.
- k) The insurance does not cover personal accidents in professional sport that grant entitlement or would have granted entitlement to compensation under the Finnish Act for sportsmen's personal accident and pension cover (2009/276).
- l) Injury to the mind for instance shock and the like, is not characterised as accidental injury unless the accident simultaneously causes bodily harm resulting in permanent invalidity.
- m) The insurance does not cover injuries occurring during parties, end of season celebrations or the like organized by Sports Association including districts, affiliated clubs and teams

8 Change of risk and safety regulations

8.1 Liability limitations due to change of risk.

The Insurers are not liable to accident, see point 5., caused by:

- a) Voluntary participation in any criminal activity.
- b) Hang gliding, flying by micro light and ultra-light air planes, sky diving, paragliding and ballooning.

8.2 Safety regulations

It is an absolute condition of the policy that the insured follow the rules and regulations set by the Sports Association.

If the insured deliberately does not follow the rules and regulations set by the Sports Association the right to benefit may be lost or reduced.

9 Claims

9.1 Combined rules

- a) When injured the insured must see a medical doctor immediately, attend regular follow ups, and follow the doctor's orders.
- b) Individuals putting forward a claim must provide all accessible information they have to the Claims handler to enable them to process the claim and pay the benefit.
- c) Information is submitted on claims form developed by the Claims handler. The claims form must include among others the insured birth date, social security number and player number.
- d) Claims form must be confirmed/ signed by team leader or coach.
- e) Anyone giving false or wrong information, might lose any claim right by the Insurers in this or any other case. Both the insured and Claims handler has the right to collect medical- and specialty statements

significant to the amount of benefit. If the Claims handler finds it necessary to collect new statement from specialist this should be argued thoroughly in writing.

- f) If an improvement of the injury by surgery is possible, but the insured without reasonable cause does not want to have the surgery, the final level of invalidity will be established accordingly to the improvement the surgery might have caused.

Claims will be time-barred according to:

- g) Claim to be reported as soon as possible after the injury or after the first doctor visit.
- h) Any claims based on an insurance contract shall be made to the insurer within one year from the date at which the claimant becomes aware of an in-force insurance policy, of the occurrence of an insured event and of the loss, damage or injury that resulted from the occurrence. In any event, the claim shall be made within ten years from the occurrence of the insured event or, if the insurance has been taken out to cover against bodily injury or liability for damages, from the occurrence of the loss, damage or injury. Reporting the occurrence of an insured event is considered to equal the making of a claim for this purpose.

If no claim is made within the period provided under Subsection 1, the claimant loses his entitlement to compensation. (Finnish Insurance Contracts Act 14.5.2010/426 Section 73)

9.2 Death

If injury causes death within a year, benefit according to the policy is paid. Any invalidity benefits already paid will be deducted. If the insured should die by any other cause, neither death nor invalidity benefit will be paid. No death benefit will be paid after one year, only invalidity benefit. Death benefit not to named spouse/child is paid in accordance with Finnish inheritance law.

9.3 Lifelong medical invalidity

- a) To be paid if injury results within 2 years in permanent lifelong medical invalidity. Occupation, individual predisposition or social rank is not to be allowed for. By full invalidity the full insurance value is paid. Partially invalidity is partially paid.
- b) Invalidity is based on table of invalidity at the time of settlement. In determining the handicap, only the nature of the injury is taken into account. The individual circumstances of the injured person, such as their profession or leisure-time pursuits, do not affect the determination of the handicap. The degree of handicap is determined in accordance with the handicap classification decree based on the Workers' Compensation Act and valid when the accident occurred. Injuries are divided into handicap classes 1–20, with class 20 corresponding to full handicap and class 1 to the smallest coverable handicap. The benefit for full, permanent handicap according to class 20 is paid as a lump sum equal to the sum insured valid at

the time the sudden event occurred. For partial, permanent handicap, the benefit is paid as a lump sum equal to as many twentieths of the sum insured as indicated by the handicap class. The Insurers are only liable to invalidity of 5% or above, for each insurance event.

- c) For combined injury in one body part/ organ, the whole loss of function is estimated according to rates of total loss of function in that body part/ organ. The level of invalidity in one insurance case cannot exceed 100%, even if more than one body part/ organ is injured.
- d) Loss or damage on body part or organ completely inoperative before the injury does not give right to benefit. If partly useless a deduction of the same grade/size is made. When illness like condition or predisposition is a significant cause of increase of invalidity level regulation in point 7.2 is in use.
- e) Dental injury does not apply to invalidity benefit.

9.4 Treatment expenses

a) General about treatment expenses

The Insurers will pay necessary medical treatment of injury within 2 years from date of injury. Covers expenses according to claims handler's risk rates for medical expense. Also expenses on hospital stay, bandages, medicine and supports given by medical doctor are covered. Travel expenses are covered by least expensive way of transportation between home/place of injury and place of treatment, limited to one return trip only, where the condition of the insured is to be taken into consideration. Expenses covering private hospitals/clinics/medical doctors are covered according to the Schedule for insured benefits and premiums and based on claims handler's contract medical centres at agreed risk rates for medical doctors. Copies or original receipts must be provided.

b) Dental injury

The Insurers cover dental injury to sound and whole teeth within 2 years from date of injury with insurance value according to insurance policy. The Insurers also cover first permanent treatment even if this is later than 2 years from date of injury subject to recommendation from dentist or

dental technician that treatment should be delayed. Final dental settlement is based on quote by dentist or dental technician within 2 years of date of injury. Dental injury due to eating is not covered.

c) Physiotherapy

Covers necessary treatment on requisition by medical doctor after surgery or plastering. Physiotherapy can also be compensated in case orthopaedic recommends physiotherapy as an alternative to surgery. In case surgery is necessary after the already compensated pre-surgery physiotherapy, post-surgery physiotherapy costs will be compensated up to the still available insurance limit, where costs for pre-surgery physiotherapy have already been deducted.

d) Non-agreement private clinics

Use of private clinics is allowed where considered necessary for the timely healing of the patient and where no alternative is available from another source at chosen claims handler's contract medical centres at agreed risk rates for medical doctors. Other private clinics need to be pre-approved by claims handler.

10 Compensation procedure

The claimant shall submit all documents and information necessary to determine the Insurer's liability. The documents shall be submitted as soon as possible to claims handler who will handle the claims and claims payment on behalf of the Insurer.

A notification of claim shall include at least the following information:

- Name of the Insured;
- Short description of the loss event;
- Receipts or other evidence of the medical expenses and service charges; and
- Appropriately dated and signed doctor's certificate where necessary

The claims handler may request other information and documents where needed.

A written claim must be presented to the claim handler within one year of the date on which the claimant was informed on her/his right to compensation, and at the latest, within ten years from the occurrence of the loss event.

Instructions for filing a claim can be found on the association's website.

11 Complaints procedure

Insurance broker	Aon Finland Oy Mannerheimintie 18 00100 Helsinki Aon has assisted with the terms of group benefit insurance on behalf of the group representative. Aon is not the broker of the insured/policyholder. The fee is agreed between Aon and the group representative.
Insurance company	Chubb European Group SE, Finnish Branch (1855034-2) PL 687, 00101 Helsinki
Complaints procedure	<p>If the Insured is not satisfied with any aspect of the claims service, any complaint should be addressed in the first instance to:</p> <p>Chubb claims department Chubb European Group SE, Finnish branch PL 687, 00101 Helsinki e-mail: Asiakaspalvelu@chubb.com Tel: 09 6861 5151</p> <p>If the Insured is not satisfied with the way a complaint has been dealt with, they should contact:</p> <p>Chubb Complaints officer Chubb European Group SE, Finnish branch PL 687, 00101 Helsinki e-mail: complaints.nordics@chubb.com Tel: 09 6861 5151</p> <p>Please state the nature of the complaint. Quote the policy and/or claim number, the name of any claim handling organization with whom they have been dealing and their reference number.</p> <p>If the matter is still not resolved to the Insured's satisfaction they may request assistance from:</p> <p>Kuluttajariitalautakunta Hämeentie 3 PL 306 00531 HELSINKI puh. 029 566 5200 krii@oikeus.fi</p> <p>or</p> <p>Vakuutus- ja rahoitusneuvonta Porkkalankatu 1 00180 HELSINKI Tel: 09 6850 120 fax: 09 6850 1220 info@fine.fi</p> <p>The Insured may also bring a suit against the Insurer in the Finnish courts in accordance with the applicable Finnish laws.</p>

12 Insurance company information

Chubb European Group SE, branch in Finland, is registered with the Registry of the National Board of Patents and Registration of Finland with the corporate registration number 1855034-2, and the visiting address Museokatu 8, 00100 Helsinki. Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre and the following registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Chubb European Group SE has fully paid share capital of € 896,176,662 and is supervised by the Autorité de contrôle prudentiel et de résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09. The branch's operations are also subject to supervision by the Finnish FSA (Finanssivalonta).

13 Data protection

We use the personal information you provide to us [or, where applicable, your insurance broker] to write and administer this policy, including claims arising from it. This information includes basic contact information such as your name, address and policy number, but may also include more detailed information about you (for example, your age, health, asset details, claim history) if this is relevant to the risk we insure, the services we provide or the claim you submit. We are part of a global group, and your personal information may be shared with our group companies in other countries as needed to provide insurance coverage or store your information. We also use several reliable service providers who also have access to personal data in accordance with our instructions and supervision. You have a number of rights related to personal data, including access rights and, under certain circumstances, data deletion. This section contains a condensed explanation of how we use your personal data. For more information, please read our user-friendly basic privacy policy here: www.chubb.com/nordic-en/footer/privacy-policy-finnish.html

14 Sanctions clause

Chubb shall not be deemed to provide cover and Chubb shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Chubb, to any sanction, prohibition or restriction implemented pursuant to resolutions of the United Nations or the trade and economic sanctions, laws or regulations of the European Union, United Kingdom, Finnish law or United States of America.

15 Applicable law

The policy is subject to the terms and conditions of the Policy Wording as well as the Finnish Insurance Contract Act (543/1994) and other Finnish law.

16 Cover extensions

The insured person can extend the insurance with additional covers shown in the Schedule for insured benefits and premiums. In addition to above terms and conditions following endorsements are applied.

1.1 Endorsement 1 / Extended license insurance for leisure time accidents

An individual insured can extend the accident to cover also personal accidents during leisure time for an additional premium indicated in the Schedule of insured benefits and premiums for Sports in question. The insurance is in place only during specific time frame and valid during the association's license period, and the insurance period ends when the license period ends.

The extended license insurance covers the treatment following a personal accident occurred during the period of this insurance as defined in the terms and conditions of section 6. Accidental injury is an injury on the body arising from a sudden external physical, unexpected and unwanted occurrence. Also frostbite, heatstroke or drowning are accidental injuries.

The above terms and conditions are applied to the extended license insurance with the following exceptions:

- the extended insurance is valid at all times in Finland and abroad during match/training travels, excluding the circumstances covered by the license insurance
- The extended insurance does not cover licensed sports events or tournament trips in Finland or abroad organized by Finnish sports associations or equal foreign associations or their districts, affiliated clubs and teams except for the leisure time while travelling.
- The insurance does not cover participation on Men's or Ladies' National A Team
- The clauses 8.2 ja 9.1(d) are not applied

1.2 Endorsement 2 / removing the 10 % surgery deductible

In some insurance options in The Schedule of insured benefits and premiums for Sports in question a 10% additional deductible of the surgery costs will be deducted from the compensated costs if surgery is treated by private hospital or clinics. If there is that kind of alternative in the association's separate Insurance cost and premium table, the insured supplements the insurance cover by removing this 10% surgery deductible at additional cost shown in the Sports Association's Schedule of Insured benefits and premiums.

1.3 Endorsement 3 / Participation on Men's or Ladies' National Team

If specifically noted in writing in the Schedule for insured benefits and premiums for the Sports in question, the terms and conditions of this insurance are also valid during participation on Men's or Ladies' National A Team.

