

Severe Disability Cover Special Terms and Conditions

SEB Loan Protection policy conditions
Effective as from 6 June 2012

1. GENERAL PROVISIONS

1.1. These special terms and conditions of severe disability cover shall be valid only together with the policy terms and conditions of SEB Loan Protection.

1.2. A condition precedent to the conclusion of severe disability cover is the existence of life insurance cover.

1.3. Severe disability cover shall be concluded in respect of a policyholder. The conclusion and beginning of severe disability cover is set out on the insurance policy.

1.4. Severe disability is the obligation of SEB Elukindlustus to pay to the lender the sum insured in the case of an insured event.

1.5. Severe disability cover shall commence on the date indicated on the policy but not before the date of the issuing of the loan.

1.6. Severe disability cover terminates

1.6.1. in instances specified in the SEB Loan protection policy terms and conditions;

1.6.2. in case it is cancelled at the initiative of the policyholder on the date indicated on the application to cancel the cover.

2. INSURED EVENT

2.1. An insured event means the following situations during the validity of the severe disability cover:

2.1.1. **loss of two or more limbs** which is defined as permanent and full loss of function of two or more limbs or severance of two or more limbs above the wrist or ankle. Loss of function shall be deemed full and permanent upon expiry of one year but not until three months have passed after an insured event;

2.1.2. **loss of ability to speak** which is defined as a full and not restorable loss of the ability to speak. The loss of ability to speak must be established within one year after an insured event.

Sensory aphasia shall not be deemed to be a loss of ability to speak. No benefit shall be paid if the loss of ability to speak can be compensated by use of medical aids and implants or other methods of treatment as a result of which speech is restored in part or in full;

2.1.3. **loss of vision** which is defined as a clinically proven irreversible decline of the visual acuity of both eyes where the corrected visual acuity according to Snellen's table is less than 6/6 or 20/200; or the binocular field is 20 or less degrees in both eyes. No benefit shall be paid if vision can be restored by an implant or any medical device or by manipulation;

2.1.4. **loss of hearing** which is defined as irreversible loss of hearing in both ears if the hearing threshold is over 90 dB. No benefit shall be paid if hearing can be restored by a device, implant or any medical manipulation;

2.1.5. **severe burns** which are defined as damage to tissue caused by thermal, chemical or electrical factors as a result of which there are at least third-degree burns present on at least 20% of the body measured on the basis of Lund-Browder's chart of total body surface area;

2.1.6. **paralysis** which means full and permanent loss of the function of two or more limbs due to damage to spinal cord or illness. Loss of function shall be deemed full and permanent upon expiry of one year but not until three months have passed after an insured event;

2.1.7. **coma** which means a condition of being unconscious for at least 24 hours where a person cannot be woken up and there is no reaction to external stimuli in the form of opening the eyes,

speech and purposeful movements. If the comatose condition lasts between 24 hours and two months, the policyholder needs to have the following disabilities as a supplementary condition in order for the benefit to be paid out:

a) inability to walk or eat on his or her own or communicate verbally so that it would be understandable to the others,

b) the score of the mini-mental state examination is below 16. Supplementary conditions a) and b) need to be permanent and present during at least a half a year.

Where a coma has lasted for 60 days or more, the benefit shall be payable irrespective of supplementary conditions a) and b).

2.2. The following cases do not constitute an insured event:

2.2.1. the severe health impairment is diagnosed within 60 days after the commencement of the severe disability cover, except where the insured event is caused by an accident. An accident is deemed to be an unexpected event due to an external impact which is unforeseeable and beyond the control of the policyholder, as a result of which the health of the policyholder is impaired;

2.2.2. the diagnosis of severe disability has been established as a hypothesis; there are no permanent symptoms definitively characteristic of health impairment and there are no results of laboratory or instrumental examinations which form the basis of diagnosing a severe disability.

3. NOTIFICATION OF AN INSURED EVENT AND IDENTIFICATION OF SEVERE DISABILITY

3.1. SEB Elukindlustus must be notified in writing of an insured event at the earliest possible occasion but not later than six months after the occurrence of an insured event.

3.2. An application for insurance benefit shall be submitted on the form of SEB Elukindlustus which must be accompanied by written proof about the occurrence of the insured event, and the nature and extent of health impairment

3.2.1. during the lifetime of the policyholder;

3.2.2. not later than 24 months after the occurrence of the insured event.

3.3. SEB Elukindlustus may request additional medical examination of the policyholder by the doctors appointed by SEB Elukindlustus.

3.4. SEB Elukindlustus may request additional documents in order to make a decision regarding the insured event.

4. EXCLUSIONS

The sum insured shall not be disbursed in the event of an insured event if

4.1. at the time of the conclusion or amendment of the insurance contract (cover), the policyholder provided incorrect or incomplete information with respect to his or her state of health or his or her person which may increase insurance risk;

4.2. upon applying for the insurance benefit, the policyholder provided incorrect or incomplete information with respect to his or her state of health, his or her person, occurrence, nature and extent of the insured event;

4.3. the insured event is caused by injury or illness intentionally caused by the policyholder, including a suicide attempt;

4.4. the insured event is a result of an act of war, an act of a foreign enemy, civil war, revolt, revolution or voluntary participation in civil disturbance or a result of recording such an event;

4.5. the insured event is a result of the commission of an intentional unlawful act (for instance, drinking and driving, driving a vehicle without a permit proving the right to drive);
4.6. the insured event is a result of a nuclear disaster or conscious use of radioactive substances;
4.7. the insured event is a result of alcoholic, narcotic, toxic or other substances consumed with a view to achieving a state of intoxication, a result of consuming medicines or narcotic drugs (unless prescribed by a doctor);
4.8. the insured event is caused as a result of previous illnesses of the policyholder if the prescriptions and recommendations have been disregarded in treating such illnesses;

4.9. the insured event is caused by a dangerous field of sport such as auto and motor sport, mountain climbing and alpinism, diving deeper than 40 meters, parachuting, gliding, cave exploring, rafting;
4.10. the insured event is caused by attempts to break a record, exercise of professional sports and participation in competitions;
4.11. the insured event is caused by flying, except as a passenger or crew member on a licensed passenger airplane.
4.12. The cases listed in clauses 4.9–4.11 shall be deemed insured events provided they have been notified to the insurer, consent of the insurer regarding the granting of insurance cover has been obtained upon concluding the insurance contract or insurance cover, and additional risk premium has been paid where relevant.