### **Insured person:** Förnamn Efternamn

### **Date of birth:** ÅÅÅÅ-MM-DD

### **Period of cover:** ÅÅÅÅ-MM-DD – ÅÅÅÅ-MM-DD

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| --- | --- |
| **Insurance coverage:**  * Personal injury cover * Disability and death benefits * Visits by close relatives in the event of the insured's life-threatening medical condition or death * Travel to a close relative in the event of life-threatening medical condition or death of a close relative * Medical and dental care, in respect of each event, such costs shall be paid for a period not exceeding ninety days commencing the first contact with a care advisor - no limitation in amount\* | * Maternity care and delivery * Home transport cover - no limitation in amount * Delayed luggage * Liability cover, pay the damages that the insured is liable to pay according to applicable law, however not exceeding SEK 5,000,000 USD 500,000 * Legal expenses cover |
| The cover applies 24-hours a day. \*100% of medical care due to COVID19  There is no deductible in the insurance.  Kammarkollegiet cooperate with Falck Global Assistance in case of emergency for our policyholders. Falck Global Assistance cooperate in turn with United healthcare Global when assistance is needed in the US or Canada. Falck Global Assistance and United healthcare Global set a payment guarantee to the hospital if needed and the hospital can send the invoice to Falck Global Assistance.  **Contact information to Falck Global Assistance:**  **Phone: +46 8 587 717 49**  **E-mail: fga@se.falck.com**  **Fax: + 46 8 587 717 62**  For detailed information please visit our website, [www.kammarkollegiet.se](http://www.kammarkollegiet.se). The insurance is backed by the full faith and credit of the Swedish government.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and status of representative  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of the representative Stamp or seal of the institution | |