

Brochure*

Travel and Cash withdrawal Insurance

Nordea Finnair Plus Mastercard

The insured are Nordea Finnair Plus Mastercard -cardholders and their spouses and children under the age of 18 in their care. The insurance covers the spouse and children, even when they travel alone. The insurance is valid on trips paid for (100 %) with a Finnair Plus Mastercard charge and credit feature.

The insurance is valid on trips abroad anywhere in the world for a maximum of 90 days. In the insured's home country, the insurance cover is limited to the death benefit and disability benefit associated with a travel accident, from the time the insured leaves his/her residence or place of work for the airport or other point of departure for a trip to a foreign destination, and ends when the insured returns to either his/her home or place of work.

Tryg Alarm
is included in the insurance

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in English, Finnish and Swedish

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Type of benefit	Sum insured (EUR)	Deductible
Indemnity for accidental death of a person – over 18 years of age – under 18 years of age	50,000 1,700	– –
Indemnity for permanent disability – accidents	Max. 50,000	–
Medical treatment expenses – travel-time illness and accidents occurring during a trip	Max. 30,000	–
Repatriation expenses of the insured	Max. 50,000	–
Luggage cover	Max. 840	EUR 50
Cover for luggage delay	Max. 340	4h delay
Cash withdrawal cover	Max. 850	–

The insured is entitled to one indemnity, even if the insured has more than one card that also includes travel insurance.

In case of discrepancies, the Finnish version shall prevail.

Nordea Finnair Plus Mastercard Travel and Cash withdrawal Insurance

Terms and conditions, valid as of 1 January 2018

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Nordea Finnair Plus Mastercard Travel and Cash withdrawal Insurance

1. Group Insurance

The content of this group insurance is subject to the following insurance terms and conditions. The policyholder is Nordea Finance Finland Ltd, and the insurance is granted by Tryg Forsikring A/S (hereinafter Tryg).

2. The insured and beneficiaries

2.1 The insured

The insured are Finnair Plus Mastercard holders and their spouses and children under the age of 18 in their care. The insurance covers the spouse and children, even when they travel alone. The insurance is valid on trips paid for (100%) with a Finnair Plus Mastercard charge and credit feature.

2.2 Beneficiaries

In the event of death, the beneficiary(ies) will be the insured's next-of-kin unless the policyholder has notified Tryg in writing of another beneficiary. For further information on the beneficiary clause, see clause 5 of the General Terms of Contract.

3. The policy and its validity

3.1 Object of insurance

Under these terms and conditions, the insurance covers consequences of loss events occurring on trips abroad during the validity period of the insurance.

3.2 Insurance period and territorial validity

The insurance is valid on trips abroad anywhere in the world for a maximum of 90 days.

In the insured's home country, the insurance cover is limited to the benefits defined under items 7.1 and 7.2 (death benefit and disability benefit associated with a travel accident) in the table shown under clause 4, from the time the insured leaves his/her residence or place of work for the airport or other point of departure for a trip to a foreign destination, and ends when the insured returns to either his/her home or place of work.

The insured's home country means the country in which the insured has a permanent residence and where he/she permanently resides over 183 days of the year.

3.3 Validity clause

The insurance is valid only if 100% of the price of the trip has been paid for with a Finnair Plus Mastercard charge and credit feature.

3.4 Validity in sports and certain other activities

The policy does not cover illness, injury or death due to participating in or practicing for competitive sports.

Similarly, no indemnity is payable for illness, injury or death due to any of the following sports or other activities:

- motor sports,
- if the insured is riding or is a passenger on an over 125 cc motorcycle,
- combat or contact sports such as boxing, wrestling, judo or karate,
- strength sports such as weightlifting or powerlifting,
- aviation sports, e.g. parachuting, hang-gliding or flying in an ultra-light or amateur-built aircraft, gliding, hot-air ballooning, bungee jumping,
- speed skiing or off-piste downhill skiing,
- scuba diving,
- ocean sailing,
- whitewater canoeing in conditions which are not supervised (no supervision by the tour operator or corresponding party),
- climbing, e.g. mountaineering, rock and wall climbing,
- independent treks or expeditions abroad to mountains, jungles, deserts, wilderness areas or other uninhabited areas,
- other sports or activities comparable to those listed above.

4. Content of insurance

The sums insured, as stated in the table below, are the maximum indemnities paid for any single loss event defined in the insurance.

Any secondary or parallel Finnair Plus Mastercard cards or travel accounts, which incorporate travel insurance, do not entitle their holders to multiple indemnities.

Type of benefit	Provision	Sum insured (EUR)	Deductible
Indemnity for accidental death of a person 18 years of age or older	7.1	50,000	-
Indemnity for accidental death of a person under 18 years of age	7.1	1,700	-
Indemnity for permanent disability – accidents	7.2	Max. 50,000	-
Medical treatment expenses – travel-time illness and accidents occurring during a trip	8	Max. 30,000	-
Repatriation expenses of the insured	8.3	Max. 50,000	-
Luggage cover	9	Max. 840	EUR 50
Cover for luggage delay	10	Max. 340	4 h delay
Cash withdrawal cover	11	Max. 850	-

5. General restrictions applied to all benefits

5.1 Deliberate act and gross negligence

The indemnity may be reduced or disallowed if the insurance event is the result of a deliberate act or gross negligence on the part of the insured or another party entitled to the indemnity (see clause 3 of the General Terms and Conditions of Group Insurance). No indemnity is payable if the loss or damage is due to participation of the insured in an actual or attempted criminal act.

5.2 Nuclear accident, riot, war, armed conflict or aviation accident, landslide and avalanche

No indemnity is payable for loss or damage due to

- a nuclear accident described in the Nuclear Liability Act, regardless of where the accident occurs,
- a nuclear weapon, nuclear accident or other comparable incident,
- participation in violent industrial action, insurrection or other violent civil commotion in a public place,
- an accident caused by the insured's participation in active military, police, militia, or peace-keeping operations or exercises for such operations,
- war or armed conflict,
- an aviation accident if the insured is a member of the crew of the aircraft or performing duties related to the flight,
- landslide or avalanche.

5.3 Terrorism

The insurance does not cover loss caused by an act of terrorism. 'Act of terrorism' means the use of force or violence or the threat of such, intended to cause or resulting in property damage, personal injury or disturbance, or action which endangers human life or property when the action is directed against an individual, property or authority and its expressed or otherwise obvious aim is the attainment of financial, ethnic, nationalist, political, racial, religious or other goals.

The exclusion also applies to injury or death caused by use of international military force to hinder, prevent or alleviate a known or suspected terrorist act. Acts of terrorism also include acts, which the government concerned has proved or stated to be acts of terrorism.

Robberies or other criminal acts whose aim is the perpetrator's personal good, and acts caused by personal relationships between the perpetrator(s) and victim(s) are not deemed acts of terrorism.

5.4 Radioactive, biological and chemical weapons

No indemnity is paid under the insurance if the event is due to

- use of radioactive substances or emissions which either directly or indirectly result in a nuclear reaction, radioactive radiation or contamination,
- use, escape or release of poisonous biological or chemical substances.

5.5 Pregnancy, childbirth or infertility

No indemnity is payable for a permanent disability caused by or medical treatment expenses incurred from pregnancy, childbirth, abortion, infertility treatment, artificial insemination, sterilization or prenatal examinations.

6. Travel-time illness or accident and restrictions related thereto

6.1 Travel-time illness

Travel-time illness is an illness which requires treatment by a physician and which began, or clear symptoms of which first manifested themselves, during the trip, or which, on the basis of medical experience, is considered to have otherwise originated during the trip and for which the insured has received medical treatment during the trip or within 14 days of the end of the trip. The time limit of 14 days is not applicable if the illness is a communicable disease with an incubation period of longer than 14 days.

An illness contracted before the beginning of a trip does not qualify as a travel-time illness as referred to in the terms and conditions of the insurance. Even if an illness is diagnosed during the trip, it is not considered a travel-time illness if its first signs appeared before the start of the trip or the medical tests were incomplete before the departure.

However, the costs of immediate emergency treatment resulting from the unexpected worsening of an illness which the insured had contracted before the beginning of the trip are indemnifiable for a maximum of 7 days, although other costs mentioned in the terms and conditions of the insurance are not. The worsening of an illness for which tests or treatment were not completed by the start of a trip is not deemed unexpected worsening of an illness.

6.2 Travel accident

An accident is a sudden, unexpected, external occurrence beyond the control of the insured which causes bodily injury and takes place during the trip.

An injury is also deemed to be caused by an accident if it occurs against the will of the insured during the trip and is the result of sudden physical exertion and movement, and the insured has received treatment for it from a physician within 14 days of sustaining the injury.

The following events occurring during a trip are also considered indemnifiable accidents: involuntary drowning, heat-stroke, sunstroke, frostbite, injury caused by a major fluctuation in air pressure, gas poisoning and poisoning caused by a substance consumed by the insured by mistake.

6.3 Effect of other illness or disability

If an illness or disability not related to an accident covered by this policy has materially contributed to an injury or to a prolongation of the healing of an injury, permanent disability benefit is payable and medical treatment costs indemnifiable only insofar as the permanent disability and medical treatment expenses can be deemed to have been caused by an indemnifiable accident.

If an illness or disability not related to an illness covered by this policy has materially contributed to an illness or to prolongation of the healing of an illness, treatment costs are indemnifiable only insofar as they may be deemed to have

been caused by an indemnifiable accident.

6.4 No indemnity is paid for accidents concerning

No indemnity is payable for accidents concerning:

- an injury due to an illness or congenital defect of the insured,
- an injury caused by a loss event which is due to an existing illness or physical defect of the insured,
- an injury due to surgery, medical treatment or other medical procedure, unless this has been carried out in treatment of an injury covered by this policy,
- an injury due to the toxic effect of a medicine, alcohol or other substance taken for its intoxicant effect, or of substances taken as food.

Similarly, no indemnity is payable for

- the psychological consequences of an illness or accident,
- an infectious disease or illness caused by the bite or sting of an insect or tick or the consequences thereof,
- loss which has been caused willfully or is a consequence of the insured's willful exposure to an imminent danger.

6.5 No indemnity is payable for medical treatment expenses related to:

- treatment of AIDS or HIV or consequences thereof,
- sexually transmitted diseases or consequences thereof,
- the psychological consequences of a travel-time illness,
- an illness due to the misuse of alcohol, medicine or other substance taken for its intoxicant effect.

7. Indemnity paid for an accident that occurred during a trip

7.1 Accidental death

The sum insured, which is EUR 50,000, is paid in the event of accidental death of the insured (18 years of age and older) in accordance with the insurance terms and conditions.

In the event of accidental death of a child under 18 years of age, the indemnity is EUR 1,700.

The death benefit is based on the person's age at the time of death.

Indemnities paid to the insured for an accidental permanent disability are deducted from the death benefit if the death was caused by the same accident. However, no indemnity is paid if the insured dies after one (1) year has elapsed since the accident (the date of the incident).

7.2 Indemnity for permanent disability – accidents

Permanent disability means a medically assessed general disability due to an injury sustained by the insured. In determining disability, only the nature of the injury is taken into account; the individual circumstances of the injured, such as his/her profession or leisure-time pursuits, do not affect the determination of disability.

The policy covers permanent injury to an upper limb, a lower limb, the cervical spine, the back and/or the head and the eyes. The degree of disability thus caused is determined in accordance with decision 1012/86 of the Finnish Ministry of

Social Affairs and Health (MSAH) (clauses 1–6 and 10 of the decision).

However, this policy does not indemnify for permanent disability on the following grounds: the sequela of brain damage (MSAH, clause 7), mental retardation (MSAH, clause 8), injury to the spinal cord (MSAH, clause 9), injury causing hearing disability or other sensory disability (MSAH, clause 11), injury to the respiratory organs (MSAH, clause 12), injury to the circulatory system (MSAH, clause 13), injury to organs in the abdominal or pelvic regions (MSAH, clause 14) or injury to the epidermis (MSAH, clause 15). No indemnity is payable if the disability results from a mental health problem.

Permanent disability is determined one (1) year after an accident, at the earliest. If the degree of disability is raised by at least two disability categories before one (1) year have elapsed since the indemnity for permanent disability was paid for the first time, a revised amount of indemnity will be paid corresponding to the rise in the disability category. A change in the degree of disability after the stated period will not affect the amount of indemnity paid.

No indemnity for permanent disability is payable if the permanent disability manifests for the first time more than three (3) years after the accident.

Injuries are divided into disability categories 1–20, with category 20 corresponding to full disability. For full and permanent disability, an indemnity is payable equal to the sum insured valid at the time the accident occurred (see clause 4 of the terms and conditions). For partial and permanent disability, an indemnity is payable equal to as many twentieths of the sum insured as indicated by the disability category. Additionally, indemnity is only paid provided that disability of at least category 2 (10%) occurs.

8. Indemnification of medical treatment expenses arising from travel-time illness or accidents

8.1 Indemnification of medical treatment expenses

The policy covers the expenses arising from travel-time illness and accident as defined in clause 6 only insofar as these are not indemnified under the Health Insurance Act or some other act.

The policy covers medical treatment expenses only insofar as these are not covered by foreign legislation on indemnity for traffic accidents or industrial accidents, under EU legislation or treaties concerning the European Economic Area or under bilateral agreements on social security.

Medical treatment expenses arising from a travel-time illness are indemnified up to the sum insured or for up to 90 days from the beginning of the treatment. Medical treatment expenses arising from an accident that occurred during the trip are indemnified at maximum for the sum insured or until two (2) years have elapsed after the accident.

The policy indemnifies only against such expenses as would be payable by the insured himself/herself.

If it becomes apparent that the expenses for which indemnity is sought are considerably in excess of a level considered reasonable and generally accepted and observed, the insurance company is entitled to decrease the amount of the indemnity in this respect.

The insurance company reserves the right to claim for any portion indemnifiable under an Act upon payment of the medical treatment expenses.

8.2 Medical treatment expenses covered by the policy

Medical treatment expenses are only indemnified if the examination or treatment of an illness or injury has been ordered or prescribed by a physician who is licensed and registered in the country concerned and who is not related to the insured. Furthermore, such examinations and treatments must be in line with commonly accepted medical practice and necessary for treating the illness or injury. The treatment must be given in an institution defined by the authorities as a hospital for diagnosing and treating people who are injured and sick using medical methods.

Indemnifiable medical treatment expenses include:

- any expenses arising from necessary and urgent treatment or examination required after an accident complying with generally accepted medical practice and carried out or prescribed by a physician, and any reasonable and necessary expenses related to transportation of the insured to the local physician or place of treatment,
- the costs of acquiring medication prescribed by a physician and sold with the permission of a pharmaceutical establishment, provided the medication is prescribed for treatment in connection with an illness or accident indemnifiable under this policy.

Medical treatment expenses not covered by the insurance:

In addition to the general restrictions listed in clause 5, no indemnity is payable for medical treatment expenses:

- if the insured has departed on the trip against the specific orders of his/her physician,
- if the purpose of the trip was to receive treatment or examination carried out or prescribed by a physician,
- for the unexpected worsening of a disease for which tests or treatment have not been completed by the start of the trip,
- physiotherapy or corresponding treatment,
- for rehabilitation or psychotherapy, occupational therapy, neuropsychological therapy, speech therapy or other corresponding treatment,
- for the costs of a prosthesis or other medical accessory resulting from an accident,
- for a stay in a rehabilitation centre, spa or naturopathic institution, a nursing home or an institution treating alcohol or drug addiction,
- for micronutrient tests, nutritional products, vitamins, micronutrients, herbal preparations, biodynamic products or homeopathic or anthroposophic preparations or other comparable tests or examinations or products,

- for loss of earnings incurred by the guardian, next-of-kin or carer of the insured or for day-care costs, home care costs or home help costs or other comparable costs,
- for cosmetic treatment or surgery or plastic surgery. Surgery for breast reduction or augmentation, eyelid surgery and liposuction or their complications are always considered to be cosmetic surgery.

8.3 Services provided by Tryg Alarm

Tryg Alarm is an emergency assistance company which provides assistance in emergencies.

8.3.1 Subject to Tryg Alarm's advance approval the following will be indemnified

- transport of the patient arranged by Tryg Alarm to the nearest hospital or institution offering the medical treatment required by the insured,
- transport home for the insured arranged by Tryg Alarm in accordance with the instructions of a physician approved by Tryg,
- Tryg may demand transportation of the insured to Finland for treatment at the company's expense if the local treatment is significantly more expensive than corresponding care in Finland.

The above-mentioned services are indemnified if Tryg Alarm has given its consent for the necessary measures before treatment or other service is arranged or started.

Tryg Alarm is entitled to choose the procedure best suited for each event of loss.

8.3.2 Sums insured in services arranged by Tryg Alarm

The maximum amount of indemnity for a loss event is as specified in the table under clause 4.

9. Luggage insurance

The policy indemnifies up to the maximum sum insured against loss or damage of the insured's customary luggage or certain documents mentioned hereinafter which has been caused by some sudden, unforeseeable occurrence.

Customary luggage means articles for daily use that are carried by the insured.

Indemnifiable documents are passport, identification papers, driver's licence, automobile registration papers and debit and ATM cards. The sum indemnified for these documents is the cost of replacing the cards.

9.1 No indemnity is payable under luggage insurance for loss of or damage to:

- cash, cheques, travel tickets or purchase coupons,
- luggage that have been kept in travel destination over 3 months,
- musical instruments and radios,
- motor vehicles or motor-driven equipment, caravans or trailers, watercraft, aircraft, or parts and accessories of any of these,
- spectacles or contact lenses, dental prostheses, hearing aids or other personal aids,
- professional equipment, computer hardware, computer

software, computer files or parts thereof, fax machines or photocopying machines,

- manuscripts, collections or parts thereof,
- merchandise, samples, advertising material, commercial or educational films or tapes, photographs, drawings or program diskettes,
- animals or plants,
- household effects in transit or ordinary freight,
- windsurfing boards and their sails.

9.2 Deductible

The deductible borne by the insured per loss event under the luggage insurance is EUR 50.

9.3 Amount of indemnity

In indemnifying items in good condition and less than one (1) year old, the acquisition price of similar new property is used as the basis for calculating the indemnity. Otherwise the indemnity is determined using the value of the property at the time of the loss event, reducing the purchase price on the basis of the age of the item by 20% for each year. Repair costs verified with an invoice are not subject to any reduction.

The primary mode of indemnification for damaged property is to have it repaired.

If an object is covered by several insurance policies, the total amount of the indemnity cannot exceed the amount of loss or damage incurred, minus any deductibles.

Note especially that

- the maximum amount of indemnity paid per cardholder for a single piece of luggage is EUR 840,
- when property is stored in a locked storage compartment in a motor vehicle, the upper limit of the indemnity is EUR 320 (see also safety regulations 9.6),
- See also regulations 9.6.

9.4 Exclusion clause

No indemnity is payable for

- damage to luggage from using it,
- luggage which has disappeared or been mislaid,
- misuse of a means of payment, such as a debit or ATM card,
- financial loss from unauthorized use of a mobile phone,
- any loss arising from the ordinary use of goods, or damage to goods caused by wear, chafing, scratching or insufficient protection,
- any loss arising from an action taken by the authorities,
- any loss arising from having goods repaired, cleaned or otherwise handled,
- any loss caused gradually by, for example, weather conditions or moisture,
- any loss caused by pressure waves created by a supersonic aircraft,
- any loss of or damage to bicycles, skis or other sports equipment incurred from their use,
- any loss of or damage to objects or property rented or borrowed during the trip.

Furthermore, the policy does not cover any loss indemnified

under some special law, guarantee or other insurance.

Similarly, the policy does not cover a theft which has not been reported to the local police or, if this is not possible, to the tour operator within 24 hours.

The indemnification can be disallowed or reduced in cases referred to in clauses 2 and 3 under the General Terms of Contract. See also the safety regulations, clause 9.6 below.

9.5 Reporting a loss event

Tryg must be notified of any loss or damage as soon as possible. A damaged object may not be unnecessarily disposed of and Tryg must be provided with an opportunity to investigate the loss or damage.

In the case of loss or damage occurring during transport or safekeeping, the incident must be reported and a claim presented to the carrier, and the incident must also be reported to Tryg.

If the loss event is connected with a criminal act, the insured must report this to the local police or, if this is not possible, to the tour operator within 24 hours.

9.6 Safety regulations and their purpose

The purpose of safety regulations is to prevent loss or damage and to reduce the extent of loss or damage.

Failure to observe the safety regulations may result in the insurance company reducing the indemnity or refusing to pay it altogether under clause 2.1 of the General Terms and Conditions of the Group Travel Insurance.

9.6.1 Safety regulations — public places

The insured must not leave his/her luggage without continuous supervision in public places such as public transport stations, squares, restaurants, shops, lobbies of hotels or other accommodation establishments, beaches, sports fields or stadiums, public conveyances or popular tourist sites.

If bicycles, skis, snowboards or other sports equipment have to be left outside or in public areas without supervision, they must be locked to a stand intended for this purpose or other suitable corresponding fixture.

9.6.2 Safety regulations — storage in a residential or storage space

If an object or equipment which exceeds EUR 340 in value is kept in a hotel room, ship's cabin or other residential space, such object or equipment must be stored in a fixed and separately locked space, provided its use and size and the conditions so allow. No object or equipment worth over EUR 170 may be kept in a tent or shared accommodation, unless supervision is separately arranged.

9.6.3 Safety regulations — vehicles or comparable modes of transport

In motor vehicles, caravans, boats or comparable modes of transport, property must be stored in a locked storage space.

Ski boxes, panniers, tank bags and trailers, for instance, do not qualify as such storage space. If luggage is stored in the storage compartment of an estate car or similar vehicle, it must be covered.

9.6.4 Other regulations

Instructions issued by the manufacturer, seller or importer of an object must be complied with. Instructions, including packaging instructions, issued by the carrier must be complied with. Any liquids or staining or corrosive substances must be transported separately and packed in such a way that they cannot stain other luggage. Fragile objects must be carried as hand luggage in public conveyances.

10. Indemnity for delayed luggage: essential articles

The insurance covers the costs arising from purchase of essential articles up to the sum insured (EUR 340) if the luggage arrives more than four (4) hours late following a flight. The necessity of the acquired articles will be assessed in relation to the purpose of the trip. Essential articles may include clothes and toiletries.

10.1 Indemnity is payable on condition that:

- the luggage has been handed in for transportation by the airline company as accompanying luggage,
- the insured has taken reasonable steps to recover the luggage, and delay in the transport of luggage has been reported to the airline company concerned immediately and the insured has provided a certificate of the delay in the transport of the luggage and a certificate of its return when presenting his/her claim.

10.2 Exclusion – No indemnity is payable for delay in the case of

- flights other than those registered in the international reservation system for registered charter flights,
- luggage seized by customs or the authorities,
- a delay due to a strike or industrial action that the insured was aware of before setting off on the journey,
- a delay due to the imposition of a flight ban or other action by the aviation authorities or other authorities that the insured was aware of before setting off on the journey,
- luggage delayed when returning home.

11. Cash withdrawal cover

The insurance covers in case of robbery of cash withdrawn from an ATM or over the counter with Finnair Plus Mastercard up to the sum insured (see clause 11.3.), provided that such robbery occurs no more than 24 hours from the withdrawal.

Robbery shall mean stealing cash from the insured using violence or threatening to use violence.

The insured must as a precondition to indemnity without delay file a police report to the local police.

11.1. Indemnity

The insurance shall indemnify the insured up to the sum insured for the cash amount lost as a result of robbery (see clause 11.3).

11.2. Exclusion

The insurance shall not cover loss resulting from a robbery committed by a family member of the insured or a person living at the same address as the insured.

11.3. Limit of liability and deductible

The maximum limit of liability is EUR 850 in each and every individual case.

Restriction: Total aggregate for all loss during the policy period is EUR 850 regardless of the number of robbery incidents.

11.4 Deductible

There is no deductible applicable.

11.5. Specific exclusions related to cash withdrawal cover

11.5.1. Police report

The insurer shall not be liable to indemnify if the insured has not, without delay, filed a police report regarding the theft.

11.5.2. Criminal act

The insurer shall not be liable to indemnify a loss in the event that the insured committed or participated in a criminal act.

11.6. The insured's obligations in the event of loss

The insured must without delay file a police report to the local police and file a loss report to the insurer.

The loss report must include the following details:

- Finnair Plus Mastercard number and the insured's banking and contact details,
- copy of the filed police report, which must show the time and date of theft and the amount of lost cash,
- written statement about theft, dated and signed by eye witness including contact details of the same,
- copy of the receipt showing the time of cash withdrawal.

12. Termination of the group insurance

If the group insurance expires due to measures taken by Tryg or Nordea Finance Finland Ltd, Nordea Finance Finland Ltd shall notify the insured of the expiry of the insurance, in a manner that suits the circumstances.

13. Submitting a claim

A claim for indemnity must be submitted to the insurance company within one (1) year of the date on which the claimant was informed of his/her right to obtain compensation and within 10 years of the occurrence of the insurance event. If no claim for indemnity is made within this period, the claimant shall forfeit his/her right to indemnity.

The claimant must provide the insurance company with the documents and information needed to assess the insurance company's liability.

A travel loss report must be made on the insurance company's form, whenever possible, and be signed.

In cases which incur minor costs, the insured must first meet

these costs himself/herself before subsequently applying for indemnity upon his/her return from the trip, presenting the original receipts. In serious cases of loss or damage, the insured or another person must contact Tryg Alarm at its service number.

In case of loss or damage, report the claim on tryg.fi/nordeacards, contact the insurance company, or in case of emergency, contact the emergency assistance company Tryg Alarm.

Emergency Assistance Company:

Tryg Alarm
E-mail alarm@tryg.fi
Tel. +358 800 935 56
(24 h service in English, Finnish and Swedish)

Insurance company:

Tryg Forsikring A/S
Ballerup, Denmark
E-mail info@tryg.fi
Tel. +358 800 935 55
(Mon-Fri 8am-4pm)

Tryg work with Falck Global Assistance under the name of Tryg Alarm.

13.1 The loss report must include at least the following information and attachments:

- a brief description,
- travel ticket or other proof of trip.

Medical treatment expenses

- physician's certificate, duly dated and signed, with an accurate description of the illness or injury,
- original receipts for goods, services, treatment and medication costs.

Loss or damage to luggage

- a copy of the claim form presented to the carrier and/or theft report presented to the police.

Delayed luggage

- in the event of delayed luggage, a certificate issued by the transport company and a certificate of the return of the luggage to the insured,
- receipts of the costs.

Accidental death / permanent disability

- in the event of death, the death certificate, the record of an autopsy, if any, and documents defining the beneficiaries (e.g. deed of estate inventory, extract from the personal register giving details of relatives),
- in the event of an accident, a description of the loss event and names and contact details of witnesses, if any,
- police investigation report, if any,
- date of examination carried out by a physician and the physician's contact details,
- if the insurance company has asked the insured to submit to an examination carried out by a physician, the insurance company will indemnify the insured for the expenses arising from the examination. In the event of indemnity

paid on the death of the insured, Tryg is entitled to request that an autopsy be performed, the costs of which will be paid by Tryg.

General terms of contract

The general terms of contract are based on the Insurance Contracts Act (543/94). The most relevant provisions applied to group insurance are presented below (Insurance Contracts Act, section 4).

The Insurer shall not be deemed to provide cover and the Insurer 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 the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

1. Key concepts of group insurance

Insurance company: Tryg Forsikring A/S.

The sum insured is the maximum amount of indemnity entered in the table of benefits under the insurance.

Group insurance is an insurance in which the insured are members of a group (cardholders who have paid for their trip with the card), and the policyholder is the company, which concluded the insurance contract with the insurer.

The insured is a Finnair Plus Mastercard holder who has paid for a trip 100% with the aforementioned card. The cardholder's spouse, common-law spouse and children are also insured if their trips have been paid for with a Finnair Plus Mastercard.

The child of the insured must be unmarried, live in the same household and be under 18 years of age. The adopted children and step-children of the insured and the insured's married or common-law spouse are also children as referred to here.

The beneficiary is in the event of death the next-of-kin of the insured, unless the insured has notified the insurer in writing of another beneficiary.

The insurance event is an event for which indemnity is paid under the insurance.

An accident is a sudden, unexpected, external occurrence beyond the control of the insured, which causes bodily injury and takes place during the trip. Drowning, heatstroke, sunstroke and frostbite are also considered accidents.

Essential articles are articles, which have been acquired when luggage is delayed, such as toiletries, etc. The necessities of the acquired articles are assessed in relation to the purpose of the trip.

Public transport is licensed transportation of passengers on regular routes. Chartered flights are considered to be public transport if the aircraft used was ordered by a travel agency or a tour operator.

Rented cars are all motor vehicles with at least four wheels which the insured uses for private transportation of persons or goods for a maximum of 60 days. Cars, which are leased or rented for a longer period, are not covered by the insurance.

The safety regulation is the obligation recorded in the insurance terms and conditions or otherwise set in writing to observe the regulations aimed at preventing or restricting occurrence of a loss.

2. Obligation to prevent and limit loss or damage

2.1 Obligation to observe safety regulations

The insured shall observe the safety regulations recorded in the insurance terms and conditions or otherwise provided in writing. If the insured has willfully or through negligence which cannot be deemed minor failed to observe the safety regulations, the indemnity may be reduced or disallowed. The effect of the failure to observe the safety regulations on the occurrence of the loss is taken into account when considering whether to reduce or disallow the indemnity. Moreover, the insured's intent or type of negligence and any other circumstances shall be taken into account.

2.2 Obligation to prevent and limit loss or damage (salvage obligation)

In the case of an insurance event or the immediate threat of one, the insured shall, according to his/her abilities, take the necessary action to prevent or limit the loss or damage. If the loss or damage is caused by an outside party, the insured shall take the necessary action to uphold Tryg's right vis-à-vis the tort-feasor. The insured shall, for instance, attempt to establish the identity of the tort-feasor. If the loss or damage resulted from a punishable act, the insured shall, without delay, report this to the police and demand the perpetrator's conviction if the insurance company's interest so requires. The insured shall in other ways, too, observe all instructions given by Tryg aimed at preventing and restricting loss or damage.

Tryg will indemnify for reasonable expenses caused by fulfilment of the above salvage obligation even if the sum insured would thus be exceeded.

2.3 Failure to observe safety regulations or to prevent and limit loss or damage under liability insurance

Under liability insurance, the indemnity is not reduced or disallowed owing to negligence on the part of the insured. However, if the insured has willfully or through gross negligence failed to observe the salvage obligation or if the insured's use of alcohol or other intoxicant has contributed to the negligence, the indemnity may be reduced or disallowed. If the insured has failed to observe the salvage obligation through gross negligence or if the insured's use of alcohol or other intoxicant has contributed to the negligence, Tryg will nevertheless pay from liability insurance the part of the indemnity which the natural person who has suffered the loss or damage has been unable to collect because of the insured's state of insolvency as authenticated by distraint or bankruptcy.

3. Causing an insurance event

3.1 Personal insurance

3.1.1 Insurance event caused by the insured

Tryg is released from liability to any insured who has willfully caused the insurance event.

If the insured has caused the insurance event through gross negligence, Tryg's liability may be reduced, depending on what is reasonable in the circumstances.

3.1.2 Insurance event caused by a person entitled to indemnity

If a person other than the insured who is entitled to indemnity has willfully caused the insurance event, Tryg is released from liability to such party.

If such a person has caused the insurance event through gross negligence or if he/she was at an age or in a state of mind which means that he/she could not be sentenced for a crime, the indemnity or part of the indemnity may be paid to him/her, but only if this is deemed reasonable considering the circumstances in which the insurance event was caused.

If the insured has died, other parties entitled to indemnity shall be paid the part of the indemnity which is not paid to the person or persons who caused the insurance event.

3.2 Non-life insurance

Tryg is released from liability to any insured who has willfully caused the insurance event.

If the insured has caused the insurance event through gross negligence or if the insured's use of alcohol or some other intoxicant has contributed to the insurance event, the indemnity payable to him/her may be reduced or disallowed.

The extent to which the insured's action has contributed to the occurrence of loss or damage is also taken into account in considering whether the indemnity is to be reduced or disallowed in the above-mentioned cases. Moreover, the insured's intent or the type of negligence and other circumstances are also taken into account.

3.3 Causing an insurance event covered by liability insurance

If the insured has caused the insurance event through gross negligence or if the insured's use of alcohol or other intoxicant has contributed to the insurance event, Tryg will nevertheless indemnify from liability insurance for that part of the indemnity which the natural person who has suffered the loss or damage has been unable to collect because of the insured's state of insolvency as authenticated by distraint or bankruptcy.

4. Identification in non-life insurance

What is stated above concerning the insured with regard to causing an insurance event or observing the safety regulations or the salvage obligation also applies to a person
1) who owns jointly with the insured the insured property and

uses it jointly with him/her; or

2) who co-habits with the insured and uses the insured property jointly with him/her.

What is stated above about the insured with regard to observing the safety regulations also applies to a person who, on the basis of his/her employment or official post with the policyholder, is responsible for supervising the observance of such regulations.

5. Beneficiary clause in personal insurance

The insured has the right to name a person (beneficiary) who is entitled to the indemnity instead of the insured. The insured may change or cancel the beneficiary clause if the insurance event to which the clause is intended to be applied has not occurred. Tryg must be notified of any cancellation or change in the beneficiary clause in writing.

6. Indemnification procedure

6.1 Obligations of a claimant

The claimant shall comply with the instructions for claiming indemnity given in the terms and conditions of the personal or non-life insurance and provide Tryg with the documentation mentioned therein.

The claimant shall provide Tryg with documents and information necessary for the assessment of Tryg's liability. The claimant is required to acquire the documentation, which he/she is best equipped to acquire, while taking into account that Tryg may also acquire such documentation.

Tryg is not obliged to pay indemnity before it has acquired the said documentation.

If the claimant has, after the insurance event, fraudulently provided Tryg with erroneous or deficient information, which is of importance in investigating the insurance event, and Tryg's liability, the indemnity can be reduced or disallowed, depending on what is reasonable in the circumstances.

6.2 Limitation of right to obtain indemnity

A claim for indemnity shall be presented to Tryg within one year of the date on which the claimant was informed of his/her right to obtain indemnity, and within 10 years of the occurrence of the insurance event. Making a notification of the insurance event is comparable to presenting a claim. If the claim is not presented within the said period, the claimant loses his/her right to obtain indemnity.

6.3 Tryg's obligations

After the occurrence of an insurance event, Tryg shall provide the claimant, e.g. the insured and the beneficiary, with information on the contents of the insurance and the claim procedure. No advance information given to the claimant on the indemnity, the amount of indemnity or the method of payment will affect the payment obligation as stated in the insurance contract.

Tryg will pay the indemnity for the insurance event in accordance with the insurance contract or notify the claimant of non-payment of indemnity without delay and within 30 days of the date on which it received the documentation and information necessary for the assessment of its liability. If the amount of the indemnity is disputed, Tryg will nonetheless pay any undisputed part of the indemnity within the said period.

Tryg pays penalty interest on any delayed indemnity in accordance with the Interest Act.

7. Lodging an appeal against a decision made by the insurer

The claimant has several ways at his/her disposal for appealing against a decision taken by Tryg. If the matter remains unsettled after he/she has contacted Tryg, he/she may ask for advice and counselling from the The Finnish Financial Ombudsman Bureau or request a decision recommendation from boards. Anyone who is dissatisfied with Tryg's decision may also bring action against Tryg in court.

7.1 Right to correct

If a claimant suspects that Tryg has made a mistake in its indemnity decision or some other decision, he/she has the right to obtain more information about matters, which have led to the decision. Tryg will revise the decision if the new investigations give cause to do so.

7.2 The Finnish Financial Ombudsman Bureau and boards issuing recommendations

If the claimant is dissatisfied with Tryg's decision, he/she may ask the Finnish Financial Ombudsman Bureau for advice and counselling. The Bureau is an impartial body whose function is to advise consumers in insurance and indemnity matters.

Tryg's decision can be submitted to the Insurance Board operating in conjunction with the Finnish Financial Ombudsman Bureau. The Board's function is to make recommendations for decisions in disputes, which concern interpretation and application of the law and insurance terms and conditions in an insurance relationship.

Tryg's decision can also be submitted to the Consumer Dispute Board, which provides recommendations for decisions on the basis of consumer protection legislation.

These boards will not handle a case while it is pending or when a ruling has been given in court. The counselling services and board statements are free of charge.

7.3 District court

If the claimant is dissatisfied with Tryg's decision, he/she may bring action against Tryg. The action may be brought in the district court in the claimant's domicile in Finland, in the domicile of Tryg or in the place of loss in Finland, unless otherwise prescribed by Finland's international agreements.

Action against Tryg's indemnity decision must be brought within three years of the claimant being informed in writing about Tryg's decision and the time limit. After the time limit has expired, the right to bring action ceases.

8. Tryg's right of recovery

8.1 Tryg's right of recovery vis-à-vis a third party

The insured's right to claim from a third party the amount of indemnity paid to the insured by Tryg, or in case of person insurance, indemnity for the costs and loss of assets caused by the illness or accident and paid to the insured by Tryg, is transferred to Tryg, if the third party caused the insurance event willfully or through gross negligence or is legally required to pay damages regardless of the nature of his/her negligence.

8.2 Tryg's right of recovery vis-à-vis the insured or a person identified with the insured under non-life insurance

Tryg may claim back in part or in full the indemnity which it has paid to another insured person from that insured person or the person identified with the insured who caused the insurance event or failed to comply with the obligations under clauses 2.1 (obligation to observe safety regulations) and 2.2 (obligation to prevent and limit damage). Under the right of recovery, Tryg may claim back the full amount of indemnity paid if Tryg had, under clauses 2.1, 2.2 or 3.2, been free from liability or entitled to disallow indemnity. If the indemnity has been reduced in accordance with clauses 2.1, 2.2 or 3.2, Tryg may claim for that part of the indemnity, which corresponds to the reduction.

9. Termination of insurance contract

9.1 Tryg's right to give notice of termination of the non-life insurance of a group policyholder during the insurance period

Tryg has the right to give notice of termination of the insurance during the insurance period if:

- 1) the insured has willfully or through gross negligence failed to observe the safety regulations;
- 2) the insured has, after the insurance event, fraudulently submitted to Tryg erroneous or deficient information which is of importance in assessing Tryg's liability.

9.2 Tryg's procedure of termination

Tryg shall notify the policyholder in writing of the termination of insurance concerning a person covered by a group insurance. The policyholder shall then notify the individual insured of the notice of termination in writing. Tryg shall give the notice of termination in writing without undue delay, having first been informed about the grounds permitting termination. The insurance contract shall end one month after the date on which the notice was sent.

9.3 Notification of termination of group insurance

If the group insurance is terminated due to measures taken by the insurer or the policyholder, the insurer or the insurer's representative must notify the insured of the termination of the insurance. The insured's coverage is terminated one month after the date on which the notification was sent or the insured was notified of the termination of the insurance.

10. Applicable law

In addition to the terms and conditions of this Group Insurance Contract, this insurance is governed by Finnish law.