



Eezy Kevytyrittäjät Oy

Terms and Conditions of Accident insurance 2024

This is a translation of the original Finnish Insurance Terms and Conditions 'Eezy Kevytyrittäjät Oy – Tapaturmavakuutuksen vakuutusehdot'. In case of discrepancy, the Finnish wording prevails.

Insurance number to be provided in a claim application: SP0001385915.

1. The Insured

The Insured are persons who invoice through Eezy Kevytyrittäjät Oy (so-called light entrepreneurs).

The policyholder is obliged to inform the Insured about the start of the insurance cover, the content of the insurance cover, possible changes, and the termination of the insurance cover.

2. Validity of the insurance

The insurance is valid for accidents that occur during work done through Eezy. Eezy provides If with information on the insured persons covered by the Accident insurance as well as the invoiced salaries.

3. Content of the insurance

Compensation is paid for an accident at work in accordance with the Workers' Compensation Act in force at the time of the accident, with the exceptions mentioned in these Terms and Conditions. An accident at work refers to an accident pursuant to section 21 of the Workers' Compensation Act (459/2015).

The indemnity period for all compensations is three years from the date of the accident, unless otherwise stated. The condition for payment of any compensation is that the accident has occurred during work invoiced through Eezy.

The insurance covers:

- medical treatment expenses and necessary examination expenses resulting from of an accident without an upper limit in euros
- expenses for medicines prescribed for the treatment of an accident and sold under the license of the Finnish Medicines Agency
- travel and accommodation expenses
- first medical rehabilitation aids
- daily allowance as a compensation for loss of earnings, for which the indemnity period is up to one year. The amount of the daily allowance is based on the amount of income invoiced through Eezy. If the invoiced amount is smaller than the minimum annual earnings in accordance with the Workers' Compensation Act, the daily allowance is based on the minimum annual earnings. The amount of minimum annual earnings in accordance with the Workers' Compensation Act is EUR 16 590 in 2024.
- compensation for functional limitation based on the disability classification specified in the Workers' Compensation Act for a total of three years. Compensation is always paid as a lump sum, not as a continuous compensation.
- compensation for death due to an accident, sum insured is EUR 25,000. The beneficiaries are the Insured's next-of-kin.

No other compensations in accordance with the Workers' Compensation Act are paid from the insurance, such as

- compensation for pay for the period of examination
- compensation for pay for a period of physiotherapy
- care allowance
- clothing supplement
- compensation for additional housekeeping costs
- workers' compensation pension
- survivors' pension or other compensation paid on the injured person's death mentioned in the Chapter 13 of the Workers' Compensation Act
- rehabilitation allowance or other rehabilitation benefits mentioned in the Chapter 12 of the Workers' Compensation Act.

The insurance does not cover

- occupational diseases
- an accident occurring while commuting to or from work
- an accident which didn't occur during work (e.g. accidents during break exercising, toilet visits or meals)
- work-related pain.

The compensation for treatment expenses paid from the insurance is restricted to the amount that would be compensated to a person falling under the scope of the Finnish residence-based social security (Kela). Hence, if the Insured has not been issued a Kela card, the compensation paid to the Insured cannot be higher than the compensation paid to a person eligible for Kela's benefits in a similar situation.

This insurance is not an insurance in accordance with the Workers' Compensation Act (459/2015). This insurance does not fulfil the insurance obligation for an activity, which requires an insurance in accordance with the Workers' Compensation Act. The insurance does not cover an insured event for which the Insured would be entitled to compensation on the basis of any law. The Insured is considered to have been entitled to compensation even if entitlement to compensation under the law has been forfeited due to neglect of any insurance obligation.

4. Instructions for claiming compensation

The claimant is responsible for the costs incurred as a result of the insured event before the claim decision is made. For more expensive examinations or procedures, a payment commitment may be requested before starting treatment or examination. In most cases, the payment commitment request is made by the attending physician on behalf of the insured person. A medical report on the need for treatment is required for the handling of the payment commitment request.

The insurance company has the right to direct the injured person to the place of treatment of their choice with a payment commitment. The place of treatment must be such that the injured person receives the treatment required by the compensable injury. If the intended treatment is provided outside the place of treatment indicated by the payment commitment or the insurance company has not given a payment commitment at all, the injured person will be reimbursed at most up to the client fee that the injured person would have had to pay for similar treatment in public health care.

Upon request, the insurance company must be provided with a report issued by a physician on the accident injury, the original documents regarding the expenses and any other statement that is necessary to establish the liability of the insurance company.

If the insurance company instructs the Insured to have their medical condition examined by a physician appointed by the insurance company, the Insured is obliged to comply with this instruction. The insurance company pays the costs of such an examination.

Upon the death of the insured, the beneficiaries must provide the insurance company with a death certificate and a certificate from the population information system, as well as any other report necessary to establish the liability of the insurance company.

Treatment expenses are compensated on the basis of the original receipt, which must be presented if necessary. In case the compensated element determined by the Health Insurance Act has not been deducted at the clinic, the person entitled to compensation claims the compensated element from the Social Insurance Institution of Finland (Kela) within six (6) months of the payment of the expenses. After this, in order to receive insurance compensation, the Insured should submit a calculation of the compensation from Kela, alongside copies of the original receipts relating to the expenses, to the insurance company. The original receipts concerning costs, for which Kela does not pay compensation, shall be submitted to the insurance company in original. Compensation shall be claimed from the insurance company no later than one year from the date of occurrence of the expenses.

The insurance company will cover the treatment expenses minus the component possibly compensated by Kela and the costs possibly incurred for claiming compensation. If the entitlement to compensation determined by the Health Insurance Act is forfeited due to neglect of the time limits mentioned above or for some other reason, that proportion of the compensation which would have been paid by Kela on the basis of the Health Insurance Act will be deducted.

Compensation shall be claimed by using the claim form on Eezy's website.

5. Insurance contact information

- Claims service team, tel. +358 10 514 2243
- Address: If Insurance, Corporate Customers' Person Insurance Claims, P.O. Box, PL 2026, 20025 IF.